"VOCATIONAL HAZARDS OF PSYCHOANALYSIS," A PANEL DISCUSSION[1]

Panelists: Philip Wagner, M.D., Gerald Goodstone, M.D., Alexander Rogawski, M.D., and Martin Grotjahn, M.D. (in absentia - See "Appendix")

Southern California
Psychoanalytic
Society

Dr. Gerald Goodstone reviewed the literature on this topic. Much of the literature deals with the problems of anxiety, doubt, rage and other feelings, engendered within the psychoanalyst by the nature of his work. His frustrated expectations and bombardments from the transference are frequently referred to. A need for detachment plus emotional contact is frequently mentioned, and it is clear that the perfectly analyzed analyst is a myth.

Some investigators have felt that cardiovascular disorders result from the necessity for repressing rage and maintaining a dignified posture in psychoanalysis, but a survey comparing analysts with general practitioners failed to reveal any significant difference in the incidence of coronary thromboses. The nature of psychoanalytic work limits the amount of motor activity, which may contribute to difficulties.

The analyst must be constantly on the alert to deal with the feelings of superiority which may be created by his role as an authority and as the target for unrealistic transference love. The feeling of superiority may be a defense against the anxiety created by the nature of the analyst's work.

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

The analyst must not use the psychoanalytic situation for gratifications and must be prepared to share the patient's experience rather than simply observe it.

Psychoanalysis is a vocation knowable only through long experience, and it may not live up to its early promises, once the analyst becomes involved in it. This leads to periods of disillusionment which the analyst may attempt to deal with through various devices. He may retreat into dogma or become a constant doubter of the theory. One of the basic conflicts is that overintimacy, which seems at times to be the determinant for the choice of psychoanalysis as a career, offering as it does the opportunity for intimacy, yet in a structured situation limiting the actual amount of closeness, which may be feared. One of the conflicts of the analyst often is over the degree to which he should allow himself to become involved in extra-analytic problems of the community and of our culture, in contrast to the classical isolated position of the analyst.

Dr. Samuel Eisenstein commented that the central serious hazard of psychoanalytic work is the identification with the patient's unconscious which may activate the unconscious of the analyst to a disturbing degree. Dr. Joseph Matterson referred to Theodore Reik's reference to the analyst's masochism which drives him to attempt to understand and face the painful truth.

Dr. Walter Briehl commented on the increased difficulty in working with character neuroses with the pressure of

the transference and countertransferences greatly increased, as contrasted to the symptom neuroses treated more frequently in the past.

Dr. Philip Wagner pointed out that the act of analyzing other patients may be therapeutic for the analyst. Psychoanalysis has come to concede the fact that there may be some gratifications in psychoanalytic work, and it is possible to enjoy the relationship with a patient within limits, without it interfering with the analytic work.

Most psychoanalysts are from the middle class, which may restrict their values and limit their ability to deal with all types of patients. This is in some contrast to the innovators of psychoanalysis who were proud to be dissidents and experimentalists. The heroic role of the psychoanalyst is expected by a patient, and, to a degree, the analyst must maintain this position. The suppression of anxiety made necessary by the maintenance of outward calm may result in the anxiety entering into the analyst's personal relationships or interfering with work with other patients. Psychoanalysts often develop idiosyncratic symptomatic acts to help them deal with tension accumulating during analytic sessions.

At times, the psychoanalyst may consider his patient's world of dreams and fantasies the real life and lose touch with the real involvements of family and community living. The psychoanalyst is like a parent who must raise a whole series of children into maturity and, like a tired parent, the analyst

may become fatigued. The paper by Wheelis referred to by Dr. Goodstone seems to deal primarily with the intellectual side of the analytic process and neglect the interaction of feeling, which is so important therapeutically. Wheelis seems to be expressing his own sense of disappointment and his depression.

Dr. Norman Tabachnick commented that some of the sense of disillusionment which develops during the career of the psychoanalyst may not be specific for this profession, but occurs in most careers. Dr. Gerald Goodstone mentioned the relative isolation of psychoanalysis resulting in the neophyte's ignorance of the profession until he is deeply and perhaps irrevocably involved in it. Dr. Norman Tabachnick disagreed, feeling that psychoanalysis can be known in advance.

