

# ANTI-THERAPEUTIC AND ANTI-DEMOCRATIC ASPECTS OF FREUDIAN DYNAMIC PSYCHIATRY

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In his widely-read *History of Medical Psychology*, Zilboorg (30) described two psychiatric revolutions within the past half-millennium: the overcoming of demonology, and Freud's invention of psychoanalysis. This paper will seek to demonstrate that one effect of the second revolution seems to have been at least partly to reverse the first, by bringing demonology back into psychiatry in the forms of the Unconscious and unconscious motivation, and that this has had certain anti-therapeutic consequences. In addition, we shall attempt to show that this second revolution, and the incorrect appraisal of the relationship between man and society associated with it, may inadvertently have helped to undermine the strength of democratic institutions by weakening the belief that they can survive in a complex civilization.

## ANTI-THERAPEUTIC ASPECTS

### *Demonology*

Demonology is the belief that evil spirits within us are responsible for personal and social difficulties. One form of demonology is the belief in witches, individuals regarded as having sold themselves into the service of the Devil, the infernal master of the separate devils within each of them. Incubi and succubi lead people into forbidden sexual and social activities. More than a quarter of a million persons were put to death for witchcraft between 1484, when the papal bull *Summis desiderantes* was issued, and the 1692 trials in Salem, Massachusetts.

It is often thought that only the lesser, meaner, and more credulous minds of this age took any stock in the witchcraft hypothesis. This unfortunately was not the case. Some of the most learned men of the period defended the witchcraft thesis with a zeal approaching ferocity. This was true of even some who were given to skepticism on general philosophical questions (4, p. 868).

Classical psychoanalysis seems to be based on a similar belief that evil spirits within us may be responsible for maladaptive behavior, and for the personal and social misfortunes which may follow it. It has offered the Unconscious and its family, the Id, Ego, Superego,

Eros, Thanatos, etc. An examination of their functions, as depicted in psychoanalytic writings, leads us to see the different members of this family as essentially self-starting, self-propelled homunculi. Like their medieval analogues, these "intrapersonal persons" (24) are capable of wishing, of battling, or of sexual desire. They function within us outside of our voluntary control, if not beyond our awareness, and sometimes in ways contrary to moral codes and conscious desires.

In either case, the medieval or the modern, the outcome of such belief is likely to be anti-therapeutic. In the Middle Ages this meant that witches, being agents of the evil devil, were eradicated rather than treated.

Modern demonology tends to be anti-therapeutic in the opposite direction. It absolves the individual so possessed of personal responsibility when his irresponsibility may be the very core of his difficulties. That people are no longer put to death merely for being under the supposed influence of demonic forces, represents great progress, of course. But acceptance of the idea that such forces really exist may seriously undermine the fundamental principle that an individual is personally responsible for his actions, by instead assigning blame for inappropriate behavior to foreign forces within.

While classical psychoanalysis today represents an overt demonology, a subtler, more covert form of demonology also exists in psychiatry. This is the operationally incorrect assumption that complex, experientially-determined primary motivation, often unconscious, stands behind *all* maladaptive responses, and that it is therapeutically desirable to clarify such motivations by "deep" exploration of past experiences. The very heart of "dynamic psychiatry" (3, p. 393), and of the non-classical psychoanalytic schools as well, seems to be this search for unconscious and other unrecognized motivations. Although here, unconscious wishing is spelled with a small letter rather than with a capital, it is nevertheless assumed to underlie those maladaptive responses caused, for example, by disorganization, by panic, by ignorance, or by lack of effort. As we shall see, this assumption seems to be never necessary, occasionally useful, and frequently harmful.

Both the subtle and the overt aspects of today's demonology stem from Freud. He correctly described many responses, both adaptive and otherwise, as the consequences of unconscious mental processes (12), but he sometimes made the error of ascribing to these processes the high level of organization and complexity seen in con-

sciousness itself. Thus, for example, he postulated "mnemic images," comparable to hallucinatory phenomena, in newborns after they had been fed (12, p. 567).

