THE OLYMPIAN DELUSION

Let us stop to ponder the magnitude of Freud's discovery. For centuries men and women have searched for mandrake roots and other substances from which a love potion could be brewed. And then a Jewish Viennese physician uncovered love's secret. There is indeed a way in which one human being can make another fall in love, and the prescription is remarkably simple.

—MARTIN BERGMANN (1986, p. 30)

Nothing takes place between them except that they talk to each other.

—SIGMUND FREUD (1926, p. 187)

This is an essay on an unpleasant subject: a subject so painful that some within the discipline of psychoanalysis wince and turn away from it—the sexual exploitation of patients. The psychoanalytic situation is an audacious endeavor that purposely courts risk: for a time placing one human being as if at the center of another's emotional life. In that power-imbalanced relationship, behind closed doors, what is the patient's protection?

Lawrence Friedman (2008) says the following about Freud’s Papers on Technique, six essays written between 1911 and 1915:

Papers on Technique floats the buoys that mark out psychoanalysis from other human relationships. You can argue about whether to steer this way or that around those markers, but without them you have nothing but open sea [p. 1032].

In these pages, I try to consider what the buoys mean, and the perils they aim to mark. In my view, Freud's most fundamental "buoy" is the principle of abstinence. I am concerned in this paper with abstinence and integrity, and the shoals and depths that endanger them. I hope to raise more questions than I answer.

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The matter is not merely theoretical. In my home city of Boston the psychoanalytic community has lost three senior analysts to disgrace in the last ten years, two while I was a student in training. With no way to measure directly the harm to those more closely involved, I can attest to the lesser, but distinct order of harm to beginning analysts—a sense of wariness and discouragement, if not alienation on the part of students, who may feel betrayed by their teachers’ actions. I will try to navigate between an enervated weariness with the subject, on the one hand, and a strident, self-righteous accusatory tone, on the other.

Let me start a bit obliquely, appraising this material from some distance. I am touched—as the expression goes—by a particular sentence in Elisabeth Young-Bruehl’s biography of Anna Freud, evoking in an image Anna’s grief following the death of her friend and companion Dorothy Burlingham: “She also comforted herself by wearing Dorothy’s sweaters around the house and stroking these representations of the friend whom no one in their acquaintance had ever seen her caress or embrace” (1988, p. 443).1 The sentence depicts an eighty-three-year-old grief-stricken woman, who was never seen to touch—affectionately to touch—her companion of over fifty years. Now we see her wearing, and stroking, the dead woman’s sweaters, with these reminders of her beloved friend also enfolding, and in the gesture caressing, her.

What exactly is Anna Freud touching? Is she, in stroking the sweater, touching herself, inside that garment? Is she in effect touching her friend who once wore the garment? Is her friend Dorothy somehow inhabiting the sweater, touching her? Certainly the reader is moved by this physical representation of empathy—an example of a writer’s art, compactly presentational.

In Anna Freud: A Biography, Young-Bruehl avowedly sets out to combine the biographer’s “classical mode of writing an edifying exemplary life” (the mode of her Hannah Arendt biography) with a psychoanalyst’s focus on the unconscious mind. It is an impossibility, she has said, for the biographer to portray the unconscious mind: the psychoanalyst, unlike the biographer, works with evidences of unconscious mind alive in the room—a patient’s dreams, associations, fantasies, transferences (Young-Bruehl 2009, p. 3).

Thus, the person presented in a psychobiography is “an imagined person, an imaginary person”—as is, we can add, the psychoanalyst. Young-Bruehl associates the psychoanalytic biographer’s peculiar position with Kierkegaard’s figure for irony: it is “like a portrait of an elf wearing the magic cap that makes him invisible” (2009, p. 5). This insight into the writing of a life can usefully be reversed, with biography serving as a way to inspect the peculiar, magnetic, and problematic notion of psychoanalysis itself: in particular the transference illusion at the center of Sigmund Freud’s “talking cure.” The image of Anna Freud wearing Dorothy Burlingham’s sweater, while stroking it, evokes or epitomizes much about the Freudian enterprise.

Outsides and insides, visible and invisible, cloaking and uncloaking, shielding and revealing. Like biography, psychoanalysis aims to examine a life: to touch without touching, as Anna Freud does with her recently dead friend’s garment, in an intricate act of imagination. Psychoanalysis attempts, through words, a gesture of intimacy approaching that of bodily contact. This vocabulary may help illuminate the most queasy, unsettling part of Anna Freud’s life story: Sigmund Freud’s psychoanalysis of Anna, his twenty-two-year-old daughter. The biographical fact may become the more unsettling the more one examines the precise nature of the psychoanalytic engagement.

In the analytic situation two people meet in private and, over time, have an intimate exchange; the medium, again, is words. Their two roles are different, but each entails a promise. The patient pledges to speak with candor—to disclose fantasies, bare secrets, confess wishes—to the analyst who pledges to listen: not to judge but to witness and understand, and to offer back that understanding in a reciprocal gesture. The goal of this verbal process of uncovering one person’s latent truths (though both people engage in introspection, and both are moved) is symptom-relief, or healing. The patient’s self-disclosure is critical to the success of the treatment, just as is the analyst’s understanding, or interpretation.

Freud’s much-maligned and misunderstood term “neutrality” captures this special analytic attitude, a benevolent receptivity that has nothing to do with coldness or indifference. The analyst strives for an open-minded equal attentiveness to all that the patient discloses (Freud’s “evenly suspended attention”), listening with a sympathetic receptiveness fostered by his (or her) neutrality. For the patient, it can be the most open, unguarded intimacy of his or her life—unguarded precisely because the guarding is provided by the “buoys” of Friedman’s metaphor, heeded by the navigating clinician.

But why the patient’s pledge of candor? The patient’s pledge to truthful disclosure is fundamental—a given—although at the same time an unachievable ideal. How else, without having made such a pledge, can the patient find the courage to “work through” resistance to the anxiety of such
disclosing! But there’s an additional given—this one an absolute, not an ideal. It is given that the two people carry out this work in abstinence: a central element of the analyst’s reciprocal pledge. They do not touch.

