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CONVERSATIONS WITH HOWARD SHEVRIN
II
Ann Arbor, June 17th, 2005

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Summary: According to Howard Shevrin, psychoanalysis is first and foremost due to Freud's creation of a new method: the patients have to say anything that comes into their minds. For the first time, it became possible to be in touch with the full extent of human experience. The two fundamental pillars of psychoanalysis are (1) the dynamic unconscious and (2) the primary process nature of that psychological unconscious. The psychoanalytic method is based on assumptions for which the evidence can only be provided from a more basic science. Psychoanalysis is over rich in theory, while psychology has empirical generalizations but no real overarching theories. As a result, researchers in psychology come up with a lot of usually trivial findings, but these findings get lost, because there is no context in which they can remain, so the same things are discovered over and over again. While psychoanalysis as a treatment has come under attack, psychoanalysis as an understanding of the mind has been doing much better. However, unless that theory is presented in a coherent way and takes into account recent scientific developments, it will simply fall and its bones will be picked.

Key words: Shevrin, Psychoanalysis, Science, Psychology, Unconscious.

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Psychoanalysis

A.B.: What in your mind fundamentally defines psychoanalysis?

H.S.: The first thing is *Freud's great creation of a new method*. It was new in a very simple way: the *patients had to say anything that came into their minds*. As simple as that sounds, this opened the door to people telling analysts, starting with Freud, about things that they would not or almost never tell other people. Not simply about their sexual lives or their unhappiness, but also dreams, fantasies, memories, perceptions, feelings, there was nothing that the method

said you can't talk about. Now this is unique, no other method in psychiatry or psychology does that. If you are a cognitive behavioral therapist, you're interested in your patient's beliefs, especially those negative beliefs that it is assumed, cause depression. If you are a biological psychiatrist, you are interested in reports on how the symptom is doing once treated with the medication. So, each of those methods is narrow, it focuses on one thing or another as critical and the rest is essentially irrelevant. Every psychological experiment focuses on one thing or another, it seldom focuses on more than that. When it does so, it becomes a problem, in terms of how systematic and how controlled it could be. Each of these methods has its own rationale. I'm not going to dispute that, I simply want to say that the psychoanalytical method is qualitatively different. As a result the analyst, right from the beginning, became aware of things in people's lives, which ordinarily he wouldn't. We know that in the course of opening the door wide to individual's experiences of any kind, you discover things that no other method can yield, including the difficulty people encounter when trying to follow the simple rule. This is all before any treatment is done, this is all before any theory is conceived, it is just simply a method. I stress that because the history of science tells us, that often what drives a field is the development of a new method that makes available phenomena that other methods, up to that time, have not succeeded in doing. So if you invent a telescope suddenly you see things in the skies no one has ever seen before and we never imagined were there. A successful scientific method opens up new phenomena that ordinarily you would not have access to. Now, if you have a telescope you can study what's in the heavens, you can't study what's crawling under your feet. That makes a very important point: every method has its limitations, there is no perfect method. So what is the major problem with the psychoanalytical method? The major problem is actually the other side of the same coin: the analyst is embarrassed by riches! He sits and listens and out come dreams, out come fantasies, memories, feelings – sometimes towards the analyst. What do you do with these things, how do you begin to manage that? Every method in one way or another poses that kind of problem, but the psychoanalytic method perhaps has this problem more so than any other method, because it is so broad and deep; literally nothing human is alien to it. So it is a strength and at the same time it is a weakness. Now its strength in my judgement certainly overrides its weakness, simply because it enables us to find out about what goes on in the inner life of other people. The only

other field in human experience I can think of that does the same thing, only certainly not in the same way, is good literature. When the novelist writes a novel, he's telling you about his characters, dreams, fantasies, desires and wishes, and that's part of the pleasure and entertainment and actually education in reading a great novel or seeing a great play. Freud indeed clearly stated his indebtedness to artists, much more so than to psychiatrists or psychologists who ended up having tunnel vision. So I would say the great strength of psychoanalysis is Freud's discovery of the psychoanalytic method: *for the first time it became possible for physicians, psychologist or whoever uses the method to be in touch with the full extent of human experience*. Now, the second important part of the method is that it is supposed to take place in a non-judgemental relationship. After all, you go to confession and tell the priest things that are pretty nasty, sexual or whatever, but of course there the aim is to confess your sins, and then you're absolved presumably till the next time. But this is very different because the priest must render a judgement. In fact, you yourself have already made a judgment that you committed a sin. Also again, it narrows the scope, you go to the priest for absolution. You know this joke about this old guy who goes to confession and the priest says, "Well what have you to say, my son?" The old man replied, "I'm a very old man and I met this beautiful young woman and she fell in love with me" – do you know this story?

