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THE HISTORY OF PSYCHOANALYSIS IN CHICAGO 1911-1975 #

By

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Editor's Note: This paper was solicited by the editors of this Annual, written by Roy R. Grinker, Sr., M.D., and was then rejected for publication by the Editorial Committee. That was in 1975. Grinker was told that too many of the participants in the story of the Chicago Institute were alive, that the manuscript was inflammatory, divisive, and potentially harmful, and it would be best if it were shelved--perhaps permanently--in view of the climate of the Institute, the city, and the times.

Now--19 years later--(1994), all but a few of the people who played a part in the years 1911-75 are dead, including the author. Other are here, still in Chicago, very much alive and active, to respond with affirmation or refutation of the history. These individuals were, in the body of the article, themselves treated not only fairly, but also came across as helpful, good-hearted people who respected psychoanalysis, helped to foster it and its' teaching at the Chicago Institute.

As Roy R. Grinker, Sr.'s literary executor, I have taken the liberty of some deletions of what I consider to be inconsequential material, in order to shorten it for publication. In no way have I altered my father's historical views and the thrust of the points he was attempting to make in 1975, nor have I slighted his characteristic candor, objectivity, and forthrightness.

Roy R. Grinker, Jr. M.D.

I

Several times I have been asked to write my views about the changing American psychiatric scene through episodes of my life, all of which I refused. When the editors of this Annual asked me to write a chapter and agreed that it could be an outline of the history of psychoanalysis in Chicago, I accepted because I could report fairly accurately on observations of three generations. If we accept the fact that Franz Alexander, as the founder and first Director of the Chicago Psychoanalytic Institute, represented the focus of psychoanalytic history in Chicago, then the field like "all Gaul" can be divided into three parts. Part of the Pre-Alexandrian period was experienced and documented by Julius Grinker, my father, the contemporary period by younger analysts, my son's generation, and I the long era in between. These three periods will be described in broad sweeps only; a detailed history would require a lengthy monograph.

As anticipated, the contemporary era gave me the most trouble, because I could only view it from a distance and from the vantage point of a past generation. I therefore wrote to 17 psychoanalysts who were trained and are functioning in the post-Alexandrian era. I wrote that I needed their help and that their information would be held confidential. I needed a consensus regarding what is bad, what is good and what can be improved in the activities of the local Institute and Society. It is hard to believe that I received only 4 responses in the form of verbal interviews - a meagre 23 percent! How should I explain this: apathy, unconcern and

detachment, feeling that others would contribute better or fear of reprisal based on the mistrust of promised confidentiality? At any rate, thanks to those who did communicate, the post-Alexandrian era is well described even though ambivalences do confuse matters somewhat.

Historiographers utilize a mixture of methods with which to determine the facts of past events, their causes, the significant persons involved and their meanings. The hope is that if contemporary man knows as much as possible about his past he may avoid making similar mistakes in the future. Thus stated, the psychoanalyst is a special kind of historian attempting to uncover and bring to consciousness in the here and now, past pathogenic experiences in an effort to correct deviant behavior for the future of those suffering from the lasting effects of suppressed or repressed memories.

History in general and psychiatric amneses in particular seem to be partly scientific but predominately undocumented, biased and romantic interpretations of the past. Thomas Jefferson¹ long ago stated that "The life and soul of history must forever be unknown". Certainly reliance solely on preserved documents, books, book reviews or minutes of meetings misses the feelings of fear, anger, depressions and arguments of the humans involved at the time. Reverence for the leaders or innovators of the past give a distorted picture of significance, and romantic historical novels are highly inaccurate. For this reason a living oral account of what is happening is an important source of what later becomes history.

As Graubard² states: "In higher education, autobiography is a resource whose value ought never to be underestimated. While there is always the hazard of mistaking one's own experience, within one's own institution or local community, to be representative of a larger, national pattern, there is much to be said for exploiting the knowledge that is made available through such observation."

Mora³, a staunch advocate of oral history, knows that older clinicians who have seen their speciality grow and had a hand in its changes have the urge to record their impressions, but recently the young behavioral scientists have also gradually embraced the need to know the history of their fields. Mora emphasizes three sins: (1) the use of secondary sources, (2) overly dramatic accounts out of context and (3) ~~the pattering~~ repetition and inundation with minor details.

According to Carl Becker⁴: "History is the memory of things said and done." Every man knows some history, often as valuable as that written by historians; for according to Becker, even history written by historians is a blend of truth and fantasy, fact and interpretation. He wrote: "Historical facts do not speak for themselves. They need the perceiving mind to reveal their special meaning." That mind cannot be entirely objective and scientific in viewing historical events is quite evident. "Each change and movement of mankind alters his view of history."

In 1963 I wrote a paper⁵ on a psychoanalytical island in Chicago in 1911-1912, the beginning year of the American Psychoanalytic Association. It was

rejected by the program committee of the Chicago Psychoanalytic Society because "the issues would not be clear to its membership." I never could find out despite repeated requests what these issues were. Later, in 1970 in my Benjamin Rush Lecture⁶ at the American Psychiatric Association within a broader perspective I wrote: "The history of psychiatry and psychology in their search for meaning of human mentation in the health-illness continuum corresponds with the history of social dynamics and change and with the story of individuals as they struggle in their search for meaning. The psychobiography of the heroes, of whom Benjamin Rush was one, gives a clearer understanding of the difficulties all of us have in developing a unitary system of thought."

II

The history of psychoanalysis in Chicago seems to begin with Franz Alexander's arrival on the scene but there are indications that ~~two and one~~ decades before (1911 and 1921) interest in the field was apparent. The typical psychiatrist of 1911, of whom there were few, practised neurology for which they were trained, but many of their patients were neurotic or psychotic. Some were sent to sanitariums out of town or to so-called "rest-cures" in Chicago for long periods of time for bromide or opium sedation, special high fat diets and "suggestive" psychotherapy. The psychotic poor were sent to the large warehouses called State Mental Hospitals.

Many neurotics were treated in private offices with sedative drugs, hypnotics for sleep, encouragement, persuasion and suggestion. These patients experienced

temporary improvement but maintained their dependency by frequent visits to their doctors. Behind these therapies was the hidden theory that heredity and constitutional defects were the basic causes, although Julius Grinker stated that environment could be manipulated to alter the effects of heredity.

Julius Grinker wrote that psychotherapy was as old as humanity⁵. Any form of treatment is good if the physician is convinced of it. Long before the oft-quoted R.G. Brown, he stated, "The stronger the physician himself is convinced of the efficacy of his treatment, the more the doctor's personality has a great deal to do with instilling the patient's confidence." In addition, he stated that a full beard, a silk hat, and a long coat are important (for those days!).

"Some people are born psychotherapists; some acquire the skill." Drug therapy of the day was contrasted with psychotherapy, which requires active participation by the patient. There were two main forms of psychotherapy: (1) hypnosis and suggestion; and (2) instruction and persuasion. Julius Grinker favored the latter, which increased the powers of resistance and facilitated education of the patient. He directed his patients to participate in charity, absorbing activities and regular exercise.

Then in 1911 Ernest Jones presented a paper before the Chicago Neurological Society which split the speciality into two camps; those violently opposed and those eager to learn and understand the "new psychology". The senior neurologist, Hugh T. Patrick gave serious and understanding consideration to psychoanalysis with

the following points:

1. The more information we have about patients, the better. The psychoanalyst goes painstakingly into their early lives in an effort to uncover their basic problems.
2. Adult symptoms are related to very early life experiences.
3. Early impressions in childhood have profound effects on children - they do remember.
4. The self-preservative and sexual drives have the greatest influence on human life.
5. The major human conflicts are between desires, passions, and the beliefs and teaching of society.
6. ~~He sees more and more patients whom the~~ existing methods of treatment cannot help ^{many patients,} and about half of all neurotics need psychoanalysis - the others can do as well with older methods. The latter group would increase if therapists would take the time and interest in their basic problems.
7. ^{" I HAVE} ~~He has a~~ high respect for people in the field of psychoanalysis. It is poor taste and unscientific for one not experienced with the method to indulge in sweeping criticisms."

Julius Grinker stated: "It must be admitted that it is not very easy to understand Freud's viewpoint, and for that reason we are under obligation to the essayist (Jones) who has in numerous contributions and discussions endeavored to acquaint

the American profession with Freud's work. The physician who does not practice psychoanalysis in the broader sense is not competent to treat nervous cases. The man who either had no experience with the method or else is too indolent to learn it, is a very poor critic indeed and had better learn something about it."

"This new psychotherapy has as its basis a plausible psychology, splendid reasoning and a profound acquaintance with the innermost depths of human nature. Regardless of whether Freud's psycho-analytic method will ever become popular in therapeutics, it has certainly opened our eyes to facts hitherto completely ignored or not at all recognized."

Many others took a harshly critical view of Jones' paper and psychoanalytic theory or methods. But the controversy did not last long because those who tried the method were soon overwhelmed by transference reactions of love and hate from their patients. Only one psychiatrist persisted, talking and writing little. Indeed, Dr. Ralph Hamill was the only Chicago psychiatrist who became a charter member of the American Psychoanalytic Association with ~~James J. Putnam, M.D., President, of Boston, Massachusetts, Ernest Jones, M.D., Secretary, of Toronto, Canada, Trigan Burrow, M.D., of Baltimore, Maryland, John T. MacCurdy, M.D., of Baltimore, Maryland, Adolf Meyer, M.D., of Baltimore, Maryland, G. Lane Taneyhill, M.D., of Baltimore, Maryland and G. Alexander Young, M.D., of Omaha, Nebraska.~~

Ilse Bry states in a personal communication: "The well-known period of articulate opposition to psychoanalysis had been preceded by a period of equally

articulate appreciation which was later obscured and forgotten. It is intriguing to note how often the same individuals who had first made a sincere effort to assimilate Freud's ideas later changed their mind and their attitude."