The patient speaks with candor and the analyst, impartial and non-interfering, is neither seductive nor seduced. These propositions articulated by Freud in Papers on Technique amount to technical principles as well as ethical precepts, giving the exchange its efficacy. Freud’s inspired essay “Observations on Transference-Love,” the sixth and last of the papers, can be read as his methodical argument for abstinence, the fundamental principle upon which treatments rest. The analyst has “evoked this love by instituting analytic treatment” (Freud 1915, p. 169). Abstinence is part of what evokes the love, and adhering to it is an essential requirement. Without the analyst’s abstinence—simultaneously a matter of sacred trust and of psychoanalytic technique—there is no treatment. In doing the work, patient and analyst both feel touched, as we say we are by a story or a piece of music; but there is a supervening difference. In André Green’s language (2005), the givens provide an essential structuring third, “a law above the two parties, a law whose observance is necessary for the analysis to take place” (p. 33). It is a state of “intimate separation,” in Leo Stone’s terms (1961, p. 90), a “deprivation-in-intimacy” (p. 105), mediated by speech.

Very early in his years-long effort to understand his own discovery, Freud (1905) writes about “psychical (mental) treatment” the following:

A layman will have no doubt find it hard to understand how pathological disorders of the body and mind can be eliminated by “mere” words. He will feel that he is being asked to believe in magic. And he will not be so very wrong, for the words which we use in our everyday speech are nothing other than watered-down magic [p. 283].

Freud has something to say on other occasions about words, though he presents the verbal exchange as “art” rather than “magic.” Here is a passage from his essay “The Exceptions” (the first section of “Some Character-Types Met with in Psycho-Analytic Work”), where Freud’s example is Gloucester in the opening soliloquy of Shakespeare’s Richard III. Freud wonders, how does Shakespeare “compel our sympathy even with a villain like [Richard],” so that we find in him, “an enormous magnification of something we find in ourselves as well?” (1916, p. 314). We are like Richard. How does the poet evoke our empathy? Freud’s answer:

It is, however, a subtle economy of art in the poet that he does not permit his hero to give open and complete expression to all his secret motives. By this means he obliges us to supplement them; he engages our intellectual activity, diverts it from critical reflection and keeps us firmly identified with his hero. A bungler in his place would give conscious expression to all that he wishes to reveal to us, and would then find himself confronted by our cool untrammeled intelligence, which would preclude any deepening of the illusion [p. 315].

The “subtle economy of art in the poet,” the one who is not a “bungler,” is another kind of abstinence. The “bungler” says far too much, and sloppily. Shakespeare’s gift for economy and selection allows “deepening of the illusion.” He “obliges us to supplement,” to imagine, to fill in what Richard’s words only hint at. There, in the generous and artful gap, we find inner fellow-feeling, and we are touched. Tempting, here, to see an analogy to the analyst’s skill, based in the technical principle obliging him to hold back, to abstain from prattle as well as touch, allowing the transference illusion to deepen.

I return now to Anna Freud and the queasy core—her analysis begun when she was twenty-two years old. Young-Bruehl’s account of Anna’s analysis is painful to read, with its recurring themes of privacy and invasion of privacy, across the family generations. Many years after the analysis ends, Anna Freud will take on the “dual role of step-parent and psychoanalyst” (1988, p. 138) to Dorothy Burlingham’s children.

It is a peculiar legacy: the psychoanalytic history of questionable judgment about clinical boundaries, a misestimation of potential for harm sitting right alongside the genuine and profound power to help. Freud did not have sex with his patient Anna. However, some of his followers did become sexually involved with their patients. What are the effects, across generations and down to our own, of the history of egregious “boundary violations” (the profession’s argot for these misdeeds) among the early psychoanalytic practitioners?

Anna Freud’s analysis was considered a “success” by Freud and indeed by his daughter herself—allowing her to “transform fantasy activity and daydreaming into the social activity of writing” (Young-Bruehl 1988, p. 107). The analysis, begun in 1918, is interrupted, and resumed in 1924, when the father, now ill with his cancer and unable to travel, suggests to Anna that they take up the analytic work again. She is not yet thirty years old. We might wonder, whose needs are met here, in the father’s analysis of this adoring daughter—ascetic, angelic, a “vestal,” and the “chief keeper of her father’s person” and, for the rest of her life, keeper also of his art or science, psychoanalysis (p. 137). In 1936, Anna Freud gives to overgoodness the name “altruistic surrender.”

To whom did Anna Freud, an earnest, intelligent young woman of twenty-two, pledge to tell her secrets? To whom did the barely postadolescent
girl promise to expose herself? For Anna Freud, in the transference, the representative of the parental love object and the actual love object are one and the same. Surely this is too much exposure, too much touching, however figurative it may be! Is Freud, as founding-father analyst, what he calls, pejoratively and ironically, an “Exception,” like Richard III? It’s unsettling to consider how blindfolded this great thinker is in relation to his own discovery and his own child. Blinded, brilliant, and human, he appointed himself to be an exception, accepting her analytic pledge of transparency. Poets and biographers do this in the name of art—inspecting, and exposing, other people—but most of the time there has been no pledge, no promise to witness without judging, receptive but impartial.

The analyst knows that these two principles—the patient’s pledge of candor and his own promise of abstinence—structure a psychoanalytic treatment, setting a process in motion. The structuring givens protect both people—as well as providing a cushion for the inevitable discomfort of the analyst’s position. That is, the analyst, as transference magnet, in effect courts the patient’s passion: “The process of cure is accomplished,” Freud writes, “in a relapse into love,” an indispensable relapse, “for the symptoms on account of which the treatment has been undertaken . . . can only be resolved and washed away by a fresh high tide of the same passions” (1907, p. 90).

Since the analyst himself evokes the patient’s transference-love, “It is therefore plain to him that he must not derive any personal advantage from it. The patient’s willingness makes no difference; it merely throws the whole responsibility on the analyst himself” (1915, p. 164). The analyst’s abstinence is magnetic, sometimes even dazzling. In the psychoanalytic process of transference the analyst, then, is not merely innocent (though he holds a sacred trust) but instead deliberate. According to Freud, “psychoanalytic treatment is founded on truthfulness” (p. 164). How do we reconcile “truthfulness” with an arrangement that activates a psychological seduction? Can a seduction be truthful? Can a father analyze a daughter? Can a daughter be candid, “working through” the anxiety of baring secrets, confessing wishes, to the transference magnet, simultaneously both imaginary person and actual father?