Dr. Philip Wagner: Psychoanalysts are never sure of completing the job and seldom have the sense of finished creation found in other work. Dr. Carroll Carlson: Satisfactions not found in psychoanalytic work can be gotten from other areas of life. Dr. Isidore Zifferstein: Freud's example of intense dedication and lack of involvement in any other activities set a bad example which present-day analysts may not be temperamentally suited to follow. Dr. Samuel Eisenstein: Observation of psychoanalysts at work reveals a great deal of variation in activity, technique and enjoyment of their work. Dr. Kato van Leeuwen: Psychoanalytic candidates have great hopes and expectations. Members after training frequently are subdued and blasé, and they move into other fields in a search for

excitement.

Dr. George Wayne: One source of frustration in psychoanalytic work is the effort to make it a discrete and isolated specialty, whereas, it should be the only part of a total psychiatric approach. If practiced in isolation, psychoanalysis is particulary frustrating, since its applicability and results may be severely restricted. Dr. John Lindon: In Simmel's paper on "The Doctor Game" he refers to the fantasies of omnipotence which the analyst is unable to gratify as members of some other specialties. The role of the mother, which must be filled by the psychoanalyst, is difficult for some individuals.

Dr. Donald Marcus: Other specialties are more useful as defenses against unconscious conflicts than is psychoanalysis. Psychoanalysts cannot allow their unconscious fantasies to be gratified in their work. If our work is used as a good defense, it does not turn out to be very good work. This is not so true of other careers where forbidden impulses may be more directly expressed.

Dr. Alexander Rogawski: Allan Wheelis' paper is of great importance in dealing with the topic of choice of occupation as a sublimation. The decision to become a psychoanalyst may occur in late adolescence at a time of great struggle between instincts and their control. When the analyst is finally in the position to start his work, he may be in his forties, where his psychological problems are different and require new

defense maneuvers. The problems of living constantly change, and may necessitate changes in defenses. The analyst may find himself committed and stuck in a career which no longer represents a good sublimation. Disillusionment is a product of maturity, and dealing with it may be the source of problems. There is intellectual disillusionment, when it seems that the basic theory in psychoanalysis is not adequate. Rebelling or questioning this theory may, however, be punished by the established institutions. There is also therapeutic disillusionment which results when patients do not respond to the degree originally hoped for. The analyst may suffer from a spreading sense of skepticism, and his integrity may be threatened.

The primary hazard is, however, that of intimacy. In order to achieve any results, the analyst must be very close to his patient and move and feel along with him and yet not cross the line into the patient's life and exploit him. This is the great hazard in psychoanalytic work and may wreck therapeutic results.

Dr. David Morgan: Psychoanalysts must be mothers who wean their patients, in contrast to other specialties where the practitioner plays the role of the mother who administers to the patient, feeding and caring for him. In their role as the weaning mother, the analyst may feel deprived and in need of nourishment for himself.

Dr. Samuel Eisenstein: Some reference should be made

to the physical hazards of psychoanalysis, including hemorrhoids and varicose veins. Dr. Alfred Coodley: Doctors in other specialties can act out all sorts of impulses within the limits of their career; whereas, psychoanalysts are forbidden to do this. Dr. Kato van Leeuwen: Psychoanalysts are not only nourishing breasts but also have penetrating and analyzing functions. Dr. Philip Wagner: The mood of sad pessimism seems to be overemphasized.

Dr. Samuel Eisenstein: There is a need to continue the isolation of individual analytic work. Dr. Sydney L. Pomer: Continuing talking and consulting with colleagues may result, however, in inbreeding and an incestuous perpetuation of dogma. Dr. Victor Monke: Psychoanalysts are continually dealing with object loss, which represents a considerable burden, in contrast to other specialists who may live out their conflicts with their patients. Dr. John Lindon: The psychoanalyst's position of not totally completing his work and seeing a finished product, leads to continuing frustration, which may be shared by the clergyman and the artist. Mrs. Marie Briehl: Perhaps money is the only concrete product and gratification resulting from psychoanalytic work. Psychoanalysts may become isolated from knowledge of the growth and development of "normal" adults and lose contact with the living of life outside their own limited circle. Drs. Norman Tabachnick and Philip Wagner commented that psychoanalysis is being applied in other fields to an increasing degree. Dr. Norman Tabachnick: Psychoanalysis is relatively lacking in

gratification, yet much of its work is designed to encourage the patients to obtain more gratifications from living, something which the analyst may forbid himself. The analyst may feel a particular sense of loss when he is no longer in training and may feel a need for substitute contacts.

