

**Musings on**  
**Psychoanalysis: Critical Conversations:**  
**Selected Papers by Arnold D. Richards, Volume 1**  
**Editor Arthur A. Lynch**

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We have much to celebrate in the publication of this selection of papers by Arnold D. Richards. These papers, written over the course of three decades, evaluate the merits of alternative psychoanalytic theories. They help us to think critically about these different theories in relation to one another and in the context of basic Freudian theory. While I do not underestimate the value of the original publication of these individual articles, publishing them together makes this book far more than the sum of its parts. Reading one article after another situates the reader next to a first-rate psychoanalytic theoretician, Arnold D. Richards, as he critically examines different theories and their emergence over the course of decades. The collection quickly transforms into a personal seminar as the reader develops a critical eye for psychoanalytic theory, finds agreement and disagreement with Richards and his co-authors, and reflects on the role of theory in his or her own clinical practice. Those who crack open this book are in for an education.

Richards's commitment to situating psychoanalytic theory in the context of psychoanalytic history helps us to see how theories evolve; how they are shaped by personal, social, political, and economic influences; how today's theories are a part of our psychoanalytic history; and how even the theories that are flowering today and basking in popularity will eventually be challenged and perhaps displaced by other theories.

But why should a clinician care about theory? What does a theory do for us anyway? A theory offers a model for understanding the structure of the mind and how it develops. With an understanding of how the mind works, there comes an understanding of how it also suffers. From there, theory offers guidelines for treatment of psychopathology—the suffering of the soul. It is good to have a theory, but it is also important to remember that theories are simply ways of seeing things, lenses through which we observe our patients and the therapeutic process. Theory brings some aspects into high relief and recesses others into low relief. A theory's usefulness is circumscribed. It does not explain everything. A theory does what the blinders on a horse do: they help us to focus on what is in front of us. A theory helps us to see what it brings into high relief, but we should never think the view it offers is the truth. We must always be mindful of things outside our view and things that do not conform to or confirm our theory, as those are the seeds of the next discovery or even the next new theory.

My point of view, in assessing this material, is as a clinical psychologist with a psychoanalytic orientation. I never studied in a formal psychoanalytic institute but, in addition to my academic training, I was in supervision for five years with Nathan Adler, PhD (1911–1994), who studied with Siegfried Bernfeld (1892–1953), who studied with Sigmund Freud (1856–1939). Leo Rangell once described me as having a “basic analytic attitude” (which is good enough for me), and in reading Richards’s book I find myself often agreeing with much of what he describes as contemporary conflict theory or contemporary Freudian theory.

Furthermore, I don’t think of psychoanalysis as a science. To me it is a scholarly discipline and a clinical art that is sometimes supported by scientific studies. I often find that psychoanalysts want to call their field a science as if to defensively claim it as real. The empirical nature of clinical work in relation to basic psychoanalytic concepts is enough for me to find it useful, valuable, and real. Metapsychology and other theoretical concepts do not describe biological entities. They are ways of thinking about psyche. Psychoanalysis, for me, does not meet the definition of a science, unless perhaps it is a hermeneutic science or a historical science. Nonetheless, I still want a theory and need to think about theory. Incidentally, Siegfried Bernfeld, who had a deep commitment to natural science, once tried to measure libido with a libidometer he had constructed himself. George Gero, MD (1901–1993), the Hungarian analyst, said that when Bernfeld told Freud about his project to measure libido, Freud was unimpressed and said, “Well, my friend, Bernfeld, I believe I will die with unmeasured libido!” (Benveniste, 2011). Bernfeld’s attempts to measure libido naturally failed and he later called psychoanalysis a *spurenwissenschaft*—a science of traces.

In this review I will not present a comprehensive summary of Richards’s book but rather a few hors d’oeuvres that I hope will whet the appetite of the reader to sit down with volume 1 of Richards’s “critical conversations” and dig in to this rich psychoanalytic banquet.