Was harm done? Did Anna’s analysis free her, or bind her tighter to him? If both, then in what ways and proportions? Did the analysis enable

Anna Freud, a young person with a tendency to obsessional defenses, more flexibly to use these defenses; or did she as a result of the analysis become more ruled by them? Or, wear them as a functional garment? She became a “virtuoso sublimator”—Young-Bruch’s phrase—of her sexual desires: restricted, ascetic, but at the same time attuned to the sexual life of children—she was no puritan. As early as 1930 Anna Freud accords greater importance to childhood incest than her father. “If her attunement to incest was greater than her father’s,” asks Bennett Simon (1992), “was it primarily because she had been analyzed by her father or because she had worked with children?” (p. 977).

Freud’s analyzing his daughter Anna suggests his underestimation of the complexity of the psychoanalytic exchange, the vehicle for easing human suffering whose power he is only gradually discovering. When father and daughter resume the analysis, he is struggling with the mouth cancer that will eventually kill him—a rotted from inside his organ of communication. Facing his mortality, is Freud the more vulnerable to misjudgment, and self-deception? Anna Freud will devote herself to her father’s “immortality,” the psychoanalytic movement. Does Freud use his daughter to further his cause, disavowing the symbolically incestuous? Did he delude himself into taking a god-like role in her life, convinced he could be “objective” as her analyst—uninvolved, no father, his daughter untouched? The God Zeus too, like Freud, is both father and exception. But unlike Freud, the Olympian is immune to ordinary mortal limit, and endures no reprisal for liberties taken or injury inflicted. The analysis of Anna calls up one’s ambivalence about Freud, the exceptional, seminal genius who at the least risked being the kind of self-approving “Exception” his essay describes.

Fidias Cesio (1993), quoting from “Observations on Transference-Love,” vigorously rejects Freud’s reasoning about the separate “aims” of analyst and patient. Cesio writes:

Freud emphasizes that, if the analyst satisfied the patient’s love demands, “the patient would achieve her aim, but he would never achieve his” [1915, p. 165]. We find this statement questionable and feel that it is the other way round. Experience shows that it is usually the analyst who in these cases achieves his neurotic aim, for, if he remains within the setting, this outcome is precluded. The patient’s “aim” is to find relief for her neurotic suffering [p. 141].

Cesio’s cogent remarks, reversing Freud’s formulation, apply to the long history of clinicians recklessly mixing psychoanalysis with sexual involvement as if that mix held no contradiction.
Notorious instances among Freud’s contemporaries include Sandor Ferenczi’s falling in love with his analysand Elma Palo—she is also his mistress’s daughter!—and sending her off to Freud for treatment in the hope of becoming her husband (Hughes 2004, p. 18), as well as Carl Jung’s involvement with Sabina Spielrein. Freud himself is unequivocal on the contradiction as a technical matter: “The love-relationship in fact destroys the patient’s susceptibility to influence from analytic treatment. A combination of the two would be an impossibility” (1915, p. 166). But beyond the technical consequence of “impossibility” there are moral consequences.

... Sexual misconduct as a catastrophic breach of the therapeutic contract has been more widely recognized in recent decades. An issue of Psychoanalytic Inquiry published in 1997 contains several essays representative of how, after nearly a century of avoidance and denial, the profession of psychoanalysis has begun to think about the problem of the analyst’s misconduct. The writing in that issue characterizes the approach to the subject in a literature that has grown dramatically in the last twenty years. The seven essays in the volume were presentations at a 1994 symposium titled “New Psychoanalytic Perspectives on the Treatment of Sexual Trauma.” Two of the papers specifically address the subject of therapist-patient sexual involvement. A third contribution, by Glen Gabbard, discusses these two.

In the volume’s prologue, the editor, Howard Levine, notes that the papers “are among the first published psychoanalytic attempts to examine the experience, motivations, and treatment of cases of patient-therapist sexual boundary violations” (1997, p. 240)—an astonishing fact, he acknowledges, given the reality, throughout the history of psychoanalysis, not only of temptations but of many actual transgressions: the analyst’s sexual exploitation of the transference. Freud’s aim in 1915, in “Observations on Transference-Love,” as we have seen, is to address that same danger, ever present because built into the situation.

Gabbard, one of the most forthright authors to tackle the subject of the analyst’s sexual transgression, also remarks on how long it has taken to acknowledge a reality: “For too long,” he writes, “the ‘old boy’ network of psychoanalysis appeared to have much greater interest in protecting their own members than in addressing the needs of the patients” in this “professional form of incest” (1997, p. 379). In another of the articles, Marvin Margolis echoes Gabbard: “Our institutional timidity has made us complicit and a party to the abuse of these patients” (1997, p. 351). Although fear of litigation is one factor behind secrecy and silence, a deeper one, Margolis believes, lies in “our horror of actual violations of the incest taboo which is at the psychological core of these boundary violations” (p. 350).

It is natural to want to look away, and there is also a risk for those who insist on bringing the problem into the open: “Some colleagues who take up this cause,” writes Margolis, “assume considerable professional risk within their own group as their motives and judgment are questioned, even at times impugned” (p. 350). He concludes: “Our past neglect of the area of sexual boundary violations has contributed to an image of professionals who circle the wagons to protect colleagues who have transgressed sexually with their patients while ignoring the distress of their victims” (p. 369).

Such strong declarations are admirable but at the same time perhaps so commonplace, even pro forma, as to evoke a yawn. Perhaps the reader’s yawn is also self-protective and, like the profession’s silence, complicit: it deflects attention from the ugliness. The shock of recognizing that for decades the caretakers put their own protection first in a caregiving profession is diminished by its familiarity. We may read past the words because of how frequently such failures are reported, not only in the professions but in the larger culture, which until recently has blindered itself to marital rape and the sexual exploitation of children. Outrage and helplessness are dampened by a sense of repetition.