He also proposed that unconscious drives (12, pp. 541-542), often of an anti-social kind, were the prime movers of unconscious processes. Since he sometimes saw these drives as also possessing a level of complexity similar to that of consciousness, he began to see qualities of wishing within them.<sup>1</sup> From the simile, "the act was as though wished unconsciously," he went to the metaphor, "The act was wished unconsciously" (12, p. 610), and then accepted the latter as literal fact. But wishing must be done by someone or something; it was therefore but a short step to proposing the existence of a new entity within us, *The Unconscious* (6, p. 88; 12, pp. 541-542).

#### *Unnecessary Excursions into the Past*

Freud himself pointed out that the existence of unconscious processes, including the unconscious wish, was only an inference (12, p. 612). Many other inferences were then constructed upon such earlier ones.

Semantically contradictory and demonological though the unconscious wish inference may be, it does seem to have had some therapeutic usefulness under certain circumstances. When someone suffers from a bothersome response which cannot be overcome despite sincere and repeated effort, a large part of its cause may lie in past painful experiences of which he is unconsciously reminded, which may so have frightened him that any change in his contemporary maladaptive response is thereby prevented. In Freud's words, such a patient suffers from "reminiscences" (6, p. 4).

In such situations, free association into the past, within a benign therapeutic atmosphere, can sometimes help bring the forgotten experiences back into consciousness and aid in correcting the maladaptive responses. Explaining present responses in terms of unconscious wishes from the past, irrelevant today but appropriate previously, is one way to help overcome the inhibitions which the earlier painful experiences may have caused.

<sup>1</sup>The similarity of this position to that of acknowledged demonologists has been noted by at least one religious writer. In his discussion of Ignatius of Loyola's "Rule for the Discernment of Spirits," Barrois writes, "We may disagree with the seemingly literal reference to spirits, good and bad, but let us not mind this piece of angelology. We may replace *spirits* by *drives* or *impulses*, and perhaps we shall find that Ignatius' observations are still valuable" (5, p. 136).

However, as has been suggested elsewhere (22), this particular bridge may be longer, more complicated and more fraught with chance for error than other "bridging" therapeutic constructions. In particular, free association to the inappropriate conscious affect of today seems to be more efficient in recapturing "reminiscences."

Sometimes maladaptive responses are the results of ignorance, either of facts, of social codes or roles, or of one's own impact upon those about him. But "nowhere in psychoanalysis is there sufficient allowance made for a person who acts in a self-damaging way because he is stupid or ill-informed" (27, p. 170). In such circumstances, simple clarification may be all that is necessary to correct the inappropriate behavior. Exploration of motivations and past experiences is not required.

Discouragement and demoralization may underlie other maladaptive responses. Here, change will usually be accomplished at least partly as the result of the therapist's warmth, strength, interest and (at least implicit) encouragement.

While seeing exploration of past experiences as necessary may help the therapist to define his task, thus strengthening his self-confidence and assisting him to maintain an atmosphere of cooperative effort with his patient, such exploration also carries certain important risks. One is the patient's false expectation that exploration of the past will supply "insights" which will elevate his spirits almost magically—even if his real life is quite grey. Related to this is the possibility that the patient with an exaggerated dependency upon the therapist may develop an attitude of helpless worshipfulness which eventually may undermine the therapist's hopefulness or disrupt the therapeutic relationship. Another risk is the "discovery" of uncorrectable character flaws derived from such past traumata, which can also aggravate discouragement and demoralization rather than helping to relieve them.

Lack of effort by the patient may also lie behind maladaptive responses. If the responsibility for such failures is instead laid primarily to past experiences, a further diminution of effort may occur in an individual who is already striving insufficiently. The fact that insight may strengthen effort, but cannot substitute for it, is sometimes forgotten in the contemporary concern with "depth." As Wheelis has pointed out, "knowledgeable moderns put their backs to the couch and in so doing may fail occasionally to put their shoulders to the wheel." (29, p. 289).