Ilse Bry and Rifkin⁷ would like to draw a line of thinking of scientific consistency rather than historical continuity through the half-century from 1911 to 1961. There is a nucleus of truth in this idea⁸. We are seeing within the psychoanalytic profession a growing criticism of theory and methods not based ~~on prudery,~~ ^{ON} ignorance or emotionality but on a sophisticated attitude by persons whose training is more scientific and whose vistas are wider from contact with other fields, ^{RK 1/12/61} than those completely immersed in the psychoanalytic discipline.

Hardly anyone in Chicago had been aware of the 1911-1912 island of psychoanalysis which was short-lived, but the statements of the participating neuropsychiatrists were accurate about psychoanalysis of the time. ~~I had always thought that the two decades between 1912 and 1932 was a silent period except for the occasional statements of Dr. Raph Hamill and the solitary, briefly trained Dr. Lionel Blitzten shortly before 1930.~~

Thanks to Dr. ^{JEROME} ~~Gerard~~ Kavka I recently learned of an enterprise in 1921 about which few details are known. Kavka discovered several brochures published by the American Institute of Psychoanalysis written by Dr. Edward N. Schoolman, Psychological Director and Daniel H. Borus, General Director, apparently a non-professional. They introduced the first of 9 brochures each

containing two lessons with the following statement:

"For a number of years the authors of this Course, actively engaged in the practice of Psycho-Analysis in the field of nervous and mental diseases, have received numerous letters requesting information on various phases of the work. These inquiries were usually requests for advice on personal problems or for suitable books to read in this connection. We were often asked to recommend a reading course which would give one a comprehensive working knowledge of Psycho-Analysis.

"Many of the writers had already read books on the subject but with unsatisfactory results. This was mainly due to the fact that these books were written primarily for scientific workers in the psychological field. Because of this the subject-matter was purely theoretical and difficult of comprehension by the average reader. Further, in order to gain a comprehensive view of the subject, one would be compelled to make an intensive study of many works. In these cases we were confronted with the serious difficulty of selecting from the available literature, such material as could be profitably studied by the layman."

The 9 brochures were all published in 1921. The "Institute's" publications reveal no address and no price. It seems that they were oriented to the general public, not for physicians or scientists. Each lecture or lesson ended with a reliable and adequate bibliography, there were questions at the end of each lecture to be sent to the Institute, but there was no address for the answers even though questions

to a "faculty" were invited. It was obviously a correspondence course but there was no hint where students registered and beyond the 9 lectures totalling 354 pages we have no more brochures, possibly indicating that the "Institute" had a short life.

The "systematic course" was to correct confusion regarding psychoanalysis and its erroneous confusion with "spiritism, Christian Science, suggestion and other mystical methods of mental healing." The authors indicate that psychoanalysis consists of theoretical knowledge and practical utilization which are difficult studies but of general educational value, and both must be learned by the student's himself. "Psychoanalysis presents a definite ethical program for the conduct of life" and does not undermine "social morality." The field has educational value, favorable influence on the self, increases knowledge of others and expands one's personal powers.

The amazing contents of the 354 pages of writing is the accuracy of the description of psychoanalysis of 1921, the excellent bibliography and the cogent questions. Further information about this "Institute", its address, director, students and life-span are not known to either Dr. Kavka, ^{OR NE} ~~to whom I greatly~~ indebted, ~~or to me~~. It does, however, represent another island of psychoanalysis in Chicago.

However, I was able to contact Dr. Schoolman's son, Dr. Harold Schoolman, Assistant Deputy Director of the National Library of Medicine who wrote as follows:

"My father was, indeed, among the early pioneers in this country in psychiatry. It was a field to which he came somewhat by accident. He was trained initially as an internist, but early in his career he had severe bilateral retinal hemorrhages--probably detachments--that left him almost blind. It was at this time that he went back into training. As I recall, he spent time at the Elgin Psychiatric Hospital and then somehow became involved with Herman Adler."

"My own personal memory is that of my father practicing psychiatry, but also doing a great deal of lecturing which contributed, I believe, a major portion of his income. He was also established as a "consultant" to Temple Sinai. At that time, Dr. Louis Mann was the Rabbi, but I believe the man most involved in bringing my father into the temple was Mr. S.D. Schwartz. My father continued in his practice, and lectured as well all over the country. I had the privilege of hearing and reading many of these lectures as well as listening as a child to a group of people, such as, Clarence Darrow, Preston Bradley and Dr. Schmoulhousen, a psychiatrist in New York, who appeared repeatedly on this circuit. My father died suddenly in 1935 at the age of 41."

III

Franz Alexander, the first and most promising student at the Berlin Psycho-analytic Institute, early held out great hopes for a productive career. As his reputation grew Americans went to him for training in psychoanalysis. Their effect on the Chicago scene will be discussed individually but one incident especially

had a profound influence on the future of psychoanalysis in Chicago. The then Chairman of the Department of Sociology at the University of Chicago arranged a visiting professorship for Alexander during 1930. Alexander insisted that his appointment be in the Department of Medicine, because of his M.D. degree, as the (first-ever) Professor of Psychoanalysis.

He was asked to see patients in consultation, ~~he~~ began the analyses of interested young psychiatrists and fatefully began a seminar in the Department of Medicine attended by clinicians and basic scientists; in fact, the seminar was open to all faculty members of the University. Alexander, born in Hungary, spoke English with an accent at the time, mixed the genders of pronouns, and his extemporaneous speech was somewhat stuttering. By intention he spoke first about psychosomatic disturbances and unfortunately used the example of a woman whose constipation was cured by Alexander's advice to the husband to present her a bouquet of red roses!

At that point the hostility of the basic scientists erupted and ~~a diatribe of~~ criticism and invectiveness overwhelmed Alexander as never before or since. The seminar came to a standstill necessitating the Dean, Dr. Franklin McLean, to circulate a memorandum ordering that discussion be reserved until the completion of the seminar, months ahead. The audience melted away, myself among them, and the seminar fell apart. At the end of the year Alexander quietly left Chicago for Boston's Judge Baker Foundation where he worked with lawyer Hugo Staub on

the psychology of criminals.

Alexander was soon to return to Chicago with financial support from Alfred K. Stern, a Director of the Julius Rosenwald Fund by virtue of his marriage to a Rosenwald daughter. His money established the independent Chicago Institute and supported it for a time beginning in 1932. The Institute was a successful operation with a rich Board of Trustees, professionally distinguished Advisory Board, consultants and staff. The 1932 report and the Ten-Year Report (1932-1942), available from the Institute, contain the names of the persons involved in these early operations.

A chronological account must now give way to a discussion of personalities whose activities weaved back and forth in transactions with others, some of whom will be discussed individually to give a feeling of the personalities involved, ~~their verbal and written statements.~~

After Alexander returned to Chicago to found the Chicago Institute, two incidents shattered the peace of the psychiatric community. The first occurred at the University of Chicago when a medical student was hired as a "yard boy" by a professor on the faculty. In answering a question concerning his need for a job of physical work, he answered that the money was necessary to pay for his analytic fees. This was reported to the medical school and a violent eruption ensued based on the tradition that physicians and medical students should be given free treatment by other doctors. No one took into consideration the many weekly sessions often

lasting for years. The principle of charging was not only based on the time needed, much longer than any other medical therapy, but on the axiom that payment for analytic fees is a necessary sacrifice to make an analysis work, a concept now open to question. But the professor of surgery, ^{DALLAS B.} Dr. P_hemister, practically blew up the place. Years later he was still antagonistic to the psychiatry I had set up on my return from a fellowship abroad. He was horrified that I put a sign on the door to the psychiatric unit reading "Division of Psychiatry", and he made psychiatry impossible by the obstruction of simple, generally accepted, procedures such as protecting confidentiality of records. He managed to oust Dr. Franklin McLean from the Deanship of the Medical School (Dr. Helen McLean, his wife, had become an analyst on the staff of the Psychoanalytic Institute). In reality P_hemister never forgave McLean for inducing him to take a full-time position at a low salary. Fortunately through the efforts of ^{DRS.} Leiter, Block and myself, Professor A_jax Carlson gave McLean a professorship in physiology where he established a new and brilliant creative career as an investigator into bone structure and metabolism.

Finally, a second episode horrified the new faculty of Institute analysts more than those at the medical school when Harold D. Lasswell^{9,10,11,12} started analyzing volunteers while simultaneously measuring concomitant physiological changes!

It is almost incredible in view of the widespread acceptance, indeed uncritical acceptance, of psychoanalytic concepts today to believe the violent resistance the

University of Chicago incident demonstrated in 1930. Shortly after the first Lasswell publication, the New York Psychoanalytic Institute forbade its members to record the contents of psychoanalytic interviews. Despite my own repeated attempts over the years, no member of the Chicago Psychoanalytic Institute would permit me to record physiological or biochemical processes in patients under psychoanalysis during or after emotional turbulence. Coincidentally, it was Alexander, in the last years of his life in Los Angeles, who subjected patients and himself to observations from behind a one-way mirror, taped their verbalizations, and recorded physiological variables.

