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Some Personal Reflections on Theodor Reik and Psychoanalytic Technique**

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Theodor Reik has written that psychoanalysts are born not made – not a good prediction if one wants to start a movement or increase membership in a training institute. Today psychoanalysis has become not only a movement but a profession, with all the positive as well as negative aspects to any profession. As a profession it has many practitioners who have contributed to it starting with Freud himself, Ferenczi, Max Ettington, Karl Abraham, and Theodor Reik ...to name just a very few. Freud was clearly the major contributor to theory and practice. Sandor Ferenczi created a somewhat corollary approach which has been progressively appreciated.

Theodor Reik was born in Vienna May 1888 and died in New York 1969. He came to know Freud when he was a young man, both Freud and Karl Abraham were his analysts. During his analysis he was supported by Freud; after his analysis, both he and Freud became Friends, as he did with Abraham; he wrote of dinners with both Freud and Abraham. The early analysts did not emphasize the professional parameters that characterizes

psychoanalysis today. Freud's goal was to show a person that there was a repressed unconscious that influenced behavior and thought. His treatments were not the long processes that have become standard – lasting years. He hoped to have an individual experience consciously what was previously unconscious, resulting in a possible diminution of symptoms and a clearer experience of individuality. That the mind is mostly unconscious in its functioning was a known reality – despite Freud's belief otherwise. What Freud brought to greater awareness in the 20th century was that each person possesses an unconscious that clearly influences behavior and thought, *a repressed unconscious* (thoughts, feelings, phantasies, and memories) that had its roots in childhood; a repression that results in an individual having less ownership over her or his life. In his last publications (1938) Freud limited his understanding of such unconscious to what was repressed.

Reik came to Freud with a background not only with a doctorate in psychology but with a deep knowledge of philosophy, history, religion, and literature – all of which he used in his subsequent work with patients. Of historical note we should make note that Reik, while practicing in Vienna, was charged with quackery since he did not possess a medical degree. Freud answered this charge with his now famous text *The Question of Lay Analysis*, defending Reik. In this text Freud spelled out what was required to be an analyst, that is, a broad educational and cultural background, rather than the possession of a medical degree. Most of the analytic world accepted Freud's position except for the righteous analysts in America, where, up until the early 1980ies, The American Psychoanalytic Association

refused to accept, train, or recognize non-medical psychoanalysts for clinical practice. They limited such non-medical individuals to research, not clinical practice. (I was offered such a possibility, which I declined).

Reik came to America in 1938 and in 1944, he became a naturalized citizen of the United States. Reik's first major text was *The Compulsion to Confess*; followed by such works as *The Unknown Murderer*, *Masochism in Modern Man*, *Myth and Guilt*, his most famous work is *Listening with the Third Ear* (1948), followed by *Fragments of a Great Confession* and *The Secret Self*...the list goes on. The desire to understand and plumb the unconscious roots of human behavior was ever present in his works. In 1948, responding to a small study group Reik was leading he, along with them, founded The National Psychological Association for Psychoanalysis (NPAP) as a center for training psychoanalysts irrespective of their possessing a medical degree or other mental health degrees or licenses. The minimum requirement was the possession of a master's degree in any discipline, along with a psychological and educational background that promised a capacity to hear the soul of another human being. Oedipal phantasies, developmental sidetracks, anxiety, and depression, in all their variations, could be addressed in psychanalysis by anyone with a basic academic degree, a personal analysis, and a commitment to learning psychoanalytic insights building on a desire to be of help to other human beings. It was hoped that such individuals would also possess a basic understanding of philosophy, history as well as literature.

In the Fall of 1968 Reik taught his last class on technique at NPAP - a class that I was fortunate to take. He was tired by then; he had written eighteen texts and had had a full practice. I remember his consultation room and seeing him, grey haired, grey bearded, glasses lower on his nose, wearing his white medical long jacket, sitting in a large comfortable leather chair, looking intently but with some tiredness as well. Throughout the class, which was conducted in a relaxed manner, his humanity, and an ever-present commitment to helping human beings, came through. He frequently related stories about Freud that conveyed the man more than his theories. His focus was on helping the students develop a relaxed but informed listening capacity and a pervasive trust that one human being could understand another human being.