Dr. Rose Fromm-Kirsten: It is surprising to hear the implication that all psychoanalysts suffer from many unresolved pregenital strivings which result in great tension because they cannot be gratified in the work of psychoanalysis. Surely these conflicts are largely dealt with in training analyses. Psychoanalysis can be a very gratifying specialty. A high percentage of patients are helped to some degree, and a total attitude of pessimism would seem to be unwarranted. Dr. Thomas Dorr: There are many gratifications in our specialty.

Dr. Victor Monke: The days of training as a candidate may not be the best days. There are considerable gratifications later with increasing knowledge of the specialty. Dr. Irving Berkovitz: This meeting has been therapeutic in allowing the ventilation of much personal material. Dr. Philip Becker: The analyst's chief hazard is the continuing hostile bombardment from patients who are being weaned into maturity and, in their frustration, direct great rage at the analyst. Dr. Sydney L. Pomer: Analysts may absorb a great deal of hostility from their patients which then may be expressed towards their colleagues in the form of arguments about theory and dogma, splitting of institutes, etx. Some of this hostility is evident

in Ernest Jones' biography of Freud. Dr. Gerald Goodstone commented that this hostility is frequently referred to in the literature. Dr. David Morgan: Psychoanalysts are superior, idealistic people, rather than routine, middle-class individuals.

APPENDIX

THE VOCATIONAL HAZARDS OF PSYCHOANALYSIS

Dr. Martin Grotjahn

The vocational hazards of psychoanalysis can be approached by comparing three groups: The first group, the youngest, are the candidates in training. The second group are those newly graduated from analytic training; and the third group are the older, senior analysts. These groups can be described in terms of their group characteristics, the characteristic trends in their work and personalities, and finally, in terms of the psychodynamics of their professional hazards.

In group characteristics, the candidates are naive, eager to learn, anxious to succeed and to maintain contact with one another. The second newly-graduated group are indoctrinated, resentful about the long training and dependency, ambitious, disillusioned about psychoanalysis and psychoanalysts and have little respect for the older generation. They remain friends with one another. The third group, the senior analysts, can be characterized as isolated, narcissistic, dogmatic, narrow-minded and intolerant. They have few friends, little love for

each other, and are not really a group, but rather isolated individuals.

The question arises whether these traits are characteristic of psychoanalysts or do people in many walks of life go through these changes?

In professional work, the youngest group feel they are not analysts, which is not quite true, and the senior group feel they <u>are</u> analysts, which is no longer quite true. The senior analyst works more with his personality and less with his technique, becoming more spontaneous, if he develops at all.

As individuals, the psychopathology of analysts shows a frightful increase over the years. It seems 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.

Is this development in the direction of psychopathology an accurate observation? Is it specific for our time, our society, our particular location?

The dynamics leading towards the development of psychopathology among psychoanalysts can be discussed. 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 can be listed, such as 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 role is as a mother, and the reflection of this attitude appears in his marriage and home: "I am the good mother here." The analyst's wife is in a difficult situation, confronted with the analyst coming home with a wish to be understood himself after being an understanding mother and father all day long.

The analyst has great difficulty communicating with his family because he can never be intirely free of the analytic attitude towards life and living. He is tired of listening and tired of interaction, wants to be left alone and slowly develops a narcissistic isolation. The analyst gradually develops a distorted inner-image of himself. Even though he discards patients' positive feelings as positive transference, they still have a slow influence on his image of himself. Every negative transference is easily disqualified and frequently not used for self-correction.

Other pressures on the analyst come from the constant trespassing of taboos. Psychoanalysts allow themselves privileges of analytic intimacy and privacy without ever leading to action, and with restricted enjoyment. 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. Benefit to the patient is seldom seen because of the analyst's preoccupation with his patient's pathology. In the intimacy of our offices, we are responsible to only our own medical conscience, and this isolation is our greatest danger. It leads to absolute power which can corrupt absolutely.

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.

It should be emphasized that the topic of this material is limited to the hazards of our profession and not its benefits. To learn how to face hazards without defensiveness is the greatest benefit which we may expect from our work.