Let us now examine what Lasswell did and what he found in his researches, published between 1935 and 1939, ^{AND} which no one remembers or quotes. To begin: Lasswell apparently psychoanalyzed patients and ~~later~~ volunteers. Certainly he had undergone no formal training in the field and his writing gives no clue to the technique he employed. Indeed, he writes about "psychoanalytic interviews," not about psychoanalysis. In my view this is unimportant because he observed and recorded phenomena which transpired in a dyadic relationship, and for his research it makes little difference what formal label is placed on the procedure. Lasswell states that psychoanalysis is a process of repeated systematic observations which needs a consistent type of reporting. Comparisons between sessions and between different patients are difficult because of variations in reporting practices. Neither behavior nor individual movements are usually described.

It should be kept in mind that Lasswell's investigations were done before the advent of "ego psychology" and the analysis of resistance. It was the era when the task was to make unconscious affects and conflicts conscious - to bring id processes within the scope of the ego. Accordingly, he was careful to keep what he termed "unconscious tension" within bearable limits lest it erupt into "conscious affect."

Lasswell's later subjects were volunteers who were not or were only slightly neurotic. They lay on a couch at a regular time in the same place and for the same duration. A microphone transmitted and recorded the spoken words on wax cylinders. A blood-pressure cuff was attached to a leg and readings were obtained by the experimenter before, during and after an interview. A pneumograph recorded respiratory rates. The bodily movements were recorded by the observer. Observed affects were correlated with physiological measurements. Reliability was tested by repetitive observations (1) and by rereading the records after a lapse of time.

Lasswell attempted to define stages in the development of insight: (1) initial reference to the problem, conflict, or affect with subsequent verbal and physical excitement; (2) rejection of the formulation; (3) repeated emergence of the unconscious "material"; (4) acceptance of the formulation with certainty; (5) reaffirmation despite countersuggestion and despite the passage of time; (6) reaffirmation with diminished excitement. He stated that affects were expressed in the "transference" relationship more fully than when the subject was alluding

to persons in past time or space, or to self. Slow speech and motor inhibition indicated more tension than when the rate of speech and movement increased.

Physiological measurements included those of pulse rate and skin resistance. Pulse rate increased with outer affect (conscious) and skin conductivity increased with inner tension (unconscious). Using only these two measurements, four pairs of permutations were possible. Using indices of skin conduction, pulse rate, word frequency, and body movements, Lasswell divided his few subjects into four types. When a trend in these indices was absent there seemed to be little energy free for psychological work and a long drawn out analysis with little insight could be predicted. A trend toward inactivity was associated with over-dependence. Lower skin resistance and disturbance in motor activity spoke for much inner tension, and if retained in treatment these subjects worked hard. Increased skin resistance, increased motor activity, increased pulse rate, and slow speech were associated with responsiveness to treatment and progressive insight.

This sketchy outline represents one of the first attempts to link autonomic and behavioral variables with personality as defined by therapeutic outcome and was a forerunner of much subsequent research in this field.¹³

IV

The first faculty of the new Institute founded in 1932 included Alexander, Karen Horney, Thomas French, and Lionel Blizten by courtesy. Local additions

were Karl Menninger, Helen McLean and Catherine Bacon. A little later, Edwardo Weiss, Therese Benedek and Martin Grotjahn were added. During the next 10 years Leon Saul, George Mohr, Milton L. Miller, Rudolph Fuerst, Margaret Gerard, Adelaide Johnson and Carol VanderHeide joined the faculty. Research associates (a misnomer because they did no psychoanalytical research) were Rudolph Bollmeir, Edwin Eisler, Max Gitelson, Albrecht Meyer, Gerhard Piers, Elizabeth Tower, George Wilson and myself. Eventually Grotjahn, Wilson and VanderHeide left for California, Mohr also went to California with Alexander, Horney to New York, Bacon and Saul to Philadelphia, Miller to Chapel Hill, Adelaide Johnson to Rochester, Minnesota and Menninger back to Topeka.

The one departure that created a stir was Horney's, who not only moved to New York (for personal reasons), but also established an independent Institute and Society significantly emphasizing social and cultural factors in contrast to the biological (instinct theories of Freud) in the etiology and treatment of the neuroses. In Chicago she was antagonistic to Alexander and engaged in a polemic against Freud over female sexuality. When I told this story to Freud during my analysis, he answered cryptically that Alexander should have known better to appoint her since he knew what she was like in the early Berlin days.¹⁴

Surprisingly, I was invited by the Association for the Advancement of Psychoanalysis, although not a member, to give the Fourteenth Annual Karen Horney Lecture entitled "Open-Systems" Psychiatry¹⁵. Horney certainly emphasized what had been excluded from psychoanalysis in its closed system

period. Neurotic conflicts were considered by her as more than internal drive derivatives. I pointed out that in this era of open systems we no longer need splinter groups emphasizing this or that. But splinter groups develop lives of their own persisting long after their usefulness is over.

The Chicago Psychoanalytic Institute since its founding in 1932 was under Alexander's direction until 1956. In general we may describe its relations with the local society and the national organization and then discuss how it has functioned in the care of patients, education and research.

It is clear that the Society was organized by a handful of people, before the analytic Institute existed, and was not involved in training. Alexander wanted the new Institute to be an academic organization independent from the Society with a faculty responsible for training. Members of the Society ~~but~~ not on the faculty, were welcome to attend conferences and seminars. The Society did not control the Institute as in other cities, but in an indirect way served as a post-graduate forum. Later the society "screened" graduates from the Institute for membership, but I do not know that they rejected any graduate.

The main goal for the new Institute was to establish a free and liberal organization with new ideas open to all analysts. Alexander had broad interests and sought out and participated in the local academic, medical, and psychiatric activities. As more students were graduated, some indoctrinated by the antagonistic Blitzen (cf. later) group, more resistance against new approaches developed and

conflict within the organization increased. In those early years the various local societies were banded together into a Federation. As time went on the conservative and often reactionary group in the country turned the national organization into an overall association with each society an affiliate, subject to the same general rules and regulations.

As a result, general rules, regulations and procedures were laid down by the American which all component Institutes and Societies have to follow. Accreditation of new local organizations, disaccreditations, surveys, number of hours were rigidly controlled. Graduation from a local Institute did not mean easy access to the American. This was only possible through lengthy documentation of patients analysed and extensive paper work that turned many from applying to the Establishment.

Robert Gronner in his unpublished Presidential address before the Chicago Psychoanalytic Society in 1971 stated: "The National Association is not a personal associative system but a depersonalized organized corporate system".

Alexander fought vigorously against the minimum of 4 day a week analyses and other dictatorial directions from the American, but lost. On the other hand, the establishment wanted to create a diplomate board for psychoanalytic certification of its own students, by the American alone. The Academy of Psychoanalysis objected to this inbred control and won.

In the meantime the younger analysts in Chicago objected to the procedures for obtaining membership in the American Association and many never applied. On

the other hand, the newly educated analysts during Alexander's time became more and more compliant and orthodox. In fact, Alexander's departure from Chicago for Los Angeles before his retirement age was at least partially due to his staff's discontent and open revolt against his liberality. Among these liberal attitudes was his three day a-week-analyses, his "betrayal" of the libido theory, manipulation of the transference by "role-playing", and finally his attempt to move the Chicago Institute out from control of the American establishment.

In Chicago, splits in the Society were avoided not only because of Alexander's personality but also because all were banded by some aspect of group membership in the Institute. Gitelson, however, refused to join the faculty of the Institute because he had ambitions to become involved with the establishment's conservative policies opposed to Alexander's liberalism, and eventually Gitelson reached the highest point of his ambition - President of the International Psychoanalytic Association; only then did he agree to join the Institute. His anti-liberal attitudes are clearly exposed in his paper "On Identity Crisis in American Psychoanalysis"²⁵. As stated in another section, his emotional basis for refusing to join the faculty of the Institute was his personal hostility to Alexander, to some degree justified.

Benedek contrasts the free and open communications among the faculty when the Institute was small as compared with today's controlled competitive fears and jealousies within a large group of three generations of analysts. There is currently

very little unity of purpose. For the present generation, psychoanalysis is not the center of analysts' lives. They are engaged in many other ventures and jobs and are much more eclectic than the pioneers of psychoanalysis.

The Analytic Institute's first quarters were on Ohio Street, ~~two doors away from the Alexandria Hotel~~. It included a huge secretarial pool with files to hold the typewritten records of all patients treated by the faculty. There were many small offices for the staff, each with its own waiting room and secretary. There was one conference room for case conferences and a large library serving as a dining room (kitchen attached) and as a meeting place for the small analytic society.

Later the Institute moved to 664 North Michigan Avenue to more spacious quarters and the enlarging Society held its meetings outside the Institute. By this time the town and gown conflict permeated the relationship between the two and vigorous arguments ensued. Only lately has this conflict quieted down. But the interminable ^{-ABLE} discussions in Chicago and at the American lasted endlessly, with resolution of simple questions requiring multiple committees and futile arguments.

One of my more philosophical informants among the middle-aged group of analysts writes: "Regarding the main question you pose, it seems to me the issues devolve essentially into the experiences with, and reactions to, the bi-level structure into which most social groupings inevitably tend to divide, i.e., the archaic but ubiquitous antagonism between the "ins" and the "outs". From an historical perspective the general lines of move and counter move, like a chess game, do not really change much. Only the cast of characters and the specific contemporary

issues, which mask the interminable power struggle, change."