*Undermining Self-Esteem*

Panic and disorganization are among the most important causes of maladaptive responses. Here, either impulse and spontaneity, or paralysis, may take over, irrespective of social consequences. These "perils of exasperation" appear to be the result of the physiological priority which relief of pain possesses (18, 20), and can be seen as existing without any significant accompanying component of reminiscence or of motivation, other than the urgent drive to relieve acute, severe distress. When such situations are regarded in this light, as caused by panic and loss of control in the here and now, which we all suffer and surmount, and when anxiety itself is seen as but one of the "thousand natural ills the flesh is heir to," this can often be handled relatively easily. In this author's experience, defining the causes of anxiety and other maladaptive responses in terms of contemporary conflicts and disorganization usually seems sufficient to correct them. In some situations, however, conscious effort to change, together with an understanding of the here and now, is not enough. In this minority of circumstances, exploration of the "reminiscences" often behind such responses can be most valuable.

In psychoanalytic thinking, however, *any* particular affect, including anxiety, tends to be seen as fully understood *only* when its presumed roots in the individual's past have been thoroughly explored; indeed, Freud specifically insisted that complete psychological understanding required such exploration (13, p. 71). This psychoanalytically-promulgated obligation to explore the past personal roots of present affects, *irrespective of the latter's appropriateness or correctibility*, would appear to be an important cause of the dangers of deep psychotherapy—"as dangerous as deep surgery"—against which Bailey warned (3, p. 401).

Seeing such exploration as obligatory can help establish habits of withdrawal into the past after almost any anxiety, tension or strong emotion in the present, thus tending to foster an obsessive preoccupation with that past, sometimes associated with an almost schizophrenic withdrawal from the world of today. Anxiety and tension may arise, moreover, from current problems requiring immediate action. While brief withdrawal for calming purposes may be useful if the current situation is not too urgent, a pattern of obligatory withdrawal to explore the past in response to present anxiety can significantly interfere with an individual's ability to cope with emergencies.

Should failure result when responsibility is not placed on an individual's own indecisiveness, he may rationalize that he is the passive pawn, if not the permanent prisoner, of the effects of his painful past upon him. Associated may be the concept that this condition will continue until that past has been sufficiently analyzed. In this way, a vicious circle of indecisiveness fostering exploration of the past, and in turn being fostered by it, can be established.

When patients see their behavior as thus predestined by a historically-determined Unconscious (whether it be spelled with a capital or a small letter), still further impairment in self-esteem as well as in functioning (19) may result by reducing the strength, pleasure and feelings of personal value they get from successes due to their own conscious efforts. And when "only the unconscious is real and only the analyst has the key" (29, p. 302), the analysand has sunk to the level of an ideological slave — hardly a mentally healthy state in a democratic society.

Patients' self-esteem can be undermined in still another way when, as often occurs in dynamic psychotherapy, motivations are sought behind the responses produced by disorganization. Such responses are obviously unsuccessful; "unconscious wishes" to fail, mysterious "masochistic drives" and deep "instincts to destruction" have all been hypothesized to "explain" them. Such unverifiable hypotheses are not only unscientific, but they can also be significantly anti-therapeutic (7, p. 712; 17; 19) by aggravating patients' fears that forces within them control them despite their own wishes.

Hence we can perhaps conclude that the belief in and search for unconscious wishes may actually harm patients and interfere with therapeutic efficacy, whether this belief be overtly demonological (21) when the Unconscious is thought to exist, or only covertly so, when primary unconscious motivation is assumed.

#### ANTI-DEMOCRATIC ASPECTS

The possibly harmful effect of classical psychoanalysis upon democratic societies would seem to extend considerably beyond its reintroduction of demonology into psychiatry, and its apparent lack of overall therapeutic value for patients (7, p. 712). This possible harm stems from its sociology, which appears to have caused large and influential segments of the intellectual, liberal, and Jewish populations — particularly some of those who have successfully come through the treatment — to doubt democracy, and to fear it may be

but an empty dream, scientifically, albeit implicitly, disproven by Sigmund Freud. The latter's work is sometimes described as comparable in social and scientific value to the contributions of Copernicus, Newton, Darwin and Einstein (25).

Basic to democracy is the belief that the conflicts always arising between man and society, man and authority, and man and man can be truly reconciled under law "with liberty and justice for all." The democratic ideal sees the function of law, authority and government as one of fostering the well-being of the populace. The duty of the people is seen, in turn, as to support and improve their government, with the explicit recognition that the peaceful expression of dissent is vital to the continued flourishing of such government. The democratic ideal recognizes the inevitability of differences within a society, but provides means for resolving rather than suppressing them. One of its key principles is freedom of the press, within which conflicting ideas may peacefully interact. It also maintains, as the Bible does, that there is a primary, positive community of interest between a man and his society, with the latter's most important function being to serve the former rather than to curb him.