That is certainly a noble ideal – a counterbalance to thinking that learning correct technique, whether Relational, Self-Psychological, Lacanian, Ego psychological or Classical was basic to leaning psychoanalysis. Of course, learning technique is obviously important; such knowledge gives a practitioner a road guide to counterbalance personal idiosyncrasies. While obviously important it was secondary to what Reik considered basic to leaning technique, that is, *the capacity, as well as the willingness, to be surprised*. Reik spells out his understanding of “surprise” in his article “New Ways in Psycho-Analytic Technique” which was published in *The International Journal of Psychoanalysis* 1933 (14:321:334). One of the implications of “surprise” is that one has a generic road map but not specific directions. Reik strongly disagreed with the detailed road map of Otto Fenichel, as articulated in Fenichel’s *Psychoanalytic Theory*

of Neurosis, an informative text for consultation but a celebration of obsessive-compulsive observations as well. One can set out on a road trip knowing one's goal with a road map in hand; or one can set out allowing enough time to explore all the side roads that look interesting - Reik was committed to the side roads of the psyche. He wrote about this: *the analyst must approach the psychic material with a conscious openness of mind. I hold that this is a sine qua non of analytic research. Students of analysis cannot be too strongly warned against setting out to investigate the unconscious psychic process with any definite ideas of what they will find, ideas probably derived from their conscious theoretical knowledge* (p.3/7). A few lines further he quotes from Goethe's Faust: *Who takes not thought, To him knowledge comes, Without a care he wins it.* (4/7) Reik underlines his conviction when he writes: *...he who does not seek, finds.* (5/7) Certainly there are strong echoes of this approach in Winnicott's reflections as well i.e., that an analyst must be open to unconscious intuitions more than conscious perception.

Reik was a classically informed analyst so of course he was open to finding oedipal issues, competitive familial patterns, penis envy and the death instinct – to name the obvious. “Finding” is, thus, a real theme in his writings...but it was a finding out that called on an analyst's capacity to hear what was not said, what was not thought or spoken – a motif of words and silences that stimulated both the analysts' and patient's knowledge, as well as what was unknown. The physicist, John Wheeler from Princeton, a master in exploring what we know of as quantum mechanics, summarized any kind of inquiry by

stating that *the questions one asks determine the answers one gets*. Obviously, but profoundly informative, nevertheless. Reik let himself be informed by what he might be hearing – more than just what the patient might be saying.

Today our patients frequently need to address and resolve developmental needs and lacuna as much, if not more, at times, than unconscious material. Our canvas is wider than what Reik worked with. If an analyst is going to be surprised – Reik's *sine qua non* for analytic work - she or he will have to have a certain character development. Reik writes: *The courage to understand and the courage not to understand – these are not intellectual qualities, but a matter of character, an expression of moral courage, an issue of inner sincerity – manifested in spite of and often in opposition to the ego.* (6/7) He concludes this article by reminding us that *suffering consciously experienced and mastered, teaches us wisdom.* (7/7)

As repression is lessened, as developmental lacunae are addressed and hopefully resolved, as the turbulence of transference and countertransference is worked through – all such avenues to self-knowledge, to human wisdom, can issue in the experience that one owns one life. Such is the foundation for a modicum of happiness, as well as of life wisdom. Finding and creating who one is an ever-present ongoing life task. There is no graduation from such a task. We must be open to repetitive surprises as we pass our days - not necessarily free of any psychological pain but appreciative of the total human condition that lets us know we have it.

In *Listening With the Third Ear*, (p.264) Reik relates one of his most dramatic examples of what he means by surprise and the psychoanalyst:

"We had been discussing the problem for a few months and she still had not overcome her grief. (Lost love, a married man had returned to his wife) At a certain point the analysis reached a deadlock. One session at the time took the following course. After a few sentences about the uneventful day, the patient fell into a long silence. She assured me that nothing was in her thoughts. Silence from me. After many minutes she complained about a toothache. She told me that she had been to the dentist yesterday. He had given her an injection and he had pulled a wisdom tooth. The spot was hurting again. New and longer silence. She pointed to my bookcase in the corner and said, "There's a book standing on its head."

