

"VOCATIONAL HAZARDS OF PSYCHOANALYSIS," A PANEL DISCUSSION¹

Panelists: Gerald Goodstone, M. D., Philip Wagner, M. D., Alexander Rogawski, M. D., and Martin Grotjahn, M. D. (unable to be present--Summarized from his notes.)

Dr. Gerald Goodstone: Literature on the vocational hazards of psychoanalysis is not extensive. That which exists deals with various aspects of the work. Chief among these are the frustrations and bombardments from the transference relationship, the need for detachment plus emotional contact and the denial of gratifications for the analyst from his patient. The analyst's temptation to respond to positive transference with feelings of superiority is mentioned, and the analyst's development of disillusionment as he develops in his profession may lead to psychological maneuvers in an effort to deal with this. The wish for intimacy and the conflict over it would appear to be a central issue in the choice of the profession of psychoanalysis and may be related to the hazards of the profession.

Dr. Philip Wagner: There may be therapeutic benefits for the analyst from analyzing other people's problems. It is possible to get a certain amount of gratification and enjoyment from analytic work. The suppression of anxiety necessary in order to maintain the outward calm demanded by the patient may lead to difficulties in other areas of the analyst's life.

1. Summary of the scientific meeting of the Southern California Psychoanalytic Society, March 18, 1963.

The analyst must be like a parent who raises many children and may grow tired as the years go by. Emotional interactions in analytic work are of more importance than the intellectual insights obtained. Psychoanalysts are never sure of completing their job and seldom see a finished creation.

Dr. Alexander Rogawski: The decision to become an analyst may occur at a time of psychological struggle such as late adolescence, and the psychological situation may be quite different by the time the analyst is ready to start his work. He may be stuck in a career which no longer represents a good sublimation. Disillusionment is a product of maturity, and it occurs in psychoanalysis as in other fields. There is disillusionment with the inadequacies of basic psychoanalytic theory, but questioning or rebelling against this theory may be punished by established institutions. Therapeutic disillusionment may occur when treatment results seem limited, and the analyst must guard against a spreading sense of skepticism. The primary conflict and hazard in analytic work is that of intimacy. The analyst must be close to his patient and move and feel along with him, yet not enter into the patient's life and exploit him. Failure to avoid this hazard usually wrecks the analytic work.

Dr. Martin Grotjahn: In their development, analysts progress from naive, eager, friendly candidates through indoctrinated, ambitious, somewhat disillusioned new graduates, and become senior analysts who frequently are isolated, narcissistic, narrow-minded and intolerant, with few friends and little love

for each other.

The psychopathology among analysts shows a frightful increase over the years. It is as though analytic work helps to discard defenses. It becomes obvious that a good therapist does not have to be a shining example of mental health.

The development of psychopathology among psychoanalysts can be related to many factors. There is the constant giving-up of identity in order to achieve a partial identification with the patient, particularly with the pathology of the patient. The analyst must be detached from himself, as well as somewhat from the patient and his suffering, in order to achieve this partial projective identification. Other factors are the silence, the passivity, the special analytic intimacy, the unrelatedness of the analyst, and the deep split between "This is the real me" and "This is me as a screen on which the patient develops his transference neurosis."

In the work of a psychoanalyst, nothing is quite true and nothing is quite right; nothing is quite wrong either.

The analyst's wife is confronted with the analyst's wish to be understood himself after being an understanding mother and father all day long. He is tired of listening and tired of interaction, wants to be left alone, and slowly develops a narcissistic isolation, a distorted self image, related to the continuous erosive force of his patients' transference feelings, which, even though he tries to dismiss them, have a slow influence on the analyst's image of himself.

Other pressures on the analyst come from the constant trespassing of taboos. Analysts are expected to look and penetrate beyond good and evil, beyond virtue and sin, as long as it is used for the benefit of the patient and not for personal gain. In the intimacy of our offices, we are responsible to only our own medical conscience, and this isolation is our greatest danger.

Analysts are not expected to develop defenses against the hazards of their profession, since it is the willingness to expose ourselves to the hazards of our profession which keeps our sensitivity and intuition intact. To learn how to face hazards without defensiveness is the greatest benefit which we may expect from our work.

There was a lively discussion from the floor which can only be partially reported.

Dr. Samuel Eisenstein: Constant identification with the unconscious of our patients may activate the unconscious of the analyst to a disturbing degree.

Dr. Walter Briebl: Analysis nowadays deals more with character disorders, where the pressures of transference and countertransference are much greater than in the symptom neurosis which formerly made up most of the analyst's work.

Dr. Isidore Zifferstein: Freud's example of intense dedication and lack of involvement in other activities may not be the ideal way to practice psychoanalysis for most of us.

Dr. George Wayne: Psychoanalysis may be particularly frustrating when practiced in isolation rather than as part of

the total psychiatric armamentarium, since its area of applicability is severely restricted.

Dr. Donald Marcus: Other medical specialties are more useful as defenses against unconscious conflicts than psychoanalysis. Psychoanalysts cannot allow their unconscious fantasies to be gratified in their work. If the analytic work is used as a good defense, it usually does not turn out to be very good work.

Dr. David Morgan: Psychoanalysts must be mothers who wean their patients, rather than gratify and administer to them as other specialists may do. The analyst may develop a sense of deprivation and a need for nourishment for himself.

Dr. Samuel Eisenstein: The isolation in analytic work must be avoided by continuing training, consulting and communicating with one's colleagues.

Dr. Victor Monke: Psychoanalysts continually deal with object loss, which may be a chronic source of a feeling of depression and deprivation.

Mrs. Marie Briebl: Analysts may become isolated from knowledge of the growth and development of "normal" adults and lose contact with life outside their immediate circle.

Dr. Norman Tabachnick: Although psychoanalysis itself is relatively lacking in gratification, the work consists of encouraging patients to obtain more gratification for themselves. This may increase the analyst's sense of frustration.

Dr. Rose Fromm-Kirsten: It is surprising to hear so many references to the analyst's pregenital strivings which must not be gratified in his work, since analysts are supposed to be thoroughly analyzed as part of their training and to have these problems to a minimum degree. Psychoanalysis can be a very gratifying specialty, and a high percentage of patients are helped to some degree.

Dr. Philip Becker: The chief hazard for the analyst is the continuing bombardment from the hostility of his patients. This hostility results from the frustration of the patients as they are weaned.

Dr. Sydney L. Foner: Analysts may express the hostility they have absorbed from patients towards their colleagues in the form of arguments about theory and dogma, splitting of societies, etc.

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