Janet Wohlberg, in her essay in the same issue of Psychoanalytic Inquiry, writes from another perspective: as someone who has been sexually exploited by a therapist. Founder of a self-help group for women who have had sexual involvement with their therapists, Wohlberg has heard many individual accounts. Considering the similarities (and differences) between a patient’s violation by a therapist and a child’s violation by an adult, she notes that such acts “occur in significantly power-imbalanced relationships.” Wohlberg echoes Freud in restating the obvious but essential point: “patient-therapist sex is always the responsibility of the therapist” (1997, p. 329).

Wohlberg’s vivid examples dispel yawns. Although sexual relations with her therapist did not begin for three years, she understands in retrospect that the route to disaster had been paved early. (This “route to disaster”

3Although not my subject in this essay, cultural parallels are readily available—most obvious, perhaps, the “abstinent” clergy. Recently, in Ireland, Cardinal Sean O’Malley, the Roman Catholic archbishop of Boston, after first asking God’s forgiveness and washing the feet of eight victims of clergy abuse, asserted: “We want to be part of a church that puts survivors, the victims of abuse, first—ahead of self-interest, reputation, and institutional needs” (Boston Globe, February 21, 2011).
is referred to in the literature with an inadvertently suggestive and dismissive bromide, the “slippery slope”). She remembers that Dr. S often chose to focus on her sexual needs and fantasies despite her wish to talk about other things. He also took phone calls during her hours and breached the confidentiality of other patients. The narrative includes the comically grotesque—in the range of transgressive behaviors, a repellent extreme, far more drastic than what Gabbard has described as the “lovesick” analyst who exploits a patient: “Adding to the picture was Dr. S’s collection of exotic pets. On several occasions, his owl regurgitated chicken bones onto the office floor, and at one point, a snake escaped from its terrarium and slithered across my feet” (p. 325). Wohlgemert cites another extreme example (from the report of a case in Massachusetts, Board of Registration in Medicine v. Edward M. Daniels, M.D., 1991):

Dr. Daniels used condoms. And he insisted that I buy those condoms . . . that was one of the most humiliating parts of the whole thing for me . . . because I was very embarrassed and very terrified to walk into drugstores to have to buy condoms . . . . He would put them in Kleenex and . . . wad them up and then he gave them to me to go in to his bathroom to flush them down the toilet. And he stood there to watch to make sure I did it, but he never walked out with them himself [p. 337].

Freud tries to feel his way into the grandiosity behind such human cruelty as this when he writes, in the aggrieved Gloucester’s voice, “I have a right to be an exception, to disregard the scruples by which others let themselves be held back. I may do wrong myself since wrong has been done to me.” If only we could see deeply enough into Gloucester’s deprivation and his suffering, and find in the villain “an enormous magnification of something we find in ourselves” (1916, p. 314), we could perhaps make some sense of his perceived “right.” Perhaps we could make sense of the analyst’s self-delusional “right” to exploit, humiliate, and wound.

It’s important to make clear that I am not equating behaviors, nor do I intend to neatly distinguish among them. Gabbard’s “lovesick” analyst is certainly not the same as Dr. S., or Dr. Daniels, but we also cannot know, with certitude, exactly how he is different; nor can we determine tidily what separates the analyst who abstains from the one who gives way. I am less concerned here to consider nuanced degrees in a range of pathologies and behaviors, or to construct categories of unethical conduct, than I am to inspect the risks and vulnerabilities inherent to the psychoanalytic situation—the greatest of these, perhaps, the tendency to find certainty when the only certain thing is our human capacity for self-deception, and sometimes self-delusion.

It is arguable, perhaps, that such exploitation of patients, if not eradicated (or ever eradicable), is now better controlled, given the attention focused on it. The profession expresses not only awareness of ethical breaches since the time of Freud but also better understands the harmfulness, and acknowledges its neglect, for decades, of responsibility for the patient’s safety. With acknowledgment (an argument might go), there is greater protection. Essays are written about the subject, journals are devoted to it, symposia address it, and unpleasant examples—like the extreme ones above—are made public.

And psychoanalysis (it might be argued further), with its understanding of the ubiquitous tendency to repeat—an idea fundamental to the psychoanalytic view—is well equipped to guard against repetition. But that expectation may underestimate the “open sea” of Lawrence Friedman’s metaphor that begins this essay. In Boundaries and Boundary Violations in Psychoanalysis, one of the first books attempting to address the subject, Gabbard and Lester (1995) speak to the power, across analytic generations, of this unwanted repetition: “the intergenerational transmission of attitudes about the concept of boundaries can be extraordinarily powerful. In the mid-1960’s, a training analyst . . . was charged with sexual misconduct. Two decades later, two analysts he had analyzed were also charged with sexual misconduct in the same city. Blind spots in one analytic generation may well become blind spots in the next” (p. 86).

Such is the power of repetition, even of moral blindness or self-delusion, from one analytic generation to the next, that it conceivably may be transmitted like a birth defect. It is reasonable to expect, however, that recognition of that power produces alertness. But at what point does acknowledgment shade into complacency rather than alertness? Can a profession’s acknowledgment of past lapses become itself a form of grandiosity or self-congratulation? Without the analyst’s moral integrity, there is no treatment: Ida Macalpine in 1950, building on Freud’s propositions in Papers on Technique, writes that the analyst’s moral integrity “becomes a safeguard for the patient to proceed with analysis; it is a technical device and not a moral precept” (p. 527; emphasis added). With these unsentimental words she calls not for apologies or expressions of good intentions, but for stringent intellectual scrutiny. The presence or absence of Macalpine’s “technical device” is an ethical matter: the ultimate guard against repetition of a destructive act is moral integrity.
In an epilogue to that 1997 issue of *Psychoanalytic Inquiry*, Howard Levine, by way of reprise, emphasizes that psychoanalysis, after more than one hundred years, is only beginning to investigate therapist sexual misconduct. Given the “recurring leitmotif” of repeated transgressions since the beginnings of psychoanalysis, a leitmotif that “has struck an ominous and virtually unexamined chord,” Levine slips into some troubling language in small but crucial matters of emphasis and clarity:

One only need think of Breuer and Anna O., Jung and Sabina Spielrein, Ferenczi and Elma Palos, and too many other analytic couples to realize that falling in love with one’s patient or analyst is not only an occupational hazard, but one which carries with it the real danger of being acted upon . . .