"Without the slightest hesitation and in a reproachful voice I said, but why did you not tell me that you had had an abortion?" I had said it without thinking of what I would say and why I would say it. It felt as if, not I, but something in me had said that. The patient jumped up and looked at me as if I were a ghost." (She had kept this a complete secret since in Hitler's Germany her abortion could be punishable by death.) Obviously a very dramatic example of what Reik is trying to convey. Such dramatic clinical experiences may not be very common, but they exemplify the listening and trust in unconscious communication that Reik promoted. One wonders if the upside-down position of the book i.e., not the way it should be, the usual position suggested an abortion, not the way a pregnancy should be.

Let me share two incidents from my own clinical practice, which occurred many years ago, where I was surprised by my intervention(s). I have never taken extensive notes more than a patient's attendance and duration of treatment. For the most part I have been able to remember the major and sometimes minor themes that each therapy addressed. This patient was a bright young woman, in her twenties, who had been recommended to me by a colleague. She lived out on Long Island and drove in once-a-week for her sessions. Her presenting issues were that she was frequently confused and needed to talk to get a better handle on her life. She was well dressed, educated and pleasant in her manner; she needed some life help in organizing her life which she frequently experienced as out of her control. Her pleasant manner was a relief to the confusion of her conversation – topics went chaotically from one to another, past and present had to be repeatedly clarified. Her childhood, as best I was able to reconstruct it, was within normal range of parental interactions. Perhaps I was too new an analyst to know more than I did but I wanted to be of help and yet felt, repeatedly, totally unable to do so. I sometimes said to myself that as she drove in from out-of-town it was as if she lost little ego functions along the way, so that when she arrived in Manhattan, we were both working with a minimum of her functioning self. A bit overstated. I liked the patient and was concerned whether I would be able to help her. I clearly wanted to. One of the topics she would mention, in passing, was her studying – for many years – the French horn. An instrument, I knew, that needed a great deal of attention, discipline, and mastery to play it well.

During one session, when I was feeling that I was getting a bit hopeless about being able to help her have more ownership over her thoughts, reflections, and interactions, I suddenly asked her if she would bring her French horn in and play something for me. She smiled in a remarkably relaxed way and said *yes, of course*, she would bring it in next session. Which she did – the French horn is a large instrument and carrying it in her case took knowledge and strength. She sat, put the case aside and for about ten to fifteen minutes played masterfully – with intention, feeling and interpretation. I felt I had been transferred to Carnegie Hall for a short performance. I smiled and thanked her when she was finished and told her how much I appreciated her playing; I cannot remember what she played since I was more focused on that she played and the obvious mastery and discipline it took to give such a playing.

We then spent the rest of this session – as well as subsequent sessions, talking about how long she studied, how she studied, what was particularly difficult about the French horn and who she had played for. Did this experience solve her disorganized way of speaking about her life? No, I don't think so. Did this help her, by way of comparison, to experience before and after, cause and effect better? Yes, it did. Something she was able to experience and acknowledge. We worked together for another few months when she told me that it was a particularly long drive in for her sessions and that she felt she was now able to handle her life better and that she wanted to stop therapy. My experience was that this was more an adult decision rather than a resistance; although if I had listened to the Ego Psychology psychoanalysis theory in which I had been indoctrinated, I might

have interpreted her decision as a resistance. Multi-determination won out and we set a date and I wished her well and told her I was always available for her to call. And with a focus that was still somewhat intermittent she thanked me for helping her. That was many years ago. My hope was, and is, that she has had a productive happy life.

When I presented this short therapy vignette at a small conference with a very classically trained analyst, as commentator, all I got was some meager acknowledgement that perhaps the treatment was helpful to the individual. I had clearly done something outside of acceptable parameters. I had been a seminarian student for ten years and a lay professor of theology long enough to recognize the triumph of ideology over insight. In my subsequent studies in quantum physics, it became clearer that psychoanalysis has, on occasion, stalled itself – so to speak – confusing discipline of practice with right and wrong interventions.

