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What is Psychoanalysis?

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In academic circles in the humanities and social sciences psychoanalysis often seems to be understood as a kind of *Weltanschauung* or world-view like Marxism or existentialism, structuralism or poststructuralism, a conceptual perspective from which various human phenomena may be interpreted. On the other hand, many psychoanalysts themselves, especially those with backgrounds in medicine, psychiatry or clinical psychology, seem to regard it less as *theoria* than as *praxis*, as a mainly clinical discipline. In my view, psychoanalysis at its best involves a dialectical relationship in which theory and practice are mutually determining, theory both informing practice and being re-formed by it.

On the level of theory: if Marx is the conflict theorist of society, Freud is the conflict theorist of the mind. Like many mainstream analysts I view all human behavior as an outcome of conflict--an alloy, blend, compound or compromise-formation among the psychological forces of *id* (sexual and aggressive urges and desires), *ego* (pressures stemming from reality and self-interest), and *superego* (self-directed aggression based on identification with the aggressor and internalized cultural ideology). But because, unlike Freud, I do not view *conscience* as a superego function, I conceive it as a fourth component in mental conflict, a separate mental function comprised of values derived not from cultural internalization but from identification with nurturers at all developmental levels and our felt obligation to return love for love received (Sagan, 1988; Carveth, 2010). In addition to the conflicts among *id*, *ego*, *superego* and *conscience*, there is opposition between the forces of *Eros* (love, construction and integration) and *Thanatos* (hate, destruction and disintegration). In my view, these are psychological and emotional tendencies, irreducible to biology—matters of the human heart and mind rather than the bodily or animal in man.

I find this expanded Freudian model not incompatible with simultaneous use of the neo-Kleinian model of PS<--->D that envisages mental life as a dialectical oscillation between the paranoid-schizoid and depressive positions. Unlike the earlier unidirectional PS--->D model that itself suffered from splitting (PS bad and D good), the revised model finds good (passion, resolute commitment, decisive action) as well as bad (splitting, paranoia, omnipotence) in PS, and bad (excessively dispassionate or "mad rationality" and indecision) as well as good (ambivalence or whole self and object functioning and the capacity for concern) in D.

In my view the superego is a culturally elaborated, internal persecutory bad object, while the conscience is a culturally autonomous obligation to love as we have been loved, despite the hate arising from the basic (unavoidable) and surplus (avoidable) frustration to which, even with the best caretakers imaginable, we are inevitably exposed. Therefore, with Alexander (1925) and Ferenczi (1927), I regard the goal of psychoanalysis as elimination of the superego in favor of development of the voice of conscience—a voice that in pathology and all too often in “normality” is drowned out by the persecutory clamor of the superego. But I do not share their view that “where superego was, there ego shall come to be.” The ego, rational thinking and reality-testing, can only specify what *is*, not what *ought* to be. The values informing conscience arise not from *reason* but from *feeling*, from what Rousseau (1754) called “pity” or fellow-feeling. As Pascal (1669) understood, “The heart has reasons reason cannot know.”

On the level of clinical practice, I am of the view that any therapy conducted by someone trained in and guided by these principles, including attention to unconscious communication, resistance, transference and countertransference, of any frequency, individual or group, employing couch or chair, deserves to be called psychoanalysis. Not that such differences are insignificant, only that they constitute differing modalities and intensities of psychoanalysis.

When Freud (1906) wrote that “the cure is effected by love” (p. 13), he had the patient's love for the analyst in mind, not the analyst's for the patient. Still, in my view, our patients' pathology usually stems from a "love wound" and its emotional *sequelae*, and a central element of what we offer them is a non-judgmental, empathic, respectful, caring, realistic and reliable presence--not unlike what a devoted, sane and responsive

(non-intrusive and non-abandoning) mother provides her infant. Against the pathology produced by Thanatos (hate), we offer love (more Agape than Eros)--as does Winnicott's ordinary, devoted, good-enough mother. Of course, in order to do this we have to somehow manage our hate and, naturally, we manage it imperfectly. Beyond this, we offer our patients enhanced self-understanding, based on both our psychoanalytic knowledge of the workings of the human mind and the degree of analytic self-knowledge, self-realization and self-mastery we have achieved through our own analyses and self-development.

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