While we deplore the destructive consequences of such actions, we take pride in being able to publish two of the first contributions to the psychoanalytic literature on this subject [1997a, p. 390].

Mainly, this is an admirable and unexceptional statement. However, Levine’s formulations reveal a degree of conceptual blur, or deflection, in contrast with Macalpine’s crispness.

That is, while falling in love with one’s patient is indeed an “occupational hazard” for the therapist—a hazard historically proven—it is decidedly not true that the hazard of falling in love with one’s analyst is “occupational” for the patient; rather, the patient seeks a professional service and rightfully expects protection in this life-changing drama that intentionally courts risk. This is more than a quibble: the psychoanalytic situation is carefully structured to foster the hazard of attachment—the essential vehicle through which the patient gets what is paid for. Cesio’s point is similar in questioning Freud’s thinking about the “aims” of analyst and patient: the patient has come for analysis, and vulnerability is central to the psychoanalytic conception: “the cure,” Freud writes, “is effected by love” (1906, in McGuire 1974, pp. 12–13).

Coming after this passage, in which the roles and obligation of clinician and patient are blurred, Levine’s grammatical subordination (“While we deplore the destructive consequences . . . , we take pride in being able to publish . . .”) becomes part of an unfortunate context, emphasizing communal self-congratulation. Little solenisms such as the misapplied term “occupational hazard” and a regrettable grammatical structure perhaps embody, precisely, the fraught and paradoxical nature of the psychoanalytic enterprise, with its sensitivity to opposites and human contradictions.

The analyst’s merely mortal limitation is an ever present threat to capsize the psychoanalytic situation; and at the same time the analyst’s ordinary humanness—the particularity of his or her person, with all its flaws—is the necessary vehicle of treatment. Underlying *Papers on Technique* is the implicit paradox of *abstinence as alluring*: the principle of abstinence protects but, by design, also heats the crucible—thus conflating the ethical and the technical. Macalpine’s idea, reiterating Freud’s in 1915, that the analyst’s moral integrity is a technical device and not a moral precept, makes a similar point.

The profession has neglected certain problematic truths about the psychoanalytic engagement: two people repeatedly alone, in private, more or less inevitably develop feelings for each other; and the analyst—in the role of transference magnet on a stage *purposely tilted to court the patient’s passion*—has the position of power and responsibility. Given this fact, the analyst’s moral integrity is the patient’s ultimate safeguard. But here we must pause. As Thomas Szasz states, “No one, psychoanalysts included, has as yet discovered a method to make people behave with integrity when no one is watching. Yet this is the kind of integrity that analytic work requires of the analyst” (1963, p. 435). There is no conceivable test one takes during training, or at any time, to neatly measure integrity. Nor is integrity a fixed and incorruptible element in any human being.

Victor Calef and Edward Weinsel write that the analyst serves as “the conscience of the analysis,” a function they describe as “super-ordinate” to all other component activities: the analyst is the “keeper of the analytic process” (1980, p. 279). A “keeper” is one who protects, or has the charge or care of something. Calef and Weinsel propose that through the training analysis a psychoanalytic candidate develops the capacity to serve as conscience; without that capacity, the future analyst is in danger, they assert, of “using analysis as a tool to be directed against others instead of for them and for oneself” (p. 289).

I believe Donald Winnicott is in the same territory when he says that there are certain risks—for Winnicott, these risks are the analyst’s death and the analyst’s retaliation—“that simply must be taken by the patient” (1969, p. 714). The risks of someone dying or retaliating come—inevitably—with the analyst’s being human, and the analyst’s task, in Winnicott’s language, is “to survive” being used by the patient, with his (or her) psychoanalytic technique intact (p. 714).
Winnicott is quite careful, however, not to equate these risks: “even the actual death of the analyst is not as bad,” he writes, “as the development in the analyst of a change of attitude towards retaliation” (p. 714). Implicit is the idea (again paradoxical) that the analyst who dies during treatment may “survive”—in the more essential sense of intact analytic function—while the analyst who retaliates—the one whose psychoanalytic technique is compromised—fails and, in another sense, “dies.” To stay with Winnicott’s terms, the analyst’s sexual exploitation of the patient is perhaps the most extreme retaliation, though human payback may of course take infinite forms. In Guy Thompson’s view, “When Freud conceived countertransference, he [had] one principal concern: that of insuring the protection of the patient from abuse by the analyst” (2004, p. 107). Thompson likens Winnicott’s notion of professional attitude to Freud’s principle of “neutrality”: “Hence countertransference, properly speaking, alludes to a failure on the part of the analyst: that of insuring a necessary boundary between patient and analyst. Whereas Freud characterizes this attitude as one of neutrality, Winnicott characterizes it as one of professionalism” (p. 107).

If a crucial capacity—call it maintaining one’s integrity, “surviving” as analyst, serving as “conscience of the analyst,” or striving for “neutrality”—is developed and handed down through the generations, analyst to student, then the same capacity logically should reside first in the training analyst, a fact that may in the end offer the patient only another set of boxes within boxes, or Russian nesting dolls. A watchman to watch the watchman is fine, but principles or conceptual structures are necessary too, as Freud well understood in Papers on Technique. It is noteworthy that egregious violators are often the most visible and respected “trainers” themselves—including, not long ago, the chair of the American Psychoanalytic Association’s national Ethics Committee. Whatever this says about “training” and “trainers,” it does suggest the Olympian delusion, and Freud’s notion of “Exceptions.”

What can failures of ethical conduct tell us about the nature of the psychoanalytic exchange, the risks for the patient, and the particular stresses and temptations confronting the psychoanalyst? Emphasizing the closeness of the psychoanalytic encounter to the oedipal situation, Otto Kernberg describes the tension of “an intimacy in which there is a prohibition on sexual expression on top of which there is also a discussion of the sexual aspect of this intimacy.” He comments further (in a regrettable note of more explicit communal self-congratulation): “It is the most intense potential seduction, and we can congratulate ourselves that we have no more than one percent of boundary transgressions” (quoted in Bergmann 2004, p. 297). The statistic understates the reality, particularly in dyads where the analyst is a man and the patient a woman.⁴

The psychoanalytic situation is a professional encounter structured to invite intense transference reactions—at times in both people—with the purpose of understanding them for the benefit of the patient. What makes analytic transference feelings different from nonanalytic ones is that the analyst, in a difficult balancing act, strives neither to act on these feelings nor to be indifferent to them, a stance that allows them to flourish, be experienced, and examined. In “Remembering, Repeating and Working-through”—the fifth of the Papers on Technique—Freud (1914) focuses on the patient’s experience intensely lived out in the treatment. Always implicit in Freud’s formulations, in my view, is the analyst’s experience: the counterpart to the patient’s.