The current quarters of the Chicago Psychoanalytic Institute at 180 North Michigan Avenue are well equipped with adequate conference rooms and a splendid library, ~~well organized and attended by Glen Miller, an expert librarian. However, the decor of the waiting space for individual analysts is somewhat garish.~~

~~In the Chicago scene violation of confidentiality was a daily occurrence. Analysts talked about their patients in the building elevators, at lunch and at social gatherings. Repeatedly memos were distributed warning against this habit, but with little effect.~~

Born in Hungary ^{TO} ~~in~~ an intellectual family, Alexander's intelligence and ability were soon recognized. After a classical education he turned to science, becoming a biologist with a promise of distinction, but he only found his way in life when he "discovered" psychoanalysis, which led him to the Berlin Psychoanalytic Institute. After a personal analysis and completion of the then ^{BRIEF} ~~abbreviated~~ training program, Alexander became a practitioner and teacher in his chosen field and several Americans were attracted to him. ~~FOR ANALYSIS.~~

Alexander was a complicated person whose several sides I shall endeavor to portray from my viewpoint. As a liberal he was firmly against orthodoxies, conservatism and the rigidities of establishments. Perhaps this aspect of Alexander can best be gleaned from his books: "Our Age of Unreason"¹⁶ and "The Western Mind in Transition"¹⁷. From the latter's dust cover the following accurate description

of his early life may be gleaned.

"Franz Alexander cannot be defined by his profession, alone. Not only is he one of our foremost psychoanalysts, who has had a great influence on the history of psychoanalysis, but he is also a reflective scholar, who - more than any other man - has united psychoanalysis with scholarship and medical tradition, keeping it free of narrow dogma.

"Dr. Alexander's role as an innovator in his field is based, also, on his wide range of interest, which includes all aspects of human experience, especially in relation to the life of the individual. This broad perspective is no accident. The son of Bernard Alexander, a philosopher and educator, Franz Alexander grew up in a world of artists, philosophers, scientific theorists, and scholars dedicated to the humanistic tradition. Later, while studying medicine at the Universities of Budapest and Göttingen, he came to know a different approach, that of the experimental scientists. After receiving his medical degree in 1912, he started research in brain physiology (interrupted by his military service as a physician during World War I but later resumed) which led him to an interest in psychiatry, and from there to the works of Freud. He soon found what was, for him, the ideal synthesis of the humanistic and scientific approaches - psychoanalysis. He went to Berlin to study, became the first training candidate at the Berlin Psychoanalytic Institute."

Like Freud, Alexander was less interested in treating patients than in research. As one of his analysands 5 years after my experience with Freud, I found that he

capriciously cancelled appointments or was late. Not only did he answer his telephone during my hours but I found that he frequently slept or was busy writing a paper. ~~This all created a devastating effect on my own professional schedule.~~

Alexander was, what we could term in our jargon, an "oral character". ~~Thick sensuous lips, stout, almost fat, He ate large amounts of food quickly with smacking gusto.~~ He needed someone to take care of his personal needs so that women who were attracted by ^{him} ~~his sensuality~~, served his every wish. Eventually Helen Ross became his administrative assistant and part-time editor without whom he would have been lost. Correspondingly Alexander never maintained a close relationship with his male students; they all eventually left him. Leon Saul and Milton Miller did not even return after their military service. The contrary was true of the females with whom his contacts were much closer. The exception was another Hungarian, Sandor Rado in New York, who was extremely dependent on his fellow countryman. Rado, May Romm and Alexander formed a steadfast trio which too infrequently included me.

Alexander's "orality" was productive in that he was always optimistic for the future. He struggled for liberality in the American organization which imposed rules, regulations and restrictions that Alexander could not accept. He fought politely but consistently against Brill in New York and Gitelson in Chicago. In fact he went so far as to state that a "normal" applicant for training in psychoanalysis might need only a few weeks of personal analysis. He sometimes made

~~such outrageous statements as he once answered a criticism from me:~~ "I know my unconscious". Indeed criticism was hard for him to accept as I know from my experiences when disagreeing with him. He would invite me to lunch at his club so that I couldn't pay my way (one-upmanship) and either seduce me with flattery or accusingly ask me why I was so hostile to him.

Alexander lost the war against mediocrity and regulation so that, after serving as Director of the Chicago Institute for just short of 25 years and almost 65 years of age, he left Chicago for a new career in Los Angeles. What probably hurt him most was that his inbred faculty did not support him adequately.

Alexander's psychosomatic research was begun in Berlin and developed in Chicago with 63 papers and books co-authored by Alexander and his faculty. His concepts remained hypotheses with many uncontrolled variables, complicated research designs and considerable slippage in reliability. Yet his ideas became so fashionable that psychiatrists and students could always find, in their interviews of patients, data that confirmed Alexander's hypotheses about specific psychosomatic disturbances. The fashion continued for many years, even migrating with him to his last post in Los Angeles. Alexander died on the West Coast in 1964 at the age of 73.

Alexander's theoretical model may be succinctly expressed as follows: ¹⁸

1. All healthy and sick human functions are psychosomatic.
2. Emotions are always associated with concomitant action patterns expressed through a portion of the autonomic nervous system and its innervated organs.

3. For specific emotions there are appropriate concomitant vegetative patterns.

4. Emotions repressed from overt expression lead to chronic tensions, thus intensifying in degree and prolonging in time the concomitant vegetative innervation.

5. The resulting excessive organ innervation leads to disturbance of function which may eventually end in morphological changes in the tissues.

By Alexander's definition, unlike hysterical conversion symptoms, which were assumed to be symbolic expressions of emotional tension, psychosomatic disturbances, in the narrower sense of the word, are vegetative responses associated with chronic emotional states.¹⁹

However, the sharp differentiation between vegetative and somatic systems is not correct. Furthermore, patients laboring under the same emotional conflicts revealed shifts of somatic symptoms. Their physiological regressions to more global dedifferentiation occurred no matter what the stimulus in a manner specific to their own life patterns.

Historically the field had great expectations for a potential breakthrough when the journal Psychosomatic Medicine was established in 1939 based on the "specificity theory" of Franz Alexander, who contended that each of seven diseases (bronchial asthma, rheumatoid arthritis, ulcerative colitis, essential hypertension, neurodermatitis, thyrotoxicosis, and duodenal peptic ulcer) were aroused by

unexpressible specific emotions. Only the vegetative components were present in over-functional action leading ultimately to morphological change. For years the journal was inundated by reports of psychoanalytic investigations confirming this specificity.

The idea that a unique personality type or a specific intrapsychic conflict was essential to the development of a psychosomatic disease can no longer be entertained. But new methods and sophisticated apparatus were necessary to establish general relationships between stress stimuli and biological responses. The literature was then inundated with physiological and biochemical researches which were weakly related to clinical problems.

Correlations between the physiological and psychological systems have been more important than linear "cause and effect" concepts. First, there is the general response to stress stimuli with or without conscious emotional arousal, without differentiation, among the primary affects of anxiety, anger, depression, or pleasure. The general response is largely within the pituitary-adrenocortical axis and suggests a preparatory facilitation of stress responders. Second, there are the specific, ~~more or less~~, localized responses which are individually specific ("response specificity") which occur no matter what the stimulus may be. It may be constitutional, inherited, or acquired early by conditioning experiences. What is psychological is the subject's appraisal of the meaning (~~dangerous or not~~) of stimuli to his comfort, integrity, or very existence and how he defends himself

against false interpretation of these meanings. But he does know that, whatever the meaning, he reacts in his personal way, whether this be diarrhea, sweating, tachycardia, tremor, ^{etc.} After much time, energy and work we began to understand that a variety of stress stimuli could produce not only general adaptational mechanisms, but also specific responses in individuals. The theory of response specificity was thus developed²⁰.

One area Alexander damaged greatly, and it still suffers from its early neglect. Despite the fact that several of the Chicago group intensively studied child psychiatry and child analysis with Anna Freud (Margaret Gerard, Helen Ross and George Mohr) they were given little opportunity for further development. Alexander stubbornly believed that the problems of children were all due to their parents. It was not necessary to treat the child; treat only the mother, father or both. All three of the above analysts left the field at least for a long time and only later after Alexander left Chicago was child analysis, child psychiatry and child care supported. But it will be many decades before Chicago can make up the time lost. In Chicago child psychiatrists ~~are a scarce species and~~ have isolated themselves from the main body of the field. "We know all we need to know, need no research - we can treat children adequately." This is a direct quote from a leader in this specialty.

In summary, Alexander deserves the paeans that I have written about him, but the negative statements above must include his ill-advised support of Dr. Clarence Neyman, the psychiatrist who shocked patients several times daily until

they were vegetables, his aversion for diagnostic entities and his countertransference hostilities and special favoritism. ~~But in some~~ Despite the failure of several of his innovative ideas, he was a marvelous and exciting leader, a charismatic character.

Thomas M. French was among the first faculty members of the Chicago Psychoanalytic Institute beginning in 1932, continuing as an active member until a recent cerebral vascular accident impaired his physical and mental abilities. He had an early mathematical background but switched to medicine, general practice and finally, psychiatry. French was analysed by Alexander in Berlin in 1926 and training at the Berlin Institute. He was already in Chicago in 1930 working at the Institute for Juvenile Research, joining Alexander's original faculty in 1932.

In my opinion French represented the most careful, somewhat obsessive, scientific psychoanalyst in Chicago. With a broad ~~socialist~~ ~~inclined~~ background, his interest extended beyond the strict limitations of psychoanalysis into other disciplines such as social psychology, social conflicts, and Pavlovian conditioned reflexes. He revised the theory of dreams by dealing with current focal conflicts in relation to the unclear conflicts of childhood²¹. In fact his ~~three~~ ~~volume~~ publications concentrated mainly on the detailed analysis of one dream presented by another analyst's (Helen McLean's) patient²². He always emphasized, in contrast to the so-called orthodox position (cf. Gitelson), ~~reality~~ reality adjustment and emphasized the importance of "hope" for the future what others called

"expecting well."

