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THE TERRAIN OF PSYCHOANALYSIS AND PSYCHOTHERAPY –
REFLECTIONS ON THE SYMBOLIC PROCESS AND THE USE OF
MEDICATION*

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It is a fearful thing to fall
into the hands of the living God.
But it is a much more fearful thing
to fall out of them.

*"The Hands of God" D.H. Lawrence*¹

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¹ Lawrence, D.H. (1964) The Complete Poems of D.H. Lawrence,
"The Hands of God." New York: Viking Press, p. 699.

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Falling into the hands of the living God can be understood as a poetic image about living life sensuously and creatively, confident that what holds us and gives us strength is life itself. Fostering and aiding such experiences is certainly familiar to psychotherapists and psychoanalysts. We can understand Freud's reading of sexuality as reflecting his conviction that to live life fully is to live with and through one's body and not, neurotically, despite it. Elaborating on this, Freud (1914) understands that it is love that binds us, not only to ourselves, but also to the world at large; he speaks of making the world real by loving it. Thus the traditional emphasis in psychoanalysis on the libidinal stages of sexuality can to be read as developmental processes of integrating body and desire into the overall matrix of a person's love relationship with themselves and with the world.² Building on these perceptions, the object relations school has brought clearly to the fore the need to live life in relation to, and interaction with, others. Thus the terrain of psychoanalysis: aiding an individual so that they might love themselves, the world, and others; and thus Freud's putative definition of a healthy life, to be able *to love and to work*.

Having made these generally accepted observations about psychoanalysis we

². Lear, J. (1990) Love and Its Place in Nature. New York: Farrar, Straus & Giroux. This text has refocused the Freudian lens, reading sexuality in the wider context mentioned above.

are left, nevertheless, with certain recurring questions: What does it mean for a human being to live with his body and not despise it? Do psychotherapists treat the brain or the mind, or is the distinction misleading? Is medication treating the body, the brain, or are they mind altering? How do we understand the term “mind”? What does living creatively mean, beyond an invocation to be happy and productive? And about living with others without destroying them, or them us, we could discourse interminably. Just highlighting these questions gives us a sense of why psychoanalysis and psychoanalytic therapy can be such a lengthy process. Looking back, our minds seem to have an endless and complicated history, shrouded in half-memories and images of ourselves and others – mother holding us or letting go – as well as our burgeoning sense of the world as different, not controlled by us, not obedient to our commands, yet, if we are lucky enough, sympathetic to our needs. In psychotherapy there is, seemingly, no end to what we can bring into emotional awareness, to what we can symbolize, that is, talk about, or, in D.W. Winnicott's words, play about.

ANTECEDENTS TO FREUD'S PSYCHOANALYSIS

Religion, Alfred North Whitehead (1926) said, is what one does with one's solitude.³ Whether one is lonely inside or simply alone inside, whether one has some

³ Whitehead, Alfred North (1926) Religion in the Making, Macmillan Co. New York.

experience of meaningfulness, or of emptiness, has become, in the twentieth century, the province of the psychotherapeutic professionals. Freud's unique legacy, I believe, is manifested in his having organized a method of technique that enables two people to talk to each other without judgment and without rancor. That one party to the discourse has, initially, not found his or her voice and will find it in the talking is the bedrock of analytic therapy. Not only did Freud build on all that went before him, he structured this process so that it could be taught to others. What he codified and brought to Western consciousness again, in secularized garb, so to speak, was the fact that words heal. Words heal the mind, they heal relationships, and they can heal the body; that is why we speak of humans as symbolic animals. That is also why Freud, in demythologizing healing words, created a psychological science – or, perhaps more to the point, a science of subjectivity whose criteria of validity is quite different than empirical sciences' criteria. The goal of Western medicine is to cure a malfunction or a malady; psychoanalysis aims to give back to individuals a more integrated experience of themselves, a more creative hold on life and, if they can achieve this, they can decide for themselves what they will do with their remaining maladies.