Arthur A. Lynch’s preface to the book gives us an appreciation for Richards as a psychoanalyst, teacher, thinker, writer, and psychoanalytic editor of *The American Psychoanalyst*, *Journal of the American Psychoanalytic Association*; four Festschrifts; two collections of papers; InternationalPsychoanalysis.net; and editor in chief of International Psychoanalytic Books. The breadth and diversity of his accomplishments is impressive if not awe-inspiring. Lynch has been a close associate of Richards’s for many years, and his introduction to these selected papers is concise yet detailed enough to offer a brief summary of Richards’s critical thinking about self psychology, object relations, hermeneutics, social constructivism, relational psychoanalysis, intersubjective theory, and interpersonal theory in relation to each other and in relation to contemporary conflict theory. For me, perhaps one of the most interesting aspects of Richards’s work comes from the collaboration between him and his wife and colleague, Arlene K. Richards. Lynch writes, “The authors (Richards and Richards) note that clinicians draw on and/or create theory, in part, to correct for aspects of their character that would otherwise circumvent or impede the clinical process” (p. xxii). More about that later.

The first introductory chapter is Harold P. Blum’s appreciation of Richards’s work, including his clinical work, professional writing, editorial work, the organization of symposia, his deep commitment to Jewish studies, teaching in China, and more. Blum writes, “These multi-

faceted activities exist only because Dr. Richards is a unique polymath who can plumb the depths and scan the horizons of our field with boundless energy” (p. 3).

A second introduction, by Lawrence Friedman, is yet another appreciation of Richards’s extraordinary energy, breadth of interest, and list of solid accomplishments. This one includes the work Richards and his wife did to organize the post 9/11 New York Disaster Counseling Coalition, which provided free mental health services for police, firefighters, and EMS workers. Friedman also says of Richards, “He is more interested in accomplishing his ends than in self-promotion” (p. 7).

In section 1, “Diversity and Unification,” Richards invites us to think about psychoanalysis in relation to institutions, established knowledge, and creativity. Lynch, the book’s editor and co-author of some of the chapters, introduces this section by asking the reader, “Where do you fall on the following psychoanalytic dialectics: orthodox to radical, pluralism to uniformity, and free exploration to dogmatism?” Chapter 1, “Growing up Orthodox,” is something of a brief intellectual autobiography describing Richards’s orthodox Jewish roots and his psychoanalytic training in New York in the 1950s and ’60s—the “heyday of psychoanalysis” (p. 13). He was studying with the luminaries of ego psychology, including many émigré analysts who had personally studied with Sigmund Freud. Richards recalls, “It was hardly a place that promoted skepticism, questioning and argument” (p. 15). From that position, he witnessed the emerging emphasis on the here and now, the concept of identity, the move away from metapsychology, the appearance of Heinz Kohut’s self psychology, action language, and so on. With each innovation the question arose, Is it psychoanalysis or not?

Reading about these controversies reminded me of Freud’s essay “On the History of the Psychoanalytic Movement” (1914/1957). Angry, hurt, and disappointed with former students, Freud sought to clarify his position in relation to the defections of Wilhelm Stekel, Alfred Adler, and Carl Jung. Although the psychoanalytic movement in 1914 was still small, it was receiving international attention. When revisionists came up with new ideas, there was no way for the public to separate the wheat from the chaff. With this essay Freud defined the borders of psychoanalysis so clearly that the positions of the revisionists also became clearer. Freud traced the beginnings of psychoanalysis back to his work with Josef Breuer and the discovery of transference in its “crudely sexual form, whether affectionate or hostile.” For Freud, this was proof that the sexual life is the driving force of the neurosis (1914/1957, p. 12). He then put forth the following definition of psychoanalysis:

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. But anyone who takes up other sides of the problem while avoiding these two hypotheses will hardly escape the charge of

misappropriation of property by attempted impersonation, if he persists in calling himself a psycho-analyst. (1914/1957, p. 16)