#### *Psychoanalytic Sociology*

In contrast, classical psychoanalysis appears to be based on the assumption that conflicts between man and society are essentially irreconcilable, so that societal disintegration can be prevented only through some kind of suppression of the individual. Fear and force (and sublimated sexuality) rather than love and law, are seen as the most important factors underlying social cohesion. Suppression is regarded as the main, if not the sole, psychological effect of laws and limits. Their value in channeling impulse into directions both socially useful and personally satisfying tends to be minimized, ignored, or denied.

Even in his earliest writings, Freud regarded the individual and society as in basic conflict because of what he saw as the fundamental clash between sex and civilization. Although he expressed the belief in 1898 that "our civilization will have to learn to become compatible with the claims of our sexuality" (14, p. 240), by 1908 he doubted "whether our 'civilized' sexual morality is worth the sacrifice which it imposes upon us, the more so if we are still so insufficiently purged of hedonism as to include a certain degree of individual happiness among the aims of our cultural development" (10, p. 99). It should

be noted that the belief that moral codes must conflict fundamentally with sexual needs is implicit also in the early Christian concept of "original sin" as sexual intercourse, although it is utterly alien to Judaism, the tradition in which Freud was raised and to which he adhered consciously.<sup>2</sup> Freud maintained that

our civilized sexual morality also restricts sexual intercourse even in marriage itself, for it compels the married couple to be satisfied, as a rule, with a very small number of acts leading to conception . . . all the contraceptives available hitherto impair sexual enjoyment, disturb the finer susceptibilities of both partners, or even act as a direct cause of illness (10, p. 89).

At least one other important factor seems to lie behind Freud's belief in the inevitable enmity of man and man, and of man and society: a basic and serious clinical, scientific error (20). In considering patients' initial responses as quantitatively accurate indications of their true feelings toward others, he failed to take into account that the initial perception of a stimulus containing pleasurable and painful elements will tend to exaggerate the painful ones, because of the physiological priority of pain over pleasure. For this reason, Freud tended to see *all* interpersonal hostility as greater than it really was. When this exaggeration was accepted as valid by his patients, their hostilities then became aggravated, and Freud's fallacious beliefs were corroborated—sometimes at the expense of the patient's spouse or family.

The position Freud ultimately reached is seen in *Civilization and Its Discontents* (9).

Culture has to call up every possible reinforcement in order to erect barriers against the aggressive instincts of men and hold their manifestations in check by reaction-formations in men's minds (p. 86).—It is not really a decisive matter whether one has killed one's father or abstained from the deed; one must feel guilty in either case, for guilt is the expression of the conflict of ambivalence, the eternal struggle between Eros and the destructive or death instinct. This conflict is engendered as soon as man is confronted with the task of living with his fellows (p. 121; see also pp. 72, 123, 136).

The statement, that in terms of producing guilt, thinking about a heinous deed is essentially equivalent to performing it, is not atypical of the vague but arrant nonsense sometimes passing for psychoanalytic wisdom. Even if guilt feelings should exist in someone who has thought about, or even wished for, parricide, these feelings would

<sup>2</sup>Szasz has pointed out the "striking resemblance . . . between the psychoanalytic and classical Christian attitudes toward humanity. Neither accepts *people as people*. Psychoanalysis accepts people as generally 'sick' (i.e. 'neurotic' or 'psychotic'), whereas Christianity accepts them as generally 'sinful' " (27, p. 271).

tend to be quantitatively much greater if he had actually committed the act. These quantitative differences were ignored by Freud, thus violating a basic scientific principle. Furthermore, in equating thoughts with deeds, Freud also contradicted another basic democratic principle.

The hopelessness and resignation of statements such as these stand in sharp contrast to the optimism and courage implicit in the preamble to the American Constitution and in the Declaration of Independence.

The classical psychoanalytic attitude toward the nature of social groups has been defined by Feuer.