~~He~~ French was a highly respected member of the analytic community, always serious and never relenting in his desire to learn and teach. Fortunately, as one of his students I learned a great deal and was particularly impressed with his commitment to a fundamental axiom of science - prediction. In a supervisory session with him he would correctly predict the content of the ensuing hours. Now I know that such predictions can be self-fulfilling in that I could find what was expected, but I was truly impressed and at that time felt enthusiastic about psychoanalysis as a science! French was very persuasive and did not indulge in intuitive interpretations as did others. ~~In fact, it was difficult to break away from him because of his interminable discourses.~~

Another psychoanalyst among the first faculty of the new Psychoanalytic Institute was Therese Benedek, who also came from Hungary. Despite the many years in the United States, she maintained her foreign accent and the Hungarian sexless pronouns. I present her in juxtaposition to French because she was a completely different type of analyst.

Benedek represented the acme of the intuitive analyst as contrasted with the obsessional objectivity of French. She could read people's faces, gestures and verbal interactions, and interpret moods before the subject was consciously aware of them. Her post-hoc explanations were rationalistic, so that she could never teach adequately the steps by which her conclusions were reached.

Nevertheless this short, frail, increasingly deaf, gifted analyst who made her colleagues' problems her own, began a research career which gradually improved in excellence. From her first collaboration with an endocrinologist in the study of psychosexual functions in woman from development to motherhood, she broke new ground in the study of females. She correlated hormonal variations of the sexual drive. As yet no one has repeated her excellent research^{23,24}.

Dr. Lionel Blitzten was a peculiar personality with an admixture of brilliance, erudition, pedagogical expertise with free-floating anxiety, arrogance and unrelenting hatreds for special persons. His analytic story (I have no knowledge of his early life) began with a short trip to Europe as was the custom among various American physicians who wished to become instant specialists, before the Speciality Boards and formal residencies were established. Blitzten found his way to Berlin where he entered into analysis with the young and promising Alexander. After a few months he had to return home because of his first wife's serious illness, but first asking^{ED} permission to start analyzing patients in Chicago.

At this point Alexander's naivete expressed itself when he gave permission for ^{THIS} ~~the~~ highly neurotic but gifted person to assume the role of analyst in Chicago because ~~as he told me: "I thought the Chicago population consisted mostly of Indians"~~. This approval was a fateful decision that adversely affected the history of psychoanalysis in Chicago for decades. Blitzten prospered in practice and through his teaching at Northwestern Medical School developed a coterie of

students from many schools in the city. At his home he developed a weekly seminar for future psychiatrists who were constantly amazed by his intuitive powers.

Alexander did not like Blitzten (or Gitelson) as representatives of a second generation of Eastern Europeans. Others felt this and reacted in turn, and several took their second analyses with Blitzten, ~~including the cold-unbonding Minna Emeh.~~ As a result, a fairly large sized group hovered around Blitzten, motivated not only for learning but also by hostility to Alexander. Blitzten had wanted to be Assistant Director of the Institute but Alexander chose French. We used to call them the "Blitztenites". Irritating, annoying, openly hostile and articulate, they seemed to pose a constant threat of splitting away from the Chicago Psychoanalytic Institute and Society as happened elsewhere and still does (Boston). Alexander's liberality and concern for freedom opposed their orthodox, reactionary and authoritative position. Yet Alexander was unalterably opposed to a formal split, although it existed in fact. He was almost paranoid about this in that he suspected for many years that I would set-up a competing Psychoanalytic Institute at the Michael Reese ^{HOSPITAL AND} Medical Center, which I had no intention of doing. How we endured the sniping and ultra-reactionary stance of Gitelson, who took over the leadership of this group from Blitzten, is difficult to determine. But the axiom that the sins of the father fall on the children certainly applied to all of us.

Aside from psychoanalysis, I had an extra share of this antagonism because Gitelson and some of his followers were on the staff of the Department of Psychiatry

at Michael Reese. The experience was indescribably difficult. All of this group seemed to have several characteristics. They were ^{REVEALED} ~~"fish-faced"~~ revealing little feeling, as if emulating the mirror concept of the early analysts. They spoke ponderously as if vocalizing ultimate truths, and they kept socially apart from others.

I personally experienced another difficult problem with Blitzten who for a time was a part-time neurologist and an assistant to my father ~~at his neurological clinic at Northwestern Medical School at its old location on Dearborn Street.~~ He boasted frequently of his analytic training in Europe with Freud. During my analysis with Freud I mentioned Blitzten's name, which the Professor did not recognize. He firmly declared that he had never met Blitzten. So I knew. Then rumors came to me from Chicago that Blitzten was talking adversely about me, a person who had had no dealings whatsoever with him. It was apparent that he was preparing for my disclosure of his distortion of the truth, for which he had a great proclivity. But I did not reveal the truth until after Blitzten's death.

The effect of Blitzten on the training program at the Institute was deleterious in that the overwhelming illusion of magic in interpretations caused many students to emulate him under the guise of orthodoxy. As Gitelson said as he criticized a member of his group, which he dominated completely: "orthodoxy is what I do". The Chicago Institute survived the turmoil of its early years thanks to Alexander's optimism that matters would improve and unwillingness to indulge in open fighting, despite the revolutionary spirit that gathered force and contributed to his early

retirement and move to Los Angeles in 1956.

In a paper read before the American Psychoanalytic Association published in 1964²⁵ Gitelson entered into a "debate" with me as an anonymous "straw man" which I answered in 1965²⁶. The reactionary stance of this Chicago psychoanalyst who assumed spokespersonship for psychoanalysis may be glimpsed by the following excerpts:

"Adaptation to a culture has no place in psychoanalysis which needs to be free of the gravitational pull of a specific culture." He lamented that teaching and education in psychoanalysis has not been authoritative enough and implicitly "advised intensification of the policy of dogma and self-serving regimentation."

"None of us can say that we are not disillusioned. Unfortunately, many have also been bitterly disappointed. The difference is between insight and transference reaction." Those who criticize have transference reactions, and in the next section he says: "Paradoxically, but not incomprehensible to psychoanalysts, the child has turned against the father while accepting its birthright."

~~the~~ Reacting to the ~~relevant~~ animal experiments of the analyst Dr. ^{PHILIP} Seitz and the psychologist Seymour Levine at Michael Reese, Gitelson stated: "Animal experimentation is the degradation of the problem of the human mind, and derivative psychotherapies represent insufficient sensitiveness to the meaning of unconscious processes." Then Lustman²⁷ is quoted to the effect that critics represent anti-theoretical 19th Century criteria of science.

"This is leading some research analysts to abandon the analytic method for the comparative methodological safety of laboratory research... Experimental sophistication and scientific sophistication are not synonymous. It prevents or should prevent analysts from distorting and diluting their area of study through the use of available experimental techniques developed by neighborhood disciplines."

Critics of psychoanalysis receive from Gitelson analytic interpretations among which are included: the return of the repressed, anti-intellectual trends, atavistic, antitheoretical, etc. Gitelson believed that cooperation with other sciences is an intellectual flight from the unconscious; that psychoanalysts moving out into research using other than psychoanalytic methods are concerned with prestige and with secondary gain of government financial support; that social anxiety leads them to action to counteract this feeling; and that objectifying techniques (such as observations and recording of sessions) introduce new variables— as if living in the world did not^{28,29}.

"Psychiatry is not a science, psychoanalysis is a basic science of individual psychology." These are strong phrases used by Gitelson, denying the scientific basis of psychiatry and allocating to psychoanalysis the position of being basic. There is a turn-about nature to this declaration, since for decades the criticism has been leveled that psychoanalysis is not a science.

When the American Psychoanalytic Association started its own journal, Gitelson became Chairman of the Board of ^{EDITORIAL} ~~Editors~~ dominating its policies for

many years in favor of the standard reiteration of psychoanalytic theories. Seldom was anything new or controversial published during this period and repeatedly we read about "our science" as if analysis possessed the whole truth. It constantly violated Freud's dictum that trivia could not be used as evidence.

The reactionary authoritative stance of the American Psychoanalysts as spoken and written by its representative in Chicago, Dr. Maxwell Gitelson, eventually stimulated the formation of a new forum for the exchange of ideas of common interest for all psychoanalysts and related disciplines. The new Academy of Psychoanalysis, founded in 1957, was designed to stir the American Psychoanalytic Association into progressive thinking and action just as the Group for the Advancement of Psychiatry (GAP) did for the American Psychiatric Association. I was one of the founding members for the organization of both groups. Both accomplished their goals at least partially, and ~~despite the fact that their missions have been completed as far as possible, GAP more than the Academy,~~ they have developed ~~persistent~~ lives of their own. ~~Strangely, some Chicago analysts considered that the Academy did not represent a split, but was a separation from psychoanalysis.~~

Fitting the meaning of the new Academy, its first meeting was held in Chicago on May 12, 1957 when I spoke on "A Philosophical Appraisal of Psychoanalysis³⁰". In this brief essay I tried to demonstrate that, despite the denials of Freud and many others, psychoanalysis as an approach to all of man's functioning conforms to the definition of a philosophy. Furthermore, as a surcease from the

uncertainties, ambiguities, and disappointments of its therapeutic applications, the use of psychoanalysis as a *Weltanschauung* and a way of life has helped the practicing psychoanalyst. But psychoanalysis has become separated in practice from the biological and social sciences, and both in theory and practice has neglected the scientific principles of hypothesis-testing, controls, prediction-making, and strict tests for reliability and validity. Furthermore, it is maintained as a closed system, for the most part, in its basic premise of instinctual self-action, implicit concepts of psychic autonomy, and in its isolation from other scientific disciplines. For these reasons psychoanalysis cannot ever become an adequate philosophy but, only for those who need it, a belief or faith.