What we need is a definition of psychoanalysis that one can count on and a way to evaluate extensions, elaborations, innovations, and entirely new and different theories. My old mentor, Nathan Adler, was a dyed-in-the-wool Freudian. He was also a communist, and he saw both communism and psychoanalysis as implicitly subversive. He viewed psychoanalysis as a dialogue that serves to confront the patient with the aggressive and sexual dynamics that underlie conscious intentions and unveils the symptoms to reveal the traumas, conflicts, secret desires, and ghosts of the past. Nathan Adler, like Richards, was a voluminous reader and a scholarly critic of psychoanalytic innovations. But Adler, in his polemical style, would say that innovations are for the most part old wine in new bottles. They are the return of the repressed. They are the same old defenses warding off the awareness of unconscious material, specifically the sexual and aggressive impulses in the family dramas of early infancy. Adler was born in 1911 and said that as a boy he used to follow Fiorello La Guardia around New York City, listening to the mayor's polemical soapbox oratory, which Adler emulated in his harsh psychoanalytic critiques of the "innovators." Richards is more generous and nuanced than Nathan Adler was. So, while highly critical, Richards is happy to give credit where credit is due.

His close reading of the psychoanalytic innovators of the last half century is offered from the perspective of contemporary conflict theory. He seeks to listen with the fourth ear—listening "from the various vantage points of competing theoretical schools" (p. 21). Richards writes, "I distinguish this kind of pluralism from an indiscriminate eclecticism. Pluralism involves a willingness to consider new points of view, but not an acceptance of all points of view as equally valid and clinically helpful" (pp. 21–22).

In chapter 2, "A. A. Brill and the Politics of Exclusion," Richards states, "Psychoanalysis is an historical discipline" (p. 26). While psychoanalysts have given due consideration to the personal and intellectual levels of the history of psychoanalysis, "the institutional history of psychoanalysis has perhaps not received the attention it merits from clinical practitioners" (p. 26). What is being advanced here is the idea that theory and technique are not only what they appear to be but are also a function of institutional history and politics.

A. A. Brill founded the New York Psychoanalytic Society in 1911 and became the single most important expositor of psychoanalysis in the United States translating Freud's work into English and giving lectures across the country to professional groups, lay audiences, and the press. As he promoted Freud's psychoanalysis, he also defended it from the charlatans, quacks, wild analysts, and, not incidentally, lay analysts. It was easy to understand the exclusion of the first three, but the lay analysts—or non-MD analysts—were a group of highly valued contributors to psychoanalysis in Europe: Hanns Sachs, Ernst Kris, Melanie Klein, Anna Freud, Erik Erikson, and many more. The exclusion of lay analysts from psychoanalytic training in the United States from 1938 to 1988 was an overcompensation for the sad state of medical training in general in the United States in the early twentieth century. It then became a part of guild politics to exclude competition. In Richards's reading, the politics of excluding non-MDs in the

United States soon led to the exclusion of differences in theory and technique as well. With one hand Brill hung on to the teachings of Sigmund Freud, and with the other hand he closed the door to lay analysts as well as divergent analytic viewpoints.

It is easy to find heroes and villains in the ugly history of exclusionary politics in psychoanalysis, but as a hopeless outsider myself, I must confess that some outsiders, no matter how much they suffer, actually prefer the view from the periphery and do everything they can to remain there. Again, I refer to my old mentor, Nathan Adler. He often referred to his outsider status and one day declared, “I’m a marginal man. An outsider.” To which I replied, “Oh, Nathan, you look for the center and turn left.” He immediately raised his hands like a trapped criminal and said, “Ya got me!”

Brill held back the alternative theories as long as he could, but eventually, in addition to contemporary conflict theory and technique, the other approaches, such as self psychology, Kleinian object relations, contemporary object relations, intersubjectivity, interpersonal psychology, relational psychoanalysis, Lacanianism, and the rest, began to emerge. How can we reconcile all the different brands of psychoanalysis? Some seek to extend traditional theory, others claim the truth and reject the rest and some mix them all together to make an eclectic minestrone. Where can we go to even begin to think about these problems?

Richards examines each alternative theory with a close reading that affords recognition of original contributions and offers challenges to some of the other proposals. He also presents us with the following four metatheories and invites us to consider them: (1) Robert S. Wallerstein’s “Common Ground,” which puts forth the notion that psychoanalysts with different theoretical positions all share a common ground in clinical technique (p. 30); (2) Fred Pine’s “Four psychologies,” or the multiple-model approach, in which the psychological theories of drive, ego, object relations, and self are seen as valid and applicable to different clinical phenomena; (3) Leo Rangell’s Total Composite Theory, in which all new theories can be considered psychoanalytic only if they are unified in an integrated theory rooted in American ego psychology; and (4) Stephen Mitchell’s Drive/Relational Dichotomy, which views classical psychoanalysis grounded in drive theory as irremediably dichotomous to contemporary relational psychoanalysis grounded in object relations and interpersonal theories.