In creating psychoanalysis, Freud (1926), in *The Question of Lay Analysis*, alludes to his band of secular healers – *secular pastoral workers* (p. 255) are his

words.⁴ He certainly was aware of the various traditions of spiritual counseling, of personal asceticism, and of the journey toward enlightenment which had been spoken to by theologians, mystics and poets for centuries. In naming, however, and therefore creating the phenomenon of transference and providing us with a way to its resolution, Freud transcended the power of any idol and/or of ideology in our minds.⁵ He opened up the human psyche to quiet exploration, without exploitation. Freud provides the tools to resolve a neurotic transference to the powerful and alienating other. In recognizing and delineating how the shadow of the other casts its outline over a person's life, he established both the importance of childhood experiences and the power of human desire in understanding man. It is in view of such insights that analysts and psychotherapists understand their patients. Freud's model of therapeutic care is directed not only to the patient but, and here is his democratic genius at work, to the therapist also. Psychoanalysis obliterates the unproductive, and at times alienating, distinction between the healthy doctor and the ill patient; its uniqueness as a treatment modality is greatly related to this fact. The

⁴ Freud, S. (1926) The Question of Lay Analysis (Standard edn, Vol. XX). London: Hogarth Press, p. 225.

⁵ In this regard, it is of some historical interest to note Meister Eckhart, a famous theologian and mystic of the thirteen century whose writings influenced such thinkers as Hegel and Spinoza as well as the Eastern Zen Masters, spoke of the need to eliminate God as an intimidating and/or gratifying idol in men's consciousness. See for example, Fox, Matthew (1980) Breakthrough. New York: Doubleday & Company Inc.

therapist's cross-identification with a patient becomes a passageway to hearing the patient. These legacies of psychoanalysis and psychotherapy are the framework, as I have just mentioned, for our approach to patients; consequently they affect any considerations about the use of medication in psychotherapy.

THE PRACTICE OF PSYCHOANALYTIC THERAPY

The preceding discussion explained the tasks which psychotherapy and psychoanalysis understand to be the goals of human consciousness: to understand itself, to heal itself, to probe its own resources and recesses and to do these both through silence and speech, through talking and listening. Today we have social workers and psychologists, medical doctors and ministers, doctors of philosophy and of literature involved in this talking cure. Is this as it should be, or is it misguided? Is Freud's allusion to secular pastoral workers a poetic turn of phrase, interesting in its formulation but dangerous in its application? Should medical doctors be the sole applicants, as it were, of therapeutic insight since they have the capacity to prescribe medication that, presumably, could alleviate suffering? Freud, as we know, although a physician, answered no. History, I believe, has confirmed his correctness. Freud never forgave the American psychoanalyst physicians for their insistence that only medical doctors be analysts. When they told him, for instance, of a supposed New York State law prohibiting lay analysts from

practicing, he correctly read their unconscious and spoke of how their insistence on a medical degree was, in effect, a denial of what psychoanalysis was all about and consequently simply a resistance.⁶ Having said this, however, we should not become ideologues, in opposition to the medical tradition, wherein we refuse to appreciate the important role that medication can serve in pursuing our goals. I will return to this issue shortly. Suffice it to say, for the present, that when a patient is acting in such a way that is consistently, or should I say persistently, eluding the therapeutic process, the therapeutic net, so to speak, then serious thought should be given to the use of medication – but more of what I mean by this later. Happily for the psychoanalytic enterprise, be it psychoanalytic psychotherapy or psychoanalysis, there were, as we know, a number of groups in America, who would not go along with the American medical analysts. These groups, led by such people as Theodor Reik, Eric Fromm, and Otto Rank grasped the essence of what analytic therapy is all about. Simply put, it is about understanding humans, as I have mentioned, as symbolic animals. By symbolic I mean an animal that understands both himself/herself and the world through language – the language of words, clearly, but also the language of images, of dance, and of music. Language enables us to stand

⁶ For a particularly insightful discussion of the role of lay analysis and the domain of psychoanalysis, see "Is There a Future for American Psychoanalysis?" by Douglas Kirsner (1990) in The Psychoanalytic Review, Vol. 77, No. 2, pp. 175-200.

within ourselves and outside ourselves at the same time; it enables us to withstand the limitations and conditioning of our social environment, as well as to understand our impulses and needs. Through it we come to know our ideals and our morals. Language also provides us with a playground, so to speak, where we meet others. D.W. Winnicott (1971) states, in *Playing and Reality*, that this playground is, in fact, a place where humans live most fully, an intermediate area between *the me and the not me* (p. 1ff). A place, that is, where the works of human hands (i.e., culture) find both creation and expression. It is in the phenomenon of language, in all its manifestations, that mind occurs. Mind is most productively thought about, I think, if we can picture it as occurring between people, rather than in people. It is, after all, in the intelligibility of communication, the inherent self-reflection and self-creation of language, that human beings can pass from being part of the world to being in the world – that is, contribute to the experience of self-aware life. The legacy of psychoanalysis is this area of human experience and that is why it is not concerned, except secondarily with either the body as body or the brain qua brain.