"Psychoanalysis can become a science by using the scientific methods of thinking and operating without sacrificing its conceptual domain or intrinsic methods. There is a great need for it to become an open system with freer exchange through its boundaries. Progressive evolution does not occur in isolation but only through partial separation (specialization) to concentrate the genetic pool (conceptual formation) and by transaction with other groups to add gene symbols (communication) and to test them through natural selection (scientific method). This I hope will be the future course of psychoanalysis."

The last exchange between the two analytic organizations occurred in 1962-1963, after Gitelson wrote that he decries the liberal academy, which was politically active against the American Psychoanalytic Association because of the

narcissistic injury of its members³¹. Our response was that in agreement with Jones, Glover, Bernfeld and others we needed to be receptive to the freedom of ideas not as rivals but as a mutual trend toward development.

The Academy flourished and many members of the American joined its multidisciplinary membership. But many were afraid, especially in Chicago, of punitive action by the Chicago organization. To quote one analyst: "I'd like to join but I had better wait until I am a training and supervisory analyst; otherwise I'll never get there."

This is not true today since the last bitter struggle, when the Psychoanalytic Association attempted to set up its own sub-board for certification limiting its membership and certification only to members of its own organization. The Academy strenuously fought this proprietary concept and won. Since then some analysts are members of both organizations without fear of reprisal.

When Alexander left Chicago for Los Angeles in 1956 there was much concern over finding a new Director. I strongly advised the Board of Directors to look outside the local scene because the Chicago Institute was becoming inbred and a fresh breath of air was needed. A decision was difficult to reach and Mr. Sidney Schwarz, the President, asked me if I would take the job. I told him that I could not possibly leave my position at Michael Reese for any job, that I couldn't handle the Institute's problems, and that I was unsympathetic with its goals and procedures. I offered to assist temporarily in dealing with administrative problems. So they

appointed Gerhard Piers, ~~who strangely enough never trusted his predecessor.~~

This was a strange appointment for several reasons. He had no administrative experience, ~~or ability~~, he was not a leader or an academician in his field, and he was not a research person. ~~I knew Piers professionally because he officed for a time with George Wilson and me and both of us frequently consulted Wilson for his excellent intuitive interpretations that were beyond our immediate grasp.~~

ND
X With the sociologist Singer from the University of Chicago, Piers wrote a monograph on "Shame and Guilt," ~~published by Thomas under my editorship~~³². ~~They caused me much trouble because they refused to change anything in their manuscript. Later Piers began to dabble in learning theory applied to psychoanalysis.~~

Piers also tried to bring other disciplines into the teaching program, such as the humanities and sociology, but when he consulted me I pointed out that a few lectures would not accomplish much. A social scientist on the faculty was a necessity. Overall the Piers regime was a ~~time~~^{mid} period of consolidation among the antagonistic forces in the Institute and Society. It was a relatively peaceful era, probably necessary at that time, but no one expected nor did there occur any significant progressive changes. His philosophy was service to the community. Finally, his illness forced him to retire in favor of a successor waiting in the wings.

During the 12 years of Piers' directorship, ~~there was an intellectual vacuum.~~
~~His~~ positive achievements ~~were~~^{INCLUDED} the establishment of a child care training curriculum for non-analysts first directed by Esther Schour and later by Palumbo and Littner.

He helped Maria Piers, his wife, set up the Erickson Institute for the training of school teachers, and he expanded the educational program for teachers.

The psychoanalytic training program Piers gave to Joanne Fleming, ~~an ex-gym teacher~~, with complete authority. She developed the program in her own image and theory, with beginning, intermediate and ending courses. There was no curriculum review but standardization with rigid rules, regulations and strict discipline. Selected students were in lock-step with no room for individuality of the student, or for his analysis or for graduation. Teaching personnel were chosen from her favorites by means of a complicated system. Finally the students revolted and new teachers were appointed and new classes instituted by Shapiro, the new Dean of Education. This helped a little.

George Pollock became the third Director of the Psychoanalytic Institute in 1969. He entered the task with considerable scientific background, had been close to McCullough, Alexander and Percival Bailey, all of whom influenced his world outlook. He is a man with extensive energy, ambition, optimism and enthusiasm. There is considerable disagreement concerning his achievements, but I can only praise him for opening up the Institute, liberalizing the faculty, moving ahead with many new ventures, permitting and encouraging, the younger men to think creatively, independently, and even ^{to} criticize the establishment.

Two areas of research were opened up. One ^{was} the program on narcissism developed by Kohut³³ whose statements have swept the country and stimulated

much constructive discussion and ambivalence. Kohut represents a renewed intellectualism in clinical psychoanalysis dormant for 20 years. On the other hand Basch, Gedo, Goldberg, E. Wolf, Schlessinger, Sadow and other younger analysts who ~~are~~^{were} not fully accepted into the inner circle of the Institute, have been revising and consolidating psychoanalytic theory.

The teaching program has changed very little, still bearing the marks or wounds of the organized but rigid effects of Fleming. But at least on the surface matters seem to be running smoothly. Pollock was helpful in establishing the Center for Psychosocial Studies founded and partially supported by B. Weissbord and staffed by Basch and Wolf, but its funding is now declining. The relationship is informal, and has not been integrated with the Psychoanalytic Institute, nor has it influenced Chicago psychoanalysis much. Even so it is unfortunate that because of decreasing financial support this enterprise has a dubious future. The 1974-1975 annual report indicates clearly that the Center is designed for distinguished scholarly productivity. Extramural activities of teacher training by Kay Field, continuation of teaching child care originated by Piers, teacher institutes, training for research of non-doctors of medicine and the confusing Chicago plan for education for higher degrees without clinical training all indicate that the Analytic Institute is stirring from the lethargy of the Piers era.

V

Psychoanalysis, beside other functions, is a method of treatment particularly adapted to neuroses. Edith Weigert and I have both stated verbally that this therapy

is best adapted to the treatment of relatively healthy subjects, heresy indeed for the establishment! Nevertheless, adaptation of psychoanalytic theory to the treatment of psychoses, character and personality disorders had led to psychodynamic psychotherapy. In other words, knowledge of depth psychology as formulated by Freud is helpful in all forms of psychotherapy. Recently these have been somewhat arbitrarily divided into crisis therapy, behavioral therapy and brief therapy based on psychoanalytic principals. Despite this division, all are in fact procedures that are based on learning how to deal with contemporary actions, i.e. with ego functions involved in coping.

The faculty of the Chicago Institute all made their living through private practice since faculty functions were only part-time. Patients treated as part of their faculty position were chosen to contribute to the early ongoing psychosomatic research programs.

A number of activities were developed over the years to contribute to helping persons who could not pay the usual analytic fees such as a "low cost clinic", begun in 1932 with 2,098 applications in 1974. When Joy Simon took over the direction of this clinic she obtained State support in 1962, helping the shaky support of the Institute which has ^{ONLY A SMALL ENDOWMENT.} ~~no endowment.~~

Unfortunately, both analytic and non-analytic psychotherapists have utilized parts of psychoanalytic theory to make interpretations with reified statements of functions as if they were observable concrete structures. Even Alexander wrote

about the "transfer from the superego to the ego." Analysts in general in the early days depreciated psychotherapy, contending that only significant or real and permanent changes could occur through analysis; other forms of treatment resulted only in symptomatic improvement, as if that were not enough.

What bothered Alexander was the frequent interminable analyses conducted by his colleagues³⁴. When analytic theory moved from the oedipus complex as the most important focus for change to a study of pregenital experiences and conflicts, analysts attempted to reconstruct these early experiences in the transference. Year after year was vainly wasted by Blitzten, Emch, Gitelson and others in an attempt to reorganize the total character structures of their patients. These attempts were unrealized therapeutic ambitions, as one could observe by the wide variety of neuroses and personality and character disorders of analytic graduates³⁵.

That there is no simple correlation between therapeutic results and the length and intensity of treatment has been recognized, tacitly or explicitly, by most experienced psychoanalysts and is an old source of dissatisfaction among them³.

The deeper structures of the mind, evolutionarily developed and characteristically programmed, are overlaid by experiences that together produce a phenotype that cannot be fragmented and united anew in a less neurotic way. The same applies to structural linguistics which are programmed but modified by learning, as Stent³⁶ states: "The great strength of Freudian analytical psychology is that it does offer a theoretical approach to understanding human behavior. Its great

weakness, however, is that it is not possible to verify its propositions. And this can be said also of most other structuralist schools active in the human sciences. They do try to explain human behavior within a general theoretical framework, in contrast to their positivist counterparts who cannot, or rather refuse to try to do so. But there is no way of verifying the structuralist theories in the manner in which the theories of physics can be verified through critical experiments or observations. The structuralist theories are, and may forever remain, merely plausible, being, maybe, the best we can do to account for the complex phenomenon of man."

Then Alexander conceived the idea that briefness in therapy should be emphasized and began a series of investigations with other members of his staff. Unfortunately he called this "Brief Psychoanalysis" which brought down on him the wrath of most analysts in the country except a few of his colleagues. Brief psychotherapy would have been accepted but not brief analysis! But the term persisted and like the typical American bandwagon many younger analysts hopped on but gradually dropped out, and brief now is only applied to psychotherapy.

In the late 1940's and during the decade of the 1950's, psychoanalysis became fashionable for discontented wealthy people, mostly women, who experienced anxieties or depressions with which their culture could not cope. They sought analysts in droves. Unfortunately, some analysts avoided analyzing anger within the transference, maintaining their patients in an enthralled state of dependency for

years. When their analysts died or left Chicago the released rage within their social groups was something to behold.