Without abandoning his own contemporary conflict theory, Richards studies and respectfully considers the alternative theories and alternative metatheories and calls for the same respectful attitude and approach from his colleagues—an attitude and approach that avoids dogmatism and dichotomies in favor of “the exacting (yet ultimately exhilarating) rigors of dialectics” (p. 41). This is essentially what the whole book is about.

In chapter 3, “Psychoanalytic Discourse at the Turn of Our Century: A Plea for a Measure of Humility,” Richards recalls, on the one hand, the psychoanalytic history of ostracizing dissidents and, on the other, the alternative theorists who caricature classical analysis as inherently humiliating, patriarchal, and patronizing. Richards judges the exclusionary politics, the dichotomous thinking about theory, and the caricatures of classical analysis as unhelpful. He writes, “I would urge adherents of the various analytic traditions to forgo a discourse of dichotomy and polarization and instead approach one another in a dialectical spirit. Just as the

essence of science is to be open to evidence that might refute one's preconceptions, so too is it the essence of the psychoanalytic wisdom to which we all aspire to avoid defensiveness and to acknowledge our mistakes. Human nature being what it is, a counsel of perfection is not what I have in mind; a plea for a measure of humility on all sides, however, seems eminently worth making" (p. 45).

In our contemporary Trump era we see politicians foolishly trying to argue "ideas" against "beliefs," and we are sadly reminded of how often psychoanalytic debates don't look much better. Our theories should never become belief systems. We can believe in religions but not in theories. Psychoanalytic theory is not something to believe but rather a way of seeing things that is or is not useful. We do not believe in the unconscious but rather find the concept of the unconscious useful in clinical and applied matters. Richards helps us think carefully about theories by recalling our history of psychoanalytic scholarship, encouraging open-mindedness, demonstrating critical thinking, demanding the rigors of dialectics, and reminding us to maintain a measure of humility. He pulls it off masterfully and encourages the rest of us to go now and do likewise.

In section 2, titled "Self Psychology and the Work of Heinz Kohut," Richards acknowledges that of the various self psychologies, Kohut's is the "most clearly presented as a new theory and, due to the breadth of its concern, is the one most likely to threaten the cohesion of the psychoanalytic community" (p. 90). This threat to the cohesion of the psychoanalytic community seems to mirror, on a different order, Kohut's concern about threats to the cohesion of the self. Kohut described the traditional psychoanalytic patient as one plagued by drives, conflicts, guilt, and the oedipal experience. He called him "Guilty Man." In contrast, the patient who "suffers from developmental defects rooted in his preoedipal failure to receive adequately empathic parenting" he called "Tragic Man" (p. 91). Kohut did not say the guilty patient doesn't exist but rather that patients in modern times are more often plagued by preoedipal failures and require a treatment emphasizing empathy, attunement to the self, and a move away from free association, conflict theory, transference, and resistance. Richards gives full credit to Kohut's elaborately constructed metapsychology but questions his conclusions and fundamental retreats from the basic concepts and techniques of traditional psychoanalysis. He appreciates Kohut's theoretical contributions but disagrees with the technical innovations of his self psychology. Richards also takes exception to Kohut's transforming classical psychoanalysis into a strawman, which he caricatures and dismisses even though classical or contemporary Freudian analysts would not recognize themselves in Kohut's caricature. "Kohut distinguished between a mechanistic classical psychoanalysis and a humanistic self psychology. . . . The distinction was ultimately between the Freudian analyst as surgeon and the Kohutian analyst attuned to the 'needs of the patient's self'" (p. 100).