I ask your indulgence for these philosophical reflections. I mention them in order to highlight the reality of the talking cure being distinctively a psychological treatment modality. Psychoanalysis, Winnicott also reminds us, is a particularly superb example of human cultural achievements; built with the play of language, of

metaphor and of silence, its material encompasses not only what is given but also, what is hidden.

THE QUESTION OF MEDICATION

In therapy, we have as our goal enabling a human being to live a life which is sensible, sensual and meaningful; a life which has some experience of creativity and enjoyment; a life, consequently, which is not bogged down with old scripts which we call neurotic conflicts, be they instinctually formed or narcissistically colored. For such neurotic cases, the question of medication usually does not arise. Such patients, while burdened with a pained history, can, with consistent, intelligent understanding, use language to open up terrains of self-awareness, enabling them to contact both themselves and others. Sometimes, and this is clinical judgment, one might elect to use, with an individual with neurotic conflicts, an anti-depressant. Such a judgment is usually made if there is some unexplained, prolonged dead spot, so to speak, in the treatment and/or when a serious latent depression, which the therapy has brought to the fore, proves particularly resistant to resolution in a sensible amount of time.

When, however, we are working with pre-psychotic or seriously disturbed borderline patients (I exclude patients with schizoid character issues), the question of medication demands more obvious and present consideration. And I say this as a

practicing psychoanalyst. I say this in view of the fact that I have a bias in favor of language; a commitment, if one can phrase it so, to using psychic pain, be it the range of anxieties or depressions, to further the process of human growth. But a bias is a way to look at things and it is quite different from a prejudice. Although its use can be as problematic as therapy itself, I have no prejudice against medication. Having said this, I must add that the use of medication without concurrent therapy is potentially dangerous to an individual as well as to social development. I recognize, regrettably, that given the number of people we have to treat and the lack of human resources available, we have already come quite close to using drugs in this manner. But there are reasons for this which the psychotherapeutic community must address, and which I will try to clarify shortly.

Transference, if I may be allowed to paraphrase a concept, is the unique capacity of individuals to get locked up in their heads, living in a world that is long gone, becoming comfortable with uncomfortable surroundings and declining, consciously or unconsciously, to meet the world outside, to participate creatively in human relationships. That the human animal can be consistently self-destructive and unhappy as well as creative, alive, caring and productive is one of the marvels of the evolution of human consciousness. When, however, the psychological damage of individual pathology goes beyond interpretable life conflicts, if an individual, very

early in their existence has been adversely or maliciously treated by the care-taking-world then we have the conditions which can argue for the possible use of medication. And medication can be useful in such cases without necessarily searching for a neurological rather than psychological cause of a person's pain. In such cases as these, nothing can replace an individual clinician's acumen as to the patient's possible need to experience psychic discomfort or, contrariwise, for the therapist to make a judgment that some chemical interventions will aid the therapeutic process. And as any seasoned therapist knows, individual practitioners vary enormously in the depth of regression with which they can work. A judgment for the use of medication can occur when the patient's struggle with self-understanding and emotional awareness has been seriously sidetracked by an intractable depression or severe anxiety attack, a manic/depressive swing, or a regression to psychotic rage that threatens to undo not only the patient but sometimes the therapist as well. At such times, the option of medication can be considered. I have worked with two cases in psychoanalytic psychotherapy where the patients required lithium for a bi-polar disorder and where, I am convinced, the therapy would not have progressed without such medication. I have also worked, of late, with three patients who were taking doses (20 to 40 ml) of Prozac, two in once-a-week therapy and one in four-times-a-week therapy. In these cases, the medication

proved helpful, although minimally for the patient in traditional analysis. That the introduction of medication may have transference ramifications seems self-evident. Presumably psychoanalytically oriented therapists know how to recognize and address such issues and do not hesitate to do so. From a theoretical perspective, I believe it would be better for medication to be prescribed by an alternate physician. I will return to my reasons for this position shortly.

Some of the goals Winnicott (1971) set for himself in doing therapy were *to stay alive, to stay awake and to stay well* (p. 86ff.) – certainly we can extend the same courtesy and concerns to our patients. Psychoanalysts prefer, as I hope I have made clear, that such goals be achieved through the struggle of self-understanding mediated through intelligent presence, and insightful language. My primary intention is to offer some useful contexts for your personal reflections. And I hope that, given a context in which to think, your thinking will satisfy your needs. With some cases, as we know, a serious depression can be the sign of a significant breakthrough in the therapy and can, with patience and intelligence be used most fruitfully in the treatment – without any recourse to medication. Let me give an example of such a possibility.