According to Freud, a group is necessarily authoritarian; there is no notion in Freud's psychology of a democratic group. Freud, writing in Austria-Hungary, took for his models as social groups the dominant *involuntary associations*, the Roman Catholic Church and the Imperial Army. Consequently, for Freud, man is a "horde animal, an individual creature in a horde led by a chief" (11, pp. 89, 122-123). The leader, according to Freud, unites the group by loving its members equally, and demanding that they love each other; women are altogether an alien force in Freud's social group in which the overtones of homosexuality are strong. The organization of obedient Nazis who carried out unquestioningly the orders of their superiors to exterminate several millions of Jews is the ultimate norm of a Freudian social group; the subordination of self to leader, the negation of personal responsibility and judgment, were prophetically foreshadowed in Freud's analysis (8, pp. 123-124).<sup>3</sup>

This negation of personal responsibility and judgment stands in fundamental conflict with the ideology introduced by the Protestant Reformation, which emphasized the right of individual conscience and the right of protest, and with that of secular democracy, which carried the rights and duties of the individual still further. We know but too well how this was all repealed by the Fascists and the Nazis; what is less well-recognized is how Freud unwittingly supported this repeal, if not actually helping to provide some of its ideology.

### *Freud and Mussolini*

Freud's attitudes toward particular societies and ideologies of his day are worth noting. "His dislike of the violence and cruelty apparently inseparable from Marxism," as well as his "distrust of its idealism" (16, p. 343), are well known. Here, however, he lumped together Austrian social-democracy, which supported freedom of peaceful dissent, and Soviet communism, which denied it. His an-

<sup>3</sup>"Similar considerations regarding the relationship between Freudian theory and the Nazi movement were presented even before World War II, in 1935, by the English psychiatrist Ian D. Suttie. 'One is almost inclined to assume that Freud also is among the prophets who will be quoted by those who exclaim "Heil Hitler!"' (26, p. 188)" (8, p. 124, ed. note).

tipathy toward Nazism, with its virulent anti-Semitism, is also familiar.

But his attitude toward Italian fascism which at first was not anti-Semitic is less well recognized. An idea of his views, and of some of his specifically political attitudes as well, can be gleaned by examining the references to Mussolini listed in Jones' definitive biography (16). All are given here, in chronological order.

At the time of Mussolini's rise to power he [Freud] was accused of being neither black nor red, neither Fascist nor Socialist; to which he replied: "No, one should be flesh colored" (p. 343).

[In 1933, Edoardo] Weiss<sup>4</sup> brought to him from Rome a difficult patient he was treating. They were accompanied by her father, who happened to be a close friend of Mussolini's. The father asked Freud to make Mussolini a present of one of his books, and further begged him to write an inscription in it; for Weiss's sake Freud consented to do so. The book he chose was *Why War?*, which he had written together with Einstein, and he wrote on the fly-leaf, in allusion to the archaeological excavations Mussolini was just then encouraging, the words: "From an old man who greets in the Ruler the Hero of Culture" (p. 180).

In November [1934] . . . the *Rivista Italiana di Psicanalisi* had been suspended by order of the Vatican and, as Freud suspected, at the instance of his Viennese Catholic opponent, Pater Schmidt. Mussolini promised to rescind the ban, but even his authority was not great enough for the purpose (p. 192).

In March [1937] Freud was getting more concerned about the approach of Nazidom [to Austria, and wrote:] ". . . unfortunately the only protector we have had hitherto, Mussolini, seems now to be giving Germany a free hand" (p. 213).

Then [in 1938] Edoardo Weiss, who was at the time in near contact with the Duce, tells me that Mussolini also made a *demarche*, either directly to Hitler or to his Ambassador in Vienna. Probably he remembered the compliment Freud had paid him four years before. This was at the moment when Hitler was feeling genuine gratitude towards Mussolini for the free hand he had been given in the seizure of Austria. So between one thing and another, the Nazis felt they dared not risk refusing Freud an exit permit, though they were determined to exact their pound of flesh first (pp. 220-221).