In section 3, "The Hermeneutic Science of Merton M. Gill and Irwin Z. Hoffman," Richards devotes two chapters to each of these innovative constructivist theorists. Richards, along with co-author Lynch, values Gill's attention to the subject of transference and finds his conceptualizations of "resistance to the awareness of transference," "resistance to the resolution of transference," and "resistance to involvement in transference" "a welcome advance over the

prevailing nomenclature; his categories are experience-near, readily verifiable, and integral to the conduct of analyses” (p. 115). Gill’s emphasis on transference led to a deeper appreciation of the encounter between analyst and patient in the here and now as well as the notion that analysis is a co-construction. Richards’s appreciation of Gill’s contributions is tempered by his concern that emphasis on transference could interfere with the analyst’s hovering attention and the unfolding analytic process (pp. 120–121).

Irwin Z. Hoffman proposes an essential shift from a positivist to a constructivist model, in which the analyst’s personality never disappears from the analytic field and is, in fact, a co-creator of the analytic relation within the context of transference and countertransference. Neutrality is seen as an impossibility and an unhelpful analytic stance. Transference and countertransference are essential factors. Richards, a classical Freudian analyst, agrees that the analyst’s presence is never strictly neutral, but adds, “I do think that an analyst may function from a ‘neutral enough’ stance (which is not the same as a moralistic, coercive, or suggestive one) to provide an occasional useful interpretation” (p. 146). He goes on to say, “The flaw in Hoffman’s extreme constructivist position is the assumption that because he has successfully attacked a simplistic version of ‘objectivity and neutrality,’ he has therefore demolished these concepts altogether. He does not consider the possibility that they may be redefined in a way that meets his objections while continuing to be a ‘justified and necessary requirement’ of contemporary practice” (p. 171).

Section 4, “Interpersonal and Relational Theory,” includes a wide range of theoretical positions and clinical implications. On one end of the spectrum there are those who favor relational dynamics in the co-constructed analytic field over the interpretation of unconscious fantasy within the context of drive theory, infantile sexuality, and the clinical phenomena of resistance and transference. On the other end of the spectrum there are those who have more contemporary Freudian or neo-Kleinian perspectives and have become more open to the therapeutic use of countertransference, the constructivist notion of a co-created analytical relation, and a commitment to being emotionally present within the hour. Richards’s three essays in this section are each co-authored by one of his colleagues: Janet Lee Bachant, Arthur A. Lynch, and Arlene Kramer Richards.

Stephen A. Mitchell is a relational theorist who sees sexuality as a response to a relation rather than a drive originating from within. “The relational matrix is the primary organizer, and sexuality is a function of it, not an organizer of experience in its own right” (p. 189). Naturally, the Oedipus complex loses significance from this perspective. Even the traditional view of transference embedded in and distorted by early infantile experience is loosened from its theoretical and early infantile roots and recast in Mitchell’s relational perspective as a new therapeutic relation that is more authentic and intimate. Mitchell shifts the theoretical center from the drives and intrapsychic conflicts to a relational and interpersonal focus (p. 206). Richards critiques Mitchell and several other relational analysts (Lewis Aron, Jay R. Greenberg, etc.) for lurching away from the bedrock of Freudian theory and technique. But he is even more critical of the strawman caricatures they create of the classical traditional analyst. By contrast, Thomas H.

Ogden's work is seen as contributing creatively to the relational perspective while maintaining roots in Freudian, Kleinian, and Winnicottian theory.

In chapter 13, addressing the work of Benjamin Wolstein, co-authors Arnold and Arlene Richards highlight Wolstein's attention to countertransference and the importance of attending to affect. My favorite part of this chapter is where they write, "It could also be that Wolstein's approach in our hands would be a disaster, or ours in his. We offer a hypothesis about the purpose of clinical theory: An analyst creates a theory of clinical practice that corrects for those aspects of her or his character that would thwart the analytic enterprise. In this view, adopting a theory means adapting it to fit one's own proclivities. We all know from experience that imitating someone else's way doesn't work; we all have to find our own" (p. 238). This is a lovely idea with many implications, but I think it important to recognize that while some theories might correct for those aspects in the analyst's character that thwart the analytic enterprise, others might have a purely defensive function designed to avoid conflict, infantile sexuality, aggression, the here and now, affect, intimacy, and--oh, by the way--the unconscious.