Finally let me briefly share another therapeutic surprise moment, surprise on my part.... that opened a patient's past in a productive way. Again, this incident took place many years ago. I had been working with a young man in his late thirties, a high school teacher, a particularly thin individual. The therapy had been going well but something was lacking – what, I did not know. I was seeing the patient once-a-week. One afternoon – we met at 4:00 - he came in and started talking but soon interrupted himself, saying he had a headache. I did not focus immediately on any unconscious meanings the headache might have. Instead, I just asked him, almost without thinking, when he had last eaten. He said he had had some light breakfast at 6:30 but

nothing since then; he had no time for anything else. I immediately (without forethought) got up and asked him to come with me. We left my office, went down to the corner diner, and had coffee and some sweet cakes. We stayed there maybe fifteen minutes – when he went to pay, I said this was part of the session and that I would pay. Returning to my office he suddenly started talking about how traumatic meals were when he was growing up. His mother would start cooking mostly the same exact meal every night at six, but it was never ready before nine – to everyone’s extreme hunger and his father’s frequent rage(s) at his wife.

The next few sessions were taken up with such growing up experiences and his and my exploration of the consequences of such repetitive behavior on his integrating everyday operational knowledge. A basic ego function had atrophied a bit. This incident and its fall out became a focal point for organizing his eating, working, and dating; he was able to use it repeatedly as a jumping off point. As I thought about it then, and even think about it now, I can ask myself if similar results would have been achieved by a more tradition intervention, that is, just to have asked him about eating experiences when he was growing up. I had surprised myself with my intervention, never fully sure why I did that, despite its apparent positive results. I ordinarily would have just asked him what it was like growing up around mealtime – and would have received the same information. Why did I not follow my usual procedure? What possessed me to act almost without conscious reflection? I can only conclude that action, not words, was particularly necessary to make the experience of taking care of himself concrete. I was not the good mother –

rather, I concretized an essential ego function – as I reflected on it. I still think about my intervention.

Surprise cannot be a cover all. Reik means it as an avenue for unconscious awareness to find a voice. Getting food to counterbalance a headache was helpful in freeing up a lot of feelings and experiences from childhood, but possibly misleading in understanding my therapeutic role. Winnicott was known to provide cookies and milk to severely disturbed patients during session; my patient was not severely disturbed but was caught in a repetition of the self-deprivation that he had experienced growing up.

Analysts are not called on to be the good mothers or fathers. That is not our function. During our remaining work together, we discussed why such an intervention was necessary. The patient spoke of how it made his situation real - we walked around the issue at different times during the remaining months of treatment. The patient stayed another year or so and progressively became more aware of his actions, his weight, and the consequences of not attending to his bodily functions. He gained weight. He recalled other actions of his mother which reflected her incapacity to function realistically. I consider it a modest success when a patient leaves and has no further need of therapy. Of course, he may well have decided, later in his life, to work with someone else. I still walk around my decision to take him to get some food and sugar in his system. Did I somehow need to be the good parent? Or was I convinced, unconsciously, that anything short of a concrete action would fall on willing, but deaf ears?

Many of the scientist I have read stress the fact that science learns just as much from what does not work, does not lead anywhere as from those explorations that open new vistas. Werner Heisenberg discovered a simple yet profound reality about the basic functioning of particles, namely that one can know the velocity of a moving proton, or its specific location, but both realities cannot be known at the same time. To know one is not to know the other. Knowledge of the sub-atomic world is difficult and many times remarkably puzzling. Likewise knowledge of the mind, of repression, of dreams, of memories, of hopes is clouded – that seems to be how we are made. To work productively to inform yourself, as best you can, with history and philosophy, with the study of religion and literature and bring whatever such learning you have been able to acquire to the psychoanalytic arena. Theories of technique are informative but not normative – theories of development are informative but not normative. Psychoanalysis has made many errors in its more than one-hundred-year history to think otherwise. Errors are necessary - as long as long as we recognize them as errors – such experiences help on the road to greater knowledge.

Read *Listening with the Third Ear....* If you have not already done so, read it as soon as you have the time. It may not give you more specific knowledge, but it should help you trust what we call your unconscious. And if your time is limited and you cannot read as much literature or philosophy as you might like – then find a poet – keep looking – find a poet who talks to you and get the sense of surprise that insight can give – insight that lets you know that as a patient is talking, we should be writing our own

autobiography, as well. On the deepest level we are all one. In the experience of knowing another human being we are also learning about ourselves. Be dedicated in your work – our deficiencies are not humiliations but can be used to just deepen our appreciation of the human situation. We have to try to learn from everything we can – that is what is confirmed for me whenever I have the opportunity to read Reik. Thank you.

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