Freud's work may have increased the susceptibility of intellectuals to fascism in another way also: through its sensationalistic offering of a mistaken demonology as scientific, pre-existent standards of scientific accuracy and responsibility were undermined, willingness to challenge scientific inaccuracy and nonsense was apparently reduced, and the ability of the intellectual population to act against the political dangers of the big demonological lie may have been diminished.

Bailey has pointed out how

Freud's ideas were often launched with great enthusiasm, like scare headlines in a newspaper, and then quietly dropped without retraction. . . . Or the retraction may be on the sixteenth page in small print, such as the retraction of the traumatic etiology of the neuroses which is buried in the *Civilization and Its Discontents* in a strangely tortured phrase (3, p. 393).

<sup>4</sup>Italian-born psychoanalyst, founder of the Italian Psychoanalytical Association.

Examination of psychoanalytic journals even today indicates the considerable extent to which Freud's followers continue in his footsteps.

But if intellectual circles accepted or ignored Freud's mistaken, sensationalistic demonology, rather than rebutting it, their willingness to accept or ignore the lying demonology of a Hitler would appear enhanced, and their capacity to refute it diminished; a lower level of morality has always been expected in politics than in science.

#### PSYCHONALYSIS AND AMERICAN PSYCHIATRY

##### *Training Analysis*

Psychoanalytic training seems to be a major goal among today's psychiatric trainees. The anti-democratic view that the analyzed are a self-appointed elite, described and criticized several years ago (19a), seems to be ever more widely accepted. "The domination of psychiatric training by psychoanalytic concepts" has also been pointed out, along with the suggestion that "attitudes toward psychiatry will be governed by analytically-oriented psychodynamic ideas for at least another generation" (23).

A major reason for the importance of psychoanalysis in American psychiatry may lie in the fact that of 89 psychiatry department heads in American medical schools, 27 are now members of the American Psychoanalytic Association, while 6 more are fellows and 19 are scientific associates of the Academy of Psychoanalysis (1). Of these 89 department heads, at least 33 have undergone successful personal analysis themselves as part of their training.

The latter's central importance in analytic education suggests the desirability of examining whether it is scientific training, anti-scientific indoctrination, or, perhaps, a little of both.

In the "deeper" kind of treatment resulting from the Freudian view, the patient explores his past in an unstructured, freely associative way, and unless specific problems are bothering him, the subjects discussed will tend to be those selected by the therapist as significant from among the "free associations." This selection and the way the subjects are examined will be determined primarily by the therapist's ideological conceptions, which may then tend to be confirmed, both to him and to his patient, by the treatment process itself. As Grinker has pointed out, "using the tools of psychoanalysis, [psychoanalysts] find what they search for and very little else" (15, p. 137). Re-experiencing the Oedipus situation in the transference, recall of infantile memories, reliving the birth trauma, or recapture of "primitive

archetypes" (21) can come to be seen as necessary for the fullest and most successful treatment. But in leading patients to and through such ideas, the therapist may be producing an ideological and philosophical reorientation within them.

Ordinarily, there are certain limits to this procedure. The patient's funds are rarely endless, and his primary reason for entering therapy is to obtain relief from distress, discomfort, or ineffectiveness. Whatever occurs within the treatment situation must be justified as necessary to a therapeutic outcome, and the patient can, and often does, terminate treatment when he feels better (or worse), without any loss of status or renunciation of important personal goals.

In the training analysis, the restraining influence of therapeutic need upon indoctrination is completely, or almost completely, absent. The candidates, if well-screened, are successful, psychologically-healthy individuals with minimal suffering or impairment. Instead of relief of distress, their "treatment" goal is the attainment of a new and higher social and professional status, and they accept the necessity of prolonged, expensive explorations of their thoughts and experiences, to reach it. The likelihood that extensive ideological reorientation may also be involved in this process seems to be accepted as well; indeed, the extent to which this reorientation occurs tends often to be regarded as a measure of the "success" of the analysis.