In section 5, "Contemporary Conflict Theory," Richards and his co-authors present a guided tour of the development of contemporary conflict theory and its origins in ego psychology. In chapter 14 Richards examines the contributions of Charles Brenner, and in chapter 17 he and Lynch examine the work of Leo Rangell. Chapters 15 and 16, co-authored with Jacob Arlow and Lynch respectively, are titled "Psychoanalytic Theory" and "From Ego Psychology to Contemporary Conflict Theory: A Historical Overview." These two chapters are extraordinary distillations of basic psychoanalytic theory and technique that provide outstanding descriptions of the field and excellent introductions to it.

In chapter 18, "Notes on Psychoanalytic Theory and Its Consequences for Technique-- Plus 'A Response to Our Respondents,'" Arnold and Arlene Richards revisit many of the issues addressed in previous papers. They ask, "Does theory have technical consequences? If so, what are they?" And "Can theories be compared?"

The relationship of theory to technique is a fascinating one, and the Richardses investigate the matter in a scholarly way, just as in the previous chapters, but they leave me with lingering questions: Does an analyst guide his or her technique with a theory? Does the analyst choose a preferred theory based on a thinking analysis of the various theories, based on analytic experiments, or based on a natural fit with the analyst's technique/personality? How is one's gravitation toward a theory a defensive operation? Do two analysts with the same theory talk about their work in the same way? Do they work in the same way? What are the differences between what the analyst thinks, what the analyst does, and what the patient makes of what was done? What is the relation between the analyst's neurotic style and his or her preferred theory?

I have known a couple of analysts whose theoretical understandings were as tangled as a bed of sea kelp. It was painful to hear them speak of theory, but they were natural healers in a way that could not be denied. On the other hand, there are some analysts who have impeccable theory at their fingertips and can cite chapter and verse, but their abstraction, intellectualization, and overall obsessional style render them awkward listeners and largely incapable of engaging a patient clinically. Some who have colonized their theoretical understandings with magical

thinking and general goofiness are nonetheless capable of such openness and emotional presence that their patients lower their defenses without an explicit interpretation of defense and want to talk about what is difficult to talk about with an analyst who is listening. How do we explain all of that theoretically?

Theories are lenses that bring some aspects of the clinical encounter into high relief and recess others into low relief. How would a neo-Kleinian watching a self psychologist at work describe and account for the therapeutic action? How would a contemporary Freudian describe the work of an interpersonal psychoanalyst? How would a self psychologist describe the work of an ego psychologist? I could easily imagine that an investigation such as this would be full of surprises as people discover the differences between how they describe their work and what they actually do. I don't doubt that there are differences, or that one might even find some approaches more sophisticated and therapeutically preferable, but one would quickly learn about the common ground of which Wallerstein speaks as well as the therapeutic value of different approaches in the hands of different analysts. We might also learn that some theories and techniques do not warrant the label "psychoanalysis" no matter how generous we hope to be.

I remember with dismay a relationalist who once told me, "The difference between the relationalists and the Freudians is that we think the relationship is important." It left me dumbfounded and speechless. Have people stopped reading Freud entirely? How could someone think Freudian psychoanalysis does not think the relationship is important? Another time I was in a breakout group at a conference discussing Wilfred Bion's suggestion of beginning analytic sessions without memory, desire, or understanding. I said it reminded me of Freud's "hovering attention" and also of a musicologist whom I once heard explain that the height of music appreciation is when a person can listen to a well-known piece of music without anticipating the next note. Hovering attention is listening without anticipating what the patient is going to say next. The group liked my comment, told me that I am a Bionian, and welcomed me to the club. (Actually, I am not a Bionian at all but rather a Bernfeldian.)