R. had been in psychoanalytic psychotherapy with me for many years on a twice-a-week basis. He had an infantile personality disorder with some schizoid and

paranoid elements. Most of the work had been directed to addressing these developmental and characterological issues and there had been significant progress. During any analytic therapy, it is not unheard of for a recurrence of the major symptomatology in the final period of treatment to manifest itself. This occurred, in this case, when the patient did not get a promotion he had expected, which precipitated a three-month period of the most severe depression. This depression was interlaced with paranoid accusations that I had failed him and a concurrent infantile rage that he had not gotten what he wanted. During this time, I was able to interpret to him, once again, his imitation of his paranoid, angry mother; I spoke to his personalizing a basically indifferent world and I focused his rage at this experience of being ignored emotionally and physically by both his parents, and his unconscious reliving of that scenario. Toward the end of this intense period, he was able to regain his balance and, for the first time, make similar interpretations about himself, but with a sense of conviction I had not heard before. Admittedly I had a lot of experience with this patient, and he with me, which made this progress possible.⁷

If, however, a depression threatens to disrupt the treatment, incapacitate the patient, or derail the therapist, then a consultation with a physician, psychiatrist or

⁷. For an extensive discussion of this case, see Gargiulo, G. (1991) "Reflections, Musings and Interventions" in Psychoanalysis Today: A Case Study Book, edited by E.Thorne and S.Shaye, Charles Thomas 1991.

psychopharmacologist certainly seems to be in order. Or, to return to D.H. Lawrence's words, *But it is a much more fearful thing to fall out of them* – that is, to fall out of the experience of the world holding and enjoying one's presence. If we understand the arena that an analyst or a therapist addresses, the arena of self-ownership, self-knowledge and inter-personal relationships, then the use of medication is not ipso facto a failure of analytic discipline but rather a useful, and occasionally, a necessary condition, for advancing the work. Here I would like to note, if you have not already noticed, that I am approaching the issue of medication with some cautiousness. Such cautiousness is due to my commitment to the particular avenue through which psychoanalysis and analytic therapy approach humans; from such a perspective, I do not believe that psychopharmacology will replace psychotherapy. If it ever does, civilization will lose something of inestimable value.

Before discussing the issue of the wide use of medication – from minor to major tranquilizers, inclusive of the whole range of chemical interventions – I would like to return briefly to the question of whether a therapist should prescribe drugs for his or her own patients. Since I am a non-medical psychoanalyst, I have a limited perspective on this issue. Furthermore, as an analyst, I am well aware of how easily we can force both our perceptions and conclusions to coincide with our personal

opinions. Having said this, I can say that I have used physicians and psychiatrists, on various occasions, as referral sources for medication without any sense that anything was compromised by my not personally prescribing medication. Patients, who have had medication, have been able and willing to take responsibility for its use and on many occasions, with appropriate consultation, for subsequently discontinuing medication. I believe that were I burdened, and I use the word advisedly, with prescribing and monitoring medication, I would be distracted from the tasks of psychotherapy and psychoanalysis – self-awareness and self-ownership, frequently mediated through transference reactions, which I spoke to above. And while I do not believe that we should create a mystique around the experience of transference, I do think that the transference implications and reactions to the prescribing physician is antithetical to the ultimate goal of analytic treatment – a goal of equality between therapist and patient, where the patient eventually remembers, so to speak, everything that he or she has learned and thus makes it his or her own. He or she is then, paradoxically, free to forget it.

MEDICATION AND SOCIETY

I would like now to turn our attention to a broader issue than the individual use of medication in psychotherapeutic treatment but one that is, however, intimately connected with it. Freud, as I alluded to above, spoke of his army of

secular healers addressing the various ills of humans. Freud clearly wanted his new movement, before it became a profession of private practitioners, to address itself to the education of nurses, doctors, schoolteachers and such. In fact he was convinced that unless it did so, unless analysts brought their insights to the society at large, psychoanalysis would deteriorate into a chapter in a psychiatric text; it would, in Freud's words, become a private business. That psychoanalysis, and for the most part psychoanalytic psychotherapy, has become a private business seems self-evident. And I say this without prejudice to the many clinics throughout our country offering services for a moderate fee. I say this in view of the fact that the psychoanalytic movement has, all too frequently, focused on individual therapeutic endeavors at the expense of understanding various and ever-present social influences.