In this well-known essay Freud introduces the notion of “working through” (along with the concept of “compulsion to repeat,” obviously relevant to my considerations here), linking it with the resistance: “One must allow the patient time to become more conversant with this resistance with which he has now become acquainted,” Freud writes, “to work through it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis” (p. 155). The arduous process of working through now defines the course of treatment: it is through coming to know the resistance and, in spite of its imperative force, to defy it, that the patient changes. Papers on Technique grew out of Freud’s increasing appreciation and understanding (are the Papers Freud’s own “working through”?) of two people’s engagement—the analyst “working in common with his patient” (p. 155; emphasis added)—and of the pressures and temptations confronting the analyst in the raised temperatures of the clinical exchange.

A distinction may be useful here. Although the principles of neutrality and abstinence, introduced in “Observations on Transference-Love” (the final paper), are interrelated, neutrality is more concerned with how the analyst brings his thoughts to bear on what he witnesses—with how he attends—while the rule of abstinence more specifically addresses the analyst’s management of affect: “abstinence is the effort entailed in resisting a patient’s demand for love,” writes Thompson (2004), the rule pertaining “exclusively

⁴Andrea Celenza (2007) writes: “the prevalence studies consistently show an overrepresentation of male therapists who report having engaged in sexual boundary violations. In general, studies report 7–9% male therapists while female therapists account for only 2–3% of the incidence rate” (2007, p. 6).
to those feelings that prompt analysts to behave seductively” (p. 52). This is a view of abstinence far different from the caricature of the cartoon analyst’s detached and depriving stance. When understood this way, the terms “abstinence” and “neutrality” together capture the analyst’s extraordinary attitude, including his physical and social posture in the treatment room.

That unusual situation of course produces tension in both parties. The psychoanalytic situation, by its structure, puts great pressure on certain human traits, constantly tempting the analyst’s grandiosity: the patient is, by transference invitation, dazzled and the analyst invited to feel that he is dazzling. The analyst who explains his consulting room activity by saying, “I only analyze,” Henry Smith writes, “may be courageously trying to keep his or her eye on the ball despite the genuine affects flooding the field. As everyone knows, restraint of impulse is a slender reed” (2006, p. 688). The passage’s mixed metaphors—the ball, the flood, the reed—can perhaps be read as one more indicator of anxiety provoked by the affect-laden situation.

What will guide the analyst in such treacherous waters? *Papers on Technique* offers Freud’s early attempt to work out an answer. If behind the consulting room door the struggling analyst behaves, knowingly or unknowingly, as if he or she is all-powerful—an “Exception,” like Freud’s Richard III, or immortal, like Zeus himself—and exempt from the restrictions and guiding principles that bind other people, then both patient and therapist are in jeopardy.

Here is a quotation from a psychoanalytic paper about the analyst’s death to further exemplify the human readiness for self-delusion and for idealization: “Mr. L. remarked that you can’t expect even psychoanalysts to be superhuman, especially when they are dying” (Freedman 1990, p. 308). The sentence reveals a tendency—located in the word “even”—for the profession, as well as the patient (Mr. L.), to elevate the therapist as someone above certain vulnerabilities of body and mind—god-like. The roots of this delusion are both theoretical and experiential, fostered not only in the theory underlying the situation, but in the experience of analyst and patient as well.

Theories of the psychoanalytic situation and of the analyst’s role tend to emphasize the uniqueness of both—it is no ordinary exchange. The analytic relationship is like no other, a notion articulated first by Freud in 1915 in specific reference to the analyst’s handling of the patient’s transference love: the doctor’s course, Freud writes, “is one for which there is no model in real life” (p. 166). In Friedman’s metaphor, the buoys mark out that “course.” To give shape to the analyst, one compares that person—both ordinary and without peer (or model)—to something known. That simile-coinings is exactly what Freud and his followers did, and continue to do, as analyst and analytic interaction are conceived and reconceived, now for over a hundred years—for example, in historical, chronological order, from a simile of the analyst as reflecting mirror, or surgeon (Freud), to a guardian-like figure safe-keeping a vision (Loewald), to a participant in a mutual self-inquiry (Gardner), to a skilled assistant (Poland), to a surfer riding a wave (Renik). With that historical sequence, the endeavor becomes more collaborative, the analyst—so it seems—more affectively involved, and the patient and therapist more explicitly embroiled.

Although a therapeutic relationship may not be exactly like any other, it of course also resembles other relationships. The analyst is not exactly like the teacher or the parent or the dermatologist, but there are similarities, even in the instance of the skin doctor. We don’t find education experts insistently reminding us that the student-teacher bond is unique, nor is there quite comparable debate about the role of the teacher. Yet that pedagogical bond is also unique, and the teacher, like the therapist, in a position of sacred trust. In the discomfort revealed by the reminding, and the redefining, we can again detect the dilemma of elevating the analyst’s role, so difficult to conceptualize, to a special realm, apart. While shifts in theory (and the similes that reflect theory) represent efforts to grapple with the difficulty—as we see, for example, in the growth of countertransference theory, enactment theory, and the contemporary analyst’s removal from a position of authority—the problem is not so easily solved.

A second root of the delusion elevating the therapist is experiential, and entwined with the first. As well as being human, the analyst in the specialized situation may take on what Robert Flies calls a “rare and exalted perfection” (1942, p. 225). For the patient the tendency to elevate the therapist to the realm of invulnerability is understandable, even invited, given the structure of the situation, the task for each person, and the place of illusion if their shared work is to be done. That same tendency, if it lulls the therapist—encouraging him to feel that he is dazzling—is less benign. Arnold Modell (1991) writes about the essential place of illusion: “For both therapist and patient, the other person is experienced both as an individual

5Judith Chused (1997) addresses the potential for self-deception in adhering blindly to any psychoanalytic concept, whether time-honored or newly fashioned: “though analytic anonymity can be deceptive (to the therapist and to the patient), self-disclosure, in its motivation and its effect can also be deceptive. One truthful self-revelation can be used to hide another, perhaps more important one—as all lawyers know” (p. 246).
in ordinary life and as someone transformed by the therapeutic process, a
[transformation] we label as transference and countertransference. Therapist
and patient are also everyday people, but within the frame of the therapeu-
tic process an illusion is created that can be described as another level of
reality” (p. 15).