Richards and Richards do a nice job of demonstrating the misunderstandings that have developed between psychoanalytic theories. They also demonstrate how many of the innovators create a strawman of contemporary Freudian analysts, who are seen as "nonrelational," "noninteractionist," "positivist," "surgically neutral," "cold," "blank screens," "authoritarian," "rigid," and "prone to impose . . . theoretical convictions on the patient and on the patient's free-associations" (p. 390, 395). These caricatures of the contemporary Freudian analyst persist and flourish to this day in spite of the fact that no contemporary Freudian could possibly subscribe to such a description of his or her own work or style. It reminds me of Erik H. Erikson's uncharacteristically angry reply to a feminist critique of his work at a Berkeley symposium. Erikson said, "You *"understood"* my remark as "assuming" something I did not say' so that it could fit 'your ideological stance'" (Friedman, 1999, p. 425). This is what we see so often in the psychoanalytic theory wars.

Everyone, it seems, has gotten "beyond Freud" while standing on his shoulders. And those who think they are the most "radical" are those who deny infantile sexuality, resistance, transference, the unconscious, and the repetition compulsion. I have never understood why they

would want to call themselves psychoanalysts when they have so enthusiastically rejected the pillars of psychoanalytic theory. Nonetheless, these are the questions: Can psychoanalysis be advanced, or must it be entombed in Freud's last words? Can errors be corrected? Can theory be advanced? Can new techniques develop? These are concerns that Richards approaches throughout his book. He is open to new ideas and innovations but wants to think critically about each. A friend once told me, "The only problem with an open mind is that anything can fall into it." It is a scholarly attitude to be open to new ideas and techniques, but critical thinking is what enables us to discriminate and evaluate "what to leave in and what to leave out."

Richards and his co-authors think critically about self psychology, hermeneutics and constructivism, relational and interpersonal psychoanalysis, contemporary conflict theory and, to a lesser extent, modern Kleinian theory as well. They do all of this from their contemporary Freudian position, with its key theoretical constructs of conflict, compromise formation, and unconscious fantasy. But with all of these new flavors of psychoanalysis it seems we are met once again with Freud's dilemma in 1914. If C. G. Jung and Alfred Adler each want to call themselves analysts and want to redefine Freud's terms, how will the public be able to compare and contrast? And what, then, of self psychology, neo-Kleinian object relations, relational psychoanalysis, and so on? And while we're at it, how will the International Psychoanalytical Association (IPA) be able to hold its members together when each subgroup has such different theories and techniques?

In the mid to late 1980s the matter of lay analysis became the crisis of psychoanalysis. The medical monopoly of psychoanalysis in the United States, dating back to 1938, had forced the non-MD analysts to creatively seek training and develop new ideas outside the IPA and the American Psychoanalytic Association (APsaA). Psychiatric training in the 1940s was, to a great extent, preparation for psychoanalytic training, but by the 1980s psychiatry, as a discipline, was dominated by the medical model and a focus on psychopharmacology. Then, just as the number of psychiatric candidates to psychoanalytic institutes was dwindling, the number of psychoanalytic psychologists, social workers, and counselors was increasing. Next came the lawsuit in which a group of psychologists and the American Psychological Association sued the IPA, the APsaA, and two New York institutes for restraint of trade—for not training non-MD candidates. They won, settling out of court, and the doors to the institutes were thrown open, allowing an influx of non-MD candidates. It was then that I heard Nathan Adler say, "Well, we know how the psychiatrists ruined psychoanalysis; now we're going to find out how the psychologists are going to ruin it."

Robert S. Wallerstein, MD, was the president of the IPA in 1988, at the time of the lawsuit. He was a psychiatrist-psychoanalyst but was a friend of Anna Freud and Rudolf Ekstein and a very close personal friend and colleague of Erik H. Erikson. None of these distinguished analysts were MDs, but they were held in the highest esteem by Wallerstein and many other psychiatrists in psychoanalysis. Wallerstein was also the founder of the Doctor of Mental Health degree program at University of California, San Francisco, which prepared non-MDs for psychoanalytic training. In his plenary address at the IPA Congress in Montreal in 1988, Wallerstein spoke on the question of "One Psychoanalysis or Many?" In dealing with the

emerging psychoanalytic pluralism of the times, he wanted to address diversity within psychoanalysis and the unity that might bind analysts together. The diversity was recognized in different theories, which Wallerstein described as “explanatory metaphors,” and unity was found in “the commonality of the clinical observational data of our consulting rooms and the low-level, experience-near clinical theory, the theory, that is, of transference and resistance, of conflict and compromise” (Wallerstein, 1990, p. 4). In 1990 he called this commonality of technique “The Common Ground.” Richards and Richards see his point but find “it is more difficult to adhere to this integrationist position in regard to self psychological, relational, intersubjective and interpersonalist schools” (p. 379).