Gradually many lay people in Chicago have become disenchanted with psychoanalysis as a form of treatment. Its therapeutic results were not great and the cost in time, energy and money was excessive. As a result, many analysts did more psychotherapy than analysis except for the training analysts who seemed ~~impervious to the realities around them. Even today highly competent and experienced analysts put their names on lists indicating that they have free analytic hours!~~

VI

The term training, utilized by psychoanalytic institutes instead of education, early set the climate for the goal of a technology rather than a graduate education in an academic environment. Alexander realized this but he could do nothing to change the name except for his own personal desire to be an Academician. Thus, he joined my clinical conferences at the University of Chicago and later became a faculty member of the University of Illinois Medical College from 1938-1956. He futilely urged the development of psychoanalytic departments within Universities.

I obtained my certificate number 27 from the Chicago Institute in 1939 so I was part of the Institute's early training programs and can describe it first-hand. My earlier training experiences were as a neurologist at the National Hospital for Paralyzed and Epileptics on Queen's Square in London. Gordon Holmes, after a completely negative neurological examination, would kick his patients in the buttocks

and say: "There is nothing the matter with you. Go home and forget about it."


As my father's assistant I saw the temporary results of persuasion, suggestion, support and direction, but never any degree of permanent relief.

As Chief of Neurology at the University of Chicago, psychiatric patients were referred downtown, until finally the Dean offered me a Rockefeller fellowship to study psychiatry abroad. Both C.J. Herrick and Lashley warned me not to get involved in psychoanalysis, but I did. Alexander suggested that I negotiate with Freud who finally accepted me despite his feeling that it would ruin my academic career, which it did not.

I returned to Chicago and set up a small psychiatric unit at Billings Hospital to the dismay of the Professor of Surgery. Alexander and Leon Saul helped me start weekly inpatient conferences, Jules Masserman was my first psychiatric resident and Helen Richter, ~~now at Yale~~, the first psychiatric intern. I immediately entered the training program at the Chicago Institute despite only a year of personal analysis with Freud.

The general attitude of the faculty was that the students were adults ^{CAP-}able of learning through experience and their own selected readings. There was no prescription for the number of so-called control patients (supervision), no set number of hours and no time-spread for supervision. One of my supervisors told me to return whenever I needed to. Another intuitive analyst, George Wilson, informally helped me understand dream interpretation. But French was the supervisor I saw

the most. The work was long, hard, interesting, and for the most part, we learned on our own to analyze, to understand, to absorb the readings, and to become members of the analytic establishment.



~~of the establishment.~~ Nevertheless, as my friend M.R. Kaufman of New York correctly told me, it took at least 5 years of experience to really become an analyst. Dedicated, optimistic and hard-working, we studied, talked with our peers and acquired the necessary experience.

But all was not that simple for long, because analytic groups became more rutted in ritual, more controlling and more infantile in their conflicts. There was conflict between local Institutes and Societies and within Institutes between liberals and conservatives (really orthodox). Students were treated like children. Classes were formalized and curriculum planned for at least 5 years. Alexander's liberalism was lost and, at least temporarily, the free Chicago Institute became fettered by the American's restrictions.

If students asked questions that were searching, sceptical and indicated doubts, they were threatened with probation and return to more analysis, thereby stifling free discussion. Analysis of students was handicapped by the role of their analysts in supporting or denying admission to the training program. Teaching of Freud's papers and books, from even the earliest days, were utilized under the guise of historical data without enabling the student to know what was currently accepted³⁷. Progress seemed at a standstill.

In 1953 Robert Knight³⁸ wrote that the major disputes resulting in splits within psychoanalytic societies were concerned with psychoanalytic training. These disputes did not concern techniques of treatment but concepts basic to training

and to restraints on research. Strangely enough, and damaging to the image of psychoanalysts, disagreements about training not only resulted in splits of Institutes and Societies, but the memberships were personally angry and often would not speak to each other, as for example, in Los Angeles ^{AND LONDON}. They also fought angrily in Vienna, sometimes violently, but Freud responded to my shock by saying: "After all, analysts are human."

Alexander's academic ambitions led him to pursue closer ties between the analytic institute and the psychiatric training centers. He envisaged analysis as the focal point for all training. But Henry Brosin of the University of Chicago and I saw otherwise. We finally set up the Associated Psychiatric Faculties. Selection of residents and analytic candidates was carried out by a group interview with representatives of all the training resources. Acceptance meant matriculation in analysis and for psychiatric residency. A few "strong" candidates were given a rotating residency at the University of Illinois, the University of Chicago and Michael Reese. After a few years this system collapsed because of under-the-table negotiations before the selection committee came to its decision.

A later proposal by Pollock that the Analytic Institute furnish teachers to the residency programs (a means of increasing enrollment at the analytic institute) was rejected out of hand because most of the residents now learn enough psychodynamics from their own teachers (mostly analysts) so that the first year courses at the analytic institute are repetitive and boring.

In 1971 when George Pollock became Director a new policy was instituted.

The Director of the Institute is now chosen by a council of 19, elected by the faculty, for a period of 5 years and can only be re-elected once for a second 5 years. Likewise, members of the council are selected by the faculty for 3 years, plus one second year term.

The increasing complexity in the Institute's organization because of its increasing student body, ~~(although for the last several years the yearly numbers have remained about the same)~~, geographical training and community services and research fellows (non-physicians not permitted officially to treat patients), the committee structure has become complicated, ~~(of table of organization)~~. As for the faculty, there is a calm stability, partly due to the fact that its members have tenure for life. Student selection, curriculum and progression are now programmed without the excessive constraints of the previous over-disciplinary attitudes.

Although the Institute has ^{ONLY A SMALL} ~~no~~ endowment, due to the fund-raising abilities of Pollock there has been no deficit for the last 5 years. ~~It~~ The Institute has been able to publish an "Annual" and a literature index, and mount a continuing educational program accredited by the American Medical Association. Pollock advocates an open system and the end of psychoanalytic isolation, more younger analysts are included in committee activities, more training analysts have been appointed (more than all other American Institutes combined), and more workshops organized. Pollock believes that psychoanalysis, community psychiatry and

psychopharmacology can become complementary. The Chicago Institute, despite grumblings from some participants, has reverted to the salutary openness of the original Institute founded by Alexander, ~~but dormant for too long. Perhaps Pallack is spreading his activities and those of his staff too thinly over a wide range of activities.~~

In 1960 Lewin and Ross³⁹ presented their national survey of psychoanalytic education, including data from Chicago. But surveys of psychoanalytic educations have the tendency to reveal what people say they do or what they think they do, but do not reveal what actually is done or the meaningful impact of what is accomplished regardless of what the intent may be. In our language, such surveys tap conscious attitudes as contrasted with preconscious or unconscious meaningful trends. In a sense, surveys always reveal the more liberal and the more avowed experimental purposes, while concealing the rigidities and the parochial.

In 1962 I wrote⁴⁰: "One could take all the surveys, all the righteous and well meaning statements, and all the expressions of liberality at face value. But the real and crucial considerations of what is accomplished in education can be achieved only by examining its products. It requires not much in the way of planned examination to indicate to us in this, the decade of the sixties, that psychoanalytic education has not been especially helpful for the advancement of psychoanalytic theory, research, or practice."

"How then shall we change this end result? Certainly not by accepting the notion that combinations of teaching and training are syncretisms (meaning

incompatibles); certainly not with the notion that teaching must follow a line that derives itself from original Freudian statements; certainly not by decrying research into the active ongoing processes of therapy; and, finally, certainly not by using the so-called "training" analysis required of all students as a means of instilling conforming and adaptive attitudes toward faculty philosophy."

During Alexander's Directorship, Thomas French was his Associate Director and George Mohr, Dean of Students. For Piers, Fleming was Dean of Education from 1956-1969 and Shapiro in 1969 (continuing on during Pollock's Directorship which he assumed in 1971) until 1974 when Henry Seidenberg and Edith Sabshin took over. Aside from psychoanalytic candidates, a child care program ~~of debatable value~~ starting ^{FD} in 1950, ending in 1961, [▲] child therapy program was begun in 1962 and a teacher education program in 1965. [▲]

Among special long-term projects are: Clemente High School - consultation on a weekly basis (1971---) Vocational Rehabilitation workers - formal training - 2 years (ongoing) Mental Health workers - continuing education series for all sorts of specialists, including psychiatrists (ongoing). Workshops under joint sponsorship of Institute and Center for Psychosocial Studies - for analysts and other professionals (ongoing). Businessmen's seminars, co-sponsored by Institute and University of Chicago Graduate School of Business, on an annual basis (1974, 1975 thus far).

Also many special training projects at different periods and for varying lengths of time, for such groups as: Public Health Nurses; ERA teachers; Team Leaders

(Board of Education); Principals (Board of Education); The Chicago Latin School; The University of Chicago Laboratory Schools; social workers dealing with adolescents; school supervisors dealing with maladjusted children; Head Start social workers; Head Start teachers; and many public schools and school districts.

When I was a student at the Institute tuition was not a factor nor did I pay fees to supervisors. ~~Here is the current fee structure at the Chicago Institute.~~

Application fee	\$ 25.00
Selection Interview fee.....	100.00
Matriculation Interview fee	50.00
Initial Registration fee.....	50.00
Tuition.....	7500.00

~~Tuition is payable in three installments: \$500.00 due on October 1st, \$500.00 due on January 1st, and \$500.00 due on April 1st, to a total of \$1500.00 per year.~~

~~Students who continue their training beyond five years, for whatever reason, are expected to pay a Registration Fee thereafter of \$100.00 per quarter.~~

~~The tuition covers the five year course of study and 200 hours of supervision. For supervisory hours in excess of this amount a charge of \$20.00 per hour is made.~~

Tuition does not cover the cost of the applicant's preparatory analysis.