The dangers of benign illusion must be looked at. What kinds of beings
are these who, within the therapeutic setting, inhabit “another level of
reality”? They are at every moment in that habitation no less real, no less
ordinary “everyday” people. If the therapist, who is supposed to guard
the process, loses sight of the idealization—an “as-if,” a benign and tem-
porary illusion—then the therapist has embraced an Olympian stance. That
delusion, even if it has no other harmful effects, blocks the patient’s nec-
Essary disillusion—a gradual process of mourning that includes acceptance
of the analyst as a human being with ordinary defects and limitations. Indeed,
only an imperfect, striving mortal can offer the doubled gifts of attention
and abstinence. A god, or a machine, won’t do.

Another seed of the thinking that elevates the therapist to superhuman
can be traced to Freud’s early optimism about the psychoanalytic method
and its potential for producing perfect health: “the myth of perfor-
ctibility,” in Weinstel’s phrase. In the counterpart of that myth, we may posit an
analyst who is superman (or superwoman) or magician: someone who has the
capacity as healer to create mortal perfection. The myth of the fully ana-
alyzed analyst, far from disappearing—the same myth implied in Mr. L.’s
“even a psychoanalyst”—lives on in conceptions of the analyst with super-
human capacity to do the demanding work.

Having abandoned his hopes for the attainment of perfect health, Freud
wrote in 1937, straightforward and modest in the claim, “ Analysts are
people who have learned to practice a particular art; alongside of this, they
may be allowed to be human beings like anyone else” (p. 247). But what
happens if the analyst himself denies his own human nature—if he denies
or suppresses the realities of anxiety, anger, desire, temptation, fatigue, sad-
ness, ill health? Self-effacement, too, can become a form of self-idealization:
an illusory erasing of the self brings the corollary danger of erasing the
other—not entirely different from the analyst who becomes wholly preoc-
cupied with his own inner states. While we are all vulnerable, by our human

 nature, to the delusion of omnipotence, it doesn’t follow that we are
equally vulnerable to acting on it: “What we do with our impulses,” writes
Leonard Shengold, “makes all the difference” (1991, p. 166).

The more the therapist believes in an heroic capacity for selfless
service to the patient, and the more he is conceptualized as above being a
subject himself, the greater the danger of erasing the line that keeps the
patient safe. Where there is only one entity, there can be no separation.
The Olympian delusion is encouraged by a monolithic subjectivity. Since
subjectivity is never unilateral in reality, and there are always two people
present—as Freud recognizes and, in Papers on Technique, essays to
understand—self-effacement can invert itself and become a tyranny, perhaps
even a visitation as bull or swan or eagle. That eventuality is in absolute
contrast to the prudent navigator who humbly steers his course, using the
buoys to estimate the boundaries of safety.

...  

I have tried to distinguish between what I view as Freud’s misguided
behavior in analyzing his daughter Anna and the abusing analyst’s sexual
exploitation of a patient. I’ve suggested a limited but significant overlap
between the two: a legacy of misjudgment, even self-delusion, located in
Freud’s choice. My purpose has not been to indict Freud, whose decisions
are set in the context of human vulnerability, including the struggle to
understand his own discovery and his ambition for his project; instead,
I’ve tried to consider some of the risks inherent to the psychoanalytic
exchange—risks Freud partially understood in writing Papers on Technique—
and the effect on later generations of his misjudgment. The same genius
who in 1910 explained “transference” as a reexperiencing of “old wishful
phantasies” in relation to the physician (p. 51), and who in 1914 articulated
the need for the patient’s early experience symbolically lived out in the
treatment—the concept of “working through”—a few years later analyzed
his daughter. How does a daughter intensely relive “old wishful phantasies”
with her father in treatment?

What was Freud thinking, or what was he unable to think—dulled, in
the instance of his child? “Nothing takes place between them except that they
talk to each other,” wrote Freud, in the same period he was analyzing Anna
(1926, p. 187). Did he believe that “words only”—the abistent attitude that
protects but at the same time fosters the unique analytic attachment—meant
“untouched”? I began by saying I would raise more questions than I would
answer. In concluding, I return to examining tones and overtones, using a
piece of Freud's correspondence with Carl Jung to reprise the concerns and questions I've tried to raise—though aware I haven't answered them.

In 1908 Freud's disciple Jung became intensely involved with a former patient, Sabina Spielrein. When Jung attempted to end the tempestuous affair in the spring of 1909 (it remains unclear whether the relationship was consummated), a furious Spielrein flew at him, knife in hand, and, in the scuffle drew some blood (Carotenuto 1982, p. 97). In these same years (1906–1913) Freud and Jung were engaged in frequent exchanges of letters. Although Freud had not yet completed Papers on Technique, he was surely puzzling over the problems they would address for his science, yet in its baby stage, such fundamental questions as: How is the analyst to find his way in this power-imbalanced situation that invites emotional heat yet has no model? How is he to conduct himself? How to listen, how to attend? What restraints, guides, and resting places when he is affectively touched and, inevitably, confused, tempted, and pressed?

Although not yet aware of Jung's involvement with Spielrein, Freud was already aware in the spring of 1909 that Jung was upset about a former woman patient who, by Jung's account, was spreading scandalous rumors about him. Jung wrote Freud that he had been under great strain, the "last and worst straw" involving "a woman patient, whom years ago I pulled out of a sticky neurosis with greatest devotion," only to have her "kick up a vile scandal solely because I denied myself the pleasure of giving her a child." Declaring his innocence, Jung adds, "I have always acted the gentleman towards her..." (McGuire 1974, p. 207). In his reply, Freud commiserates with Jung about the forces with which the analyst contends: "To be slandered and scorched by the love with which we operate—such are the perils of our trade, which we are certainly not going to abandon on their account" (p. 210).