While the relationship between candidate and analyst is educational, it is actually carried out along medical lines. The analyst's behavior vis-a-vis the candidate is like that of any doctor to his patient; the former is without doubt the authority, possessed of considerably greater knowledge, and while he may perhaps be questioned, his decisions are final in case of disagreement. The *ex cathedra* quality of a medical relationship is thus brought into what is essentially a teaching situation, where it stands in sharp contrast to the free exchange of ideas usually seen as characteristic of, and necessary for, education, particularly on an advanced level, and as distinguishing it from indoctrination. Grinker has pointed out that "the [psychoanalytic] patient is not an unbiased scientific colleague" (15, p. 138). Despite his medical and scientific training, the psychoanalytic candidate is even less so.

Rather than facing his analyst, the position in which intellectual interaction occurs most rapidly and efficiently, the candidate usually lies on a couch, unable to see him. Should the trainee question his analyst's selection of topics, or the assumptions, procedures, or

philosophy of the process, a responsive silence from the latter can suggest that another subject might be more germane; should the questioning persist, it may be dealt with as "resistance," analyzed as a "transference" from an earlier authority figure, or dismissed with the reminder that nobody forced the candidate to enter psychoanalytic training in the first place.

It is easy to see how such authoritarian relationships may become the models upon which are patterned many of a candidate's subsequent dealings with subordinates, with consequent serious impairment of communication.

The didactic analysis itself is lengthy, with considerable time to overcome whatever intellectual doubts may be present at its start. Graduates of approved institutes of the American Psychoanalytic Association spend almost 800 hours of personal analysis in fulfilling their training requirements (2). In the New York Psychoanalytic Institute, the analyses are more than half again as long, while elsewhere, and in the Academy, less time seems to be necessary. At a cost of \$15 to \$25 for each such hour, it is not hard to calculate the psychoanalytic candidate's investment in money as well as time.

Despite this investment by the candidate, the analyst retains absolute veto power; "successful" analysis cannot occur without his concurrence. (Sometimes the candidate may try working with another training analyst, however.)

Despite these anti-democratic trends, some intellectual dissent still exists within American psychoanalysis, however, and may even be growing. But how long will it continue, and how successful will it be? There is some possibility that reliance only upon the American tradition, without recognizing the ideological threats to it, may prove to be disappointing. On the other hand, greater awareness of dangers may help to avert them.

### *Breaking the Impasse*

Perhaps the time has come, then, for acknowledgment that the Emperor of the Sacred Couch may really be naked. A special responsibility for performing this task would seem to fall on the psychoanalyst, who, like Wheelis, "is forced reluctantly toward the conclusion that psychoanalysis is not what it is represented to be, and begins to be troubled by a vague sense of fraudulence" (28, p. 231). The thousands of hours and the tens of thousands of dollars invested should neither dull his integrity nor obscure his responsibility, both

to his profession and to the public. Although the inner conflict may be severe, the scientist who has misled the populace, even if he did so unwittingly, has a particular obligation publicly to acknowledge and to correct his errors.

An even greater responsibility would seem to devolve upon the 33 psychiatry department heads who are analysts themselves. The positions they hold would exempt them from the income losses analysts in private practice might sustain should they publicly acknowledge some of the anti-social and anti-therapeutic effects of their procedures. They are largely responsible for the direction American psychiatry takes in the years ahead. Will it continue in the direction of an anti-democratic, anti-therapeutic demonology? Or will it return to science and to that sense of personal responsibility once called morality?

#### SUMMARY

This paper has tried to demonstrate that psychoanalysis and dynamic psychiatry may be two aspects of a single demonological trend within American psychiatry arising from Freud's erroneous belief that the only way fully to understand maladaptive responses is to seek in the Unconscious for the motivations behind them, and the earlier experiences of which they may be reminiscent.

This philosophy has produced serious anti-therapeutic consequences in undermining individuals' sense of personal responsibility, in reducing the self-esteem associated with feelings of self-determination, and in making people dependent upon the search for causes in the past and the hope for insight therefrom — instead of helping them to face present problems. It has had anti-democratic consequences through its view of man as naturally in conflict with civilization through sexuality, and with one another through the aggressive instincts; through its unwitting support of fascist trends; and through the indoctrinating character of the training analysis. A specific responsibility, therefore, would seem to lie on psychoanalysts in general, and on those heading psychiatry departments in particular, to help lead American psychiatry away from the anti-democratic demonology in which they have been trained, and back toward the science and responsibility which have always been the glory of the medical profession.

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