Richards invites us to avoid dogmatism and instead choose a path characterized by openness, critical thinking, and humility. He suggests we leave behind dichotomous thinking in favor of dialectical thinking.

We are at a time in the development of our field when there are so many theoretical viewpoints and proponents that people tend to fall into tribal attitudes learning who they are, what they believe, who their group is, and who their theoretical enemies are. This is not a scientific, scholarly, or in any way professional attitude, but it’s not at all uncommon. It would be a sad state of affairs, indeed, if the narcissism of minor differences were to become our primary common ground.

I once interviewed Ernest S. Lawrence on the history of psychoanalysis in Los Angeles. The topic of institutes splitting came up in our conversation, and I mentioned an old Sephardic saying, “Two Jews, three synagogues.” He said it reminded him of the story of the shipwrecked Jewish sailor. “He was on an island and he saw a ship on the horizon; they came in a rowboat and he was rescued. And he said, ‘I have to show you the temple I erected.’ And he took them to one side of the island and showed them the temple. And as they were leaving he said, ‘Now I have to show you something else.’ And he showed them another temple and he said, ‘I built that [also] and that’s the one I don’t go to.’” Yes, it seems we often define ourselves as much by what we are as by what we are not, who we are with and who we are not with, which organization we belong to and which we actively don’t belong to. In recognizing the danger of this position, in relation to theory and technique, Richards calls for “a measure of humility.”

Yes, humility would be useful and so would an ecumenical spirit. In the late 1930s, in San Francisco, there was a study group led by Siegfried Bernfeld that included members of diverse professions. There were psychiatrists, psychologists, pediatricians, two anthropologists (Alfred L. Kroeber and Robert H. Lowie), and a nuclear physicist (J. Robert Oppenheimer). Then, during the Second World War, the Veterans Rehabilitation Clinic at Mt. Zion Hospital included psychiatrists, social workers, psychoanalysts, and Jungian analysts. In each of these cases people did not come together around a common technique but rather around a common interest and a common goal. So in addition to Richards’s insistence on critical thinking and his plea for a measure of humility, I would like to call for the cultivation of an ecumenical spirit.

Richards’s first volume of *Psychoanalysis: Critical Conversations* is a banquet of riches that ends with a four-page epilogue titled “The View from Now.” In it, Richards writes, “Arlene Kramer Richards and I have offered a theory of the theories of psychoanalytic technique. The

thesis is that a psychoanalytic theoretician develops a theory of technique to counter his or her anti-therapeutic proclivities. Freud, who was an interventionist, and sometimes did intervene in the life of his patients—as with his patient [Horace] Frink—stressed abstinence. Kohut’s emphasis on empathy as a technical approach countered his own narcissism. And in a different dimension, Aron has written that Mitchell’s development of relational psychoanalysis was a response to what he considered the hegemony of APsaA in American psychoanalysis” (p. 410). It is a natural conclusion to this discussion of theory in relation to other theories, as it shows us that beyond scholarship, investigation, and the theory wars within psychoanalysis, there is also the personal context from which theories are derived. While Richards and Richards address the way a theoretician “develops a theory of technique to counter his or her anti-therapeutic proclivities,” perhaps it goes without saying that there are other personal motivations as well. Many theories and clinical techniques are built on careful investigation and a reasonable logic; however, they often end up doing what some of the early revisionists did. They ward off awareness of the sexual and aggressive impulses in the family dramas of early infancy, which are the primary basis for much of what we suffer.

In these days of information overload, critical thinking is a useful compass to establish orientation and evaluate all that is before us. Richards has offered a great service in this volume by helping us to think critically about theory and technique in psychoanalysis. While the struggle is not over, Richards offers us, in this volume, a tour de force of critical thinking about clinical theory and technique and reminds us that as we think about and evaluate different theories, it will do us well to maintain a measure of humility.

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