In early June of 1909, when Spielrein, still beside herself with rage and grief, wrote to Freud asking to meet with him "about something of greatest importance to me" (Kerr 1993, p. 217), Freud immediately sent her letter to Jung, asking him who she was and what she wanted. "Weird!" Freud wrote Jung, "What is she? A busybody, a chatterbox, or a paranoid?" (p. 218). With historical perspective, we can note the triangle (Freud-Spielrein-Jung), and might recognize Freud's participation in an "enactment"—the current vocabulary for transference and countertransference entanglement. Although Jung knows that Spielrein is threatening to expose him, he does not acknowledge the truth of his involvement with her. Instead, he again describes his generosity and the suffering his kindness brought. Jung explains that Spielrein had been his first patient:

for which reason I remembered her with special gratitude and affection. Since I knew from experience that she would immediately relapse if I withdrew my support, I prolonged the relationship over the years... until I saw an unintended wheel had started turning, whereupon I finally broke with her. She was, of course, systematically planning my seduction, which I considered inopportune. Now she is seeking revenge... To none of my patients have I extended so much friendship and from none have I reaped so much sorrow [McGuire 1974, pp. 228–229].

In his response, now well-known, Freud extends Jung sympathy and consolation:

Such experiences, though painful, are necessary and hard to avoid. Without them we cannot know life and what we are dealing with. I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a narrow escape. I believe that only grim necessities weighing on my work, and the fact that I was ten years older than yourself when I came to psychoanalysis, have saved me from similar experiences. But no lasting harm is done. They help us to develop the thick skin we need and to dominate 'countertransference,' which is after all a permanent problem for us; they teach us to displace our own affects to best advantage. They are a blessing in disguise [pp. 230–231; italicized portions in English in original].

During these years, as Freud was becoming more and more clear about the inevitability of the analyst's own affective experience in the treatment, his letter is of interest partly because the word "countertransference" appears here for the first time. Of even greater interest, however, is the remarkable absence in the passage of Sabina Spielrein as a human being.

Neither named nor embodied—there is no pronoun in the passage that refers to her—Spielrein is present as part of an experience: "Such experiences, though painful, are necessary and hard to avoid." Vague and impersonal, almost abstract, she is like a force of nature, and impossible to resist, at least for a young man. This Spielrein might as well be a mythological figure, a siren or Medusa, serving as a vehicle (an object) for the analyst's painful but necessary lesson. The experience helps him "develop the thick skin" to protect him from the temptations and provocations of the clinical exchange. A few years later, in 1915, Freud will write "Observations on Transference-Love"—addressed, as already noted, to the young and inexperienced doctor. Properly understood, perhaps the rule of abstinence is Freud's later, more considered, language for developing the "thick skin" he refers to in the letter to Jung.

In assuring Jung that "no lasting harm is done" and that the experience can be turned to advantage—"a blessing in disguise"—Freud moves the
doctor’s well-being, along with the betterment of psychoanalysis itself, to
the center of attention. The patient is consigned to being a means to a greater
good. Lofty, detached—and apparently ignoring the woman’s reality—these
Jung-Freud letters suggest an Olympian conversation.

To Freud’s credit, he didn’t know the entire truth at this point, although
eventually Jung confessed to him, “a guilty admission of everything except
intercourse” (Kerr 1993, p. 221). Freud’s vanity in the passage is attached
to his vision of psychoanalysis, and his ambition, which may blind him to
the possibility that his correspondent is capable of deception—Freud’s own
idealization. He assumes Jung is innocent rather than complicit, and
subject to Spielrein’s systematic seduction and vengefulness. Jung is the focus
of attention (his own and Freud’s), while the patient Spielrein vanishes. To
repeat a fundamental paradox: the pretense or delusion that there is only
one subjectivity in the room results in an annihilation. Only the Olympian
presence remains.

The same discipline Freud protects in the correspondence with Carl
Jung came, eventually, into the care of his daughter Anna. Anna Freud: A
Biography returns, for its closing scene, to the image of a garment: cloaking
yet expressive, protective yet intrusive, touching while enshrouding.
The scene includes Manna Friedmann, the German-speaking retired nur-
sery school teacher—the Kinderfrau—who helps take care of the dying
Anna Freud. Anna’s friend Dorothy is dead three years. Manna Friedmann
takes her Anna for outings from the hospital in a wheelchair—“happy
outings,” Young-Bruehl writes, in these last days full of misery. Then:

While they were planning one of their excursions for the next day, the summer
weather was turning cooler. Struggling for words, Anna Freud asked Manna
Friedmann to stop by 20 Maresfield Gardens on her way to the hospital: she
would find hanging in Anna Freud’s bedroom closet the Professor’s Lodenmantel,
which had been ritually cleaned and refurbished every year since the
end of the war. Then, when they went off to the park, the Kinderfrau and Anna
Freud, she, shrunken to the size of a schoolgirl, sat wrapped inside her father’s
big wool coat [Young-Bruehl 1988, p. 453].

REFERENCES


and Freud, transl. A. Pomerans, J. Shepley, & K. Winston. New York:
Pantheon Books.

CELENZA, A. (2007). Sexual Boundary Violations: Therapeutic, Supervisory,

CESIO, F. (1993). The Oedipal tragedy in the psychoanalytic process. In On
Freud’s “Observations on Transference-Love,” ed. E.S. Person, A. Hagelin,

CHUSEI, J. (1997). The patient’s perception of the analyst’s self-disclosure:
Commentary on Amy Lichtblau Morrison’s paper. Psychoanalytic
Dialogues 7:243–256.

FLIES, R. (1942). The metapsychology of the analyst. Psychoanalytic Quarterly
11:211–227.

FREEDMAN, A. (1990). Death of the psychoanalyst as a form of termination of
psychoanalysis. In Illness in the Analyst: Implications for the Treatment
Relationship, ed. H.J. Schwartz & A.-L. S. Silver. Madison, CT: Interna-
tional Universities Press, pp. 299–331.


7:283–302.

9:7–96.

11:9–55.

12:159–171.


FREUD, S. (1926). The question of lay-analysis: Conversations with an impartial


Quarterly 77:1031–1044.


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