The average time from matriculation to graduation is 7.5 years. No wonder that when our residents finish their psychiatric training they cannot take part-time or full-time Institutional positions as teachers or investigators. They have to enter

private practice to make a living, ~~for themselves and the Psychoanalytic Institute.~~

After the initial post-war influx of psychoanalytic students, analytic training was no longer necessary to become a first-class citizen of the psychiatric specialty, so that the Institute had to initiate a seduction of residents in the local psychiatric training centers. But the residents of the 60's and 70's are a new breed. They want to become general psychiatrists rather than narrow specialists.

At the time when the young men clamored to enter psychoanalytic training, the medical schools wanted chairmen of departments who were analysts. But when these new chairmen understood the enormity of their responsibilities and the extent of their field, they in truth became general psychiatrists. The fashion has now shifted to the search for chairmen who are trained, experienced and skilled in psychopharmacology. This trend away from dynamic psychiatry has also influenced the career choices of the younger psychiatrists and the selection of residents.

VII

Psychoanalytic Research in Chicago has been a mixed bag. The results of a wide variety of investigations cannot be evaluated until considerable time has passed. Posterity is the final judge⁴². But we have seen clearly how research findings from Chicago have affected not only clinical psychoanalysis - treatment and teaching - locally but also nationally. Thus Alexander's psychosomatic specificity, French's dream interpretation, Benedek's female psychodynamics were fashionable in their time. Younger psychoanalysts searched their clinical material

for confirmatory material. In the wide variety of data one can find what one looks for.

Another way in which the professionals have changed in the Chicago area, and probably elsewhere, is the bandwagon fashion of going with the newest fashion in diagnosis. As we studied the Borderline Syndrome⁴¹ at Michael Reese that diagnosis greatly increased, as it has now for schizophrenia since the establishment of our program of research on this disease. At the Analytic Institute the diagnosis of narcissistic neurosis ala Kohut is heard everywhere despite the tentativeness and vagueness of his formulations.

Two categories of research may be mentioned. One includes the extensive, long duration studies of psychosomatic specificity, dream studies, female sexuality, narcissistic neuroses, parent loss narcissism, psychosocial studies. These had structure, planning, multiple participation and at least a semblance of design.

The second category is more individualistic, usually reports on one or two cases from which Freudian theory is confirmed or new theory advanced. I would not challenge the efforts of young analysts to think for themselves and express new theoretical ideas, but hopefully some will eventually engage in ~~some~~ empirical studies. The so-called work-shops, meeting interminably, have produced little in the way of publications. Their current titles are as follows: aging, treatment of narcissistic personality disorders, dream research, female sexuality, interface between psychoanalytic theory and technique, narcissism, philosophy of science

and psychoanalysis, psychoanalysis and anthropology, psychoanalysis of the adolescent, psychosomatic problems, structural change in the terminal phase, structuralism, etc. I will not discuss the participation of individual analysts in multidisciplinary research because they usually wear the respectable hat of research psychiatrists.

One interesting anecdote. During the first year of World War II, Alexander suggested to General Donovan that analysts could accurately gauge the morale of the civilian population from their day-by-day contacts. So an elaborate questionnaire was devised but the results were zero. Our patients were more concerned with their daily lives and internal feelings. This experience plus the consistently wrong predictions by the analysts about the fighting spirit of the Russians, turned the scales to push me into the air force. It was my war and even though I was over draft age I enlisted. With John Spiegel we served well and learned a great deal that is published and which stimulated our stress research after the war⁴².

Several of the younger analysts (~~most were trained in psychiatry at Michael~~ ~~case~~) have written theoretical papers ~~and one~~ book^s recently, with great difficulty in finding editors and publishers for their works because they have been concerned with emendations to psychoanalytic theory. Basch⁴³ describes syndromes as general systems dysfunctions and describes symbols as metaphors. He would like to substitute communication and information theory for libido and psychic energy. Gedo and Goldberg⁴⁴ have described models of the mind in terms of vertical maturation

and a new taxonomy based on development, stages of regression and a supraordinate system of controls.

Holzman⁴⁵ criticizes the research in psychoanalysis as deficient because of "inadequate clinical training of investigators, poor scientific training in psychoanalytic institutes and a narrow concept of research tasks". He correctly states in his teaching at the Chicago Institute that psychoanalytic theory is not systematized and that it is taught without an understanding of the proper place of each of its parts. There needs to be a marriage of sophisticated awareness of psychoanalytic ideas with investigative skills.

Holzman ~~in a recent discussion~~ decried the frequent attempt to modify psychoanalytic theory on the basis of a single case, as is so frequently attempted in the literature. Developmental occurrences must be verified by methods other than from associations by adults in the analytic situation. Many years ago I pointed out that validation of the assertions in any discipline requires confirmation by methods of outside disciplines.

Improvement through psychoanalytic treatment may be an erroneous contention; too many other variables may be operative. This holds true for any variety of treatment; assertions are not enough; data and controls are needed. Perhaps we may have to agree with Strupp⁴⁶ who finds basic similarities in all forms of therapy (crisis, behavior, psychotherapy, psychoanalysis, witchcraft, etc.) consisting of respect, empathy and time.

As Holton⁴⁷ states there has been in the last decades a tendency to maximize the separation of disciplines. On the other hand unified theories have captured the interest of all scientists. This involves field theories and the idea of transactions or reverberating communications of part of larger systems. Holton's descriptions of "themata" or fundamental conceptions as fundamental propositions, implicit and unrelated to objective spheres, in complementarity with the explicit concepts of a real world, applies to psychoanalysis. However, in this field the separation has gone to extremes and "drive" theories have dominated as if the real world were only a concept. In Chicago 25 years ago I presented a discussion of transactions which met with complete silence and its concepts were ignored until recently. Alexander as an exception had spoken out on "corrective emotional experiences" emphasizing the need for the analyst to play the appropriate roles which the patients had previously not experienced in their growth. Unfortunately ~~socially~~ "acting" such roles is never successful.

VIII

I have presented a historical overview of psychoanalysis in Chicago from 1944 to 1975. It contains very little about the substantive changes in the field because it is more oriented to a description of the activities, successes and failures of outstanding personalities.

Viewed from a systems framework the early years were open, led by dilettantes who experimented with the "new psychology" in private practice, which

they abandoned quickly because of their difficulties with transference problems. There ensued a decade of silence from 1912 until 1921 and another from 1921 until 1932, when Alexander founded the Chicago Institute and continued as its Director for almost 25 years. This was an era of excitement, creativity, liberality and openness of communication.

The specificity in psychosomatic research, the vector theory of surplus energy utilized early in development for erotic expression, play and practice, dream studies emphasizing problem solving and hope, brief therapy, the dynamics of the female sexual cycle and many psychoanalytic studies of social and political problems characterized the busy and constructive faculty and society members.

There were many internal quarrels characteristic of all "well analyzed" psychoanalyzed groups but these were resolved for a time. But when the American became stultified in its own narcissistic admiration of possessing the sole truth, and the establishment kept locking the doors and windows to protect its own pure science (Gold), the liberal Chicago Institute became a part of the national stance. It accepted the non-value systems of the establishment as the Chicago analysts became sated with progressive change. This was too much for many of us. Alexander left for California and I isolated myself from both the Institute and Society to breathe to exclusion the fresh air of an academic environment.

In California, Alexander still contributed in his scientific pursuits producing ~~with help~~ two valuable books on the "History of Psychiatry" with Selesnick⁴⁸ and

"THE SCOPE
 the ~~scope~~ of Psychoanalysis⁴⁹". He closed his last work on psychoanalysis with a passage that amply describes his progressive leadership.

"Just because so much still has to be explored, we must not only tolerate but encourage individual differences, personal initiative of teachers and also of the students, instead of insisting on strict uniformity and conformity. We must return to local autonomy of institutes from a uniformly systematized centrally regulated educational system. In view of the great many existing uncertainties in the theory of treatment, we are far from being ripe for the degree of standardization we adopted some years ago. If we continue with the present educational policies, the best qualified group, the psychoanalysts, will lose leadership in developing Freud's heritage. Then not we but the rapidly growing borderline group of psychoanalytically oriented psychiatrists who are unhampered by rules and the dogmatic censorship of their confreres will accomplish the inevitable reforms necessary for training effective practitioners."

In 1956, the new administration developed a closed system, although peaceful in that the internal quarrels and disagreements with the American decreased. It was a closed shop maintained by the firm hand of Joan~~e~~ Fleming who ran the show with power to appoint training analysts. Students were held strictly in line, teachers were audited, supervisors were supervised and committees argued interminably about what was orthodox. Peaceful indeed, but a regressive stance completely different from the exciting past. Intelligent students adapted to the

new social situation, but protected themselves from destructive internalization by keeping a distinctly non-participant observing critical ego.

In writing this brief history I am aware that as in the past I will be accused of being "against" analysis. Not so, as my students and colleagues will testify. From within, and for long a part of the psychoanalytic school as student, teacher and investigator, I have used the Chicago setting as a case example of ups and downs of psychoanalysis in general. It is a microcosmic example of the larger establishment with a magnificent past, a long period of decline and now perhaps a better future. Perhaps the rapid rise and fall, and now slow movement upward has superseded the unfounded expectations and excitement of the early years. Using another model, the Chicago Institute for Psychoanalysis was first an open system, became tightly closed and now is beginning to open again. Perhaps psychoanalysis in Chicago as a model may become increasingly open, academic, and psychoanalysis may really become a contributory science!

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