Many of the early analysts, from Otto Fenichel to Helene Deutch to Eric Fromm, were deeply concerned with the societal factors that were causative, in their opinion, of a good number of the psychic ills that beset humans. It was Fenichel himself who believed that Freud's recourse to the Death Instinct was due precisely to the fact that he was pessimistic about the human capacity to address social ills. Therefore Freud conceptualized, not on the basis of clinical experience I might add, human's undoing as coming from something inside, rather than as a product of a disruptive and

destructive social/economic organization.⁸ As Fenichel (1945) wrote in *The Psychoanalytic Theory of Neurosis*⁹: *The neuroses are the outcome of unfavorable and socially determined educational measures, corresponding to a given and historically developed social milieu and necessary in this milieu. They cannot be changed without a corresponding change in the milieu* (p. 586.)

Many of the early analysts had fled Nazi Germany and were getting settled in America in the late forties and early fifties, a time of the McCarthy era; a time consequently when many of them hesitated to publicly espouse what would be perceived as socialist ideas. If however there is some truth in Fenichel's observation, and I for one believe that there is, then the question of medication and mental health take on a much broader significance than the individuality of the case.

Is it possible that the staggering amount of medication that Americans consume has something to do with the un-addressed ills of our society? Is it possible that living sensually in the body and contributing to the creativity of life is difficult to achieve if one is pursuing excessive narcissistic interests or, contrariwise, if one is not able to satisfy such healthy narcissistic needs as food and shelter? Is it possible

⁸ For an interesting and informative study of the political Freudians, see Russell Jacoby's (1983) The Repression Of Psychoanalysis. Chicago: University of Chicago Press.

⁹ Fenichel, Otto (1945) The Psychoanalytic Theory of Neurosis. New York: W.W. Norton. & Co.

that the acquisition of excess money and goods can, all too easily, aggravate desire creating repeated frustration with the increasing need for goods to satisfy that frustration? It is a truism to note that when self-worth and social standing become confused, as they can easily become, the ramification ripples throughout society. How much money a person makes can, in a capitalistic organized society such as our own, become a cultural ego-ideal. In this regard it may not be amiss, although the remark may seem particularly naive today, to recall that Freud concluded that the acquisition of money, in itself, would not make human beings happy. Such acquisition did not address the satisfaction of any childhood longing, was his reasoning. In this regard, it also may not be amiss to note that a society that continually aggravates human desires, that feeds on murderous competition, has no option but to brutalize the environment in its pursuits and to split off, consequently, the creative experiences of life. These considerations obviously demand a special conference. My purpose in mentioning them today is to try to present a more comprehensive picture of the issues addressing therapists and analysts in their task of healing human wounds.

As analysts and therapists, we work within a particular social/economic/political system that has not only brought great benefit to its citizens but likewise many ills. Perhaps the human condition allows of no other

situation but this; we should be aware, nevertheless, that therapists working within a particular societal milieu are also products of that milieu, while they simultaneously treat the causalities of that milieu. My point, if you permit me some repetition, is that the rampant depression and anxiety so easily and frequently, so exclusively, classified as an individual or familial malady can be diagnosed more comprehensively. Given this perspective, we can understand that it is no longer our task to simply consider the vicissitudes of instinctuality to understand neurosis; it is no longer sufficient to simply integrate the relational, communal nature of man and mind into our treatment model, we must also try to understand our patients, at least in our reflections, within the social/economic/political structures in which they live. In doing so we will no longer un-reflectively treat the causalities of an individual life without appreciating some of the social and political structures antecedent and contributory to those causalities.

CONCLUSION

The broad outline suggested above of understanding the symbolic nature of humans, to understanding our relational roles and societal conditioning are all areas addressed by psychotherapists and psychoanalysts. That medication can, at times, effectively aid this task is obvious. Medication, however, serves a secondary purpose; it is a net, as it were, in which to catch the patient who is not yet able to be

held by words and by silence. Medication, ideally, should not replace the relational therapeutic framework in which we function. Therapy celebrates, with minimum narcissistic fallout, the uniqueness of each individual. In that regard it is both distinctively Western and particularly democratic and requires, I might add, an educated, verbal citizenry. The task of self-understanding is specifically a human one, a task that seems to be under some repression at the present time. In this regard we may note that increased functional adaptability is not the goal of human existence. Psychoanalysis and psychoanalytic psychotherapy are the children, in the West, of a long line of individuals and institutions addressing man's perennial search for fulfillment and wisdom. Any appreciation of the role of medication and the human psyche can and should never lose sight of that fundamental fact.

Thank You