A.B.: No.

H.S.: "... and we had great sex etc. etc." and the priest was listening and said, "What are you confessing, why are you coming here?" He says, "Who else can I tell?"

[Laughing.]

H.S.: So, you see that he was trying to make an analyst out of the priest... Now, I think that these important characteristics are at the core: the fact that there is a place and a relationship where a person can go to convey anything and everything about themselves and not be judged and not be absolved or condemned. The important scientific accomplishment of such a method is that suddenly, analysts, as no other people before, became privy to so much about what goes on in human lives. That's what a truly innovative method achieves: it puts you in touch with phenomena that otherwise you would not have access to. And it does so in a systematic way, meaning that even with a telescope, you have to know how to use it – how to point it, how to

look through it – and of course, you have to know how to construct a telescope... Now we're getting to the more scientific aspects of it: how does the method work? Every method is based on assumptions. For example, if you look through a telescope, in order for you to say "what I'm seeing is way out there", you have to accept certain things as proven: you have to accept that those lenses in your telescope are enlarging things; you have to accept the findings of optics if you're going to infer something from what you see. Fortunately for the astronomers, for the telescope the laws of optics have been well worked out. Psychoanalysis is also based on certain assumptions but it isn't in that happy position where it can say: "Our method, our assumption of an unconscious, our assumption on the way the unconscious works, we get that from another science." That's what we are trying to do. In other words, every science is based on something else which it is using and we finally get down to the ultimate reduction which is presumably at the cellular and molecular the level, although one doesn't have to buy that, but nevertheless there is a sequence here. So, not getting that far, *the psychoanalytic method, that opens our eyes and ears wide, is based on certain assumptions for which the evidence can only be provided from a more basic science.* Basic not in any derogatory sense, but basic in the sense that it underlies the assumptions that have to be made by the method you're using.

A.B.: Are you saying that the major assumption that psychoanalysis made is the assumption of the unconscious?

H.S.: Well, I go back to Freud, who says there are *two fundamental pillars*, one is *the psychological unconscious* and two is that we infer the nature of that psychological unconscious from consciousness and behavior and that it is always represented in some indirect way [i.e. through *the primary process*]. That is what we would call *the dynamic unconscious* because surely the preconscious is direct. For my colleague clinicians, who are seeing patients daily, the notion of a dynamic unconscious and the notion of the primary process – or this strange way in which it works – is second nature, and they are using it all the time and they're finding it beneficial. Therefore they are convinced of its existence. There is some truth to that, but it can't be fully defended outside of psychoanalysis. This is what I mean: all during the nineteenth century evidence began to accumulate from all kinds of experiments and observations that the properties of liquids and solids and gases can only be understood if you assume something about their structure beyond what you can see. So the hypothesis

developed that there are molecules and that molecules are made up of certain constituents, and these constituents when they are joined together, change their properties. All this was a theoretical model to explain things that were observable. But no one ever saw a molecule and no one ever saw a chemical bond on that level, but at the same time chemists became more and more convinced this had to be the case, because otherwise their observations would not make any sense. Of course, now with electron microscopes we can see molecules so that's finished. Molecules *are* there, and the alchemists are out of business. But even there we make a number of assumptions about that it is a molecule. It isn't just that a molecule appears and there it is, again, you're using a special microscope, an electronic microscope, that is making its own assumptions. You can't get away from it but you can only proceed step by step. So, you might say that the concept of the molecular constituents of substance during the nineteenth century was like the assumption of an unconscious nowadays: there was no independent evidence of its existence, but if you threw that away, things didn't make sense. This is the position of many clinical analysts: if you would discard the notion of an unconscious, you just couldn't make sense of what the method reveals. Now, fortunately for chemistry and not so fortunately for psychoanalysis, unless you're an alchemist, you have to decide to agree that there *must be* molecules and some day we might be able to see them, but no one is going to dispute the fact that they really must exist even though we can't see them. That's not the situation in psychoanalysis. With psychoanalysis, there are a lot of people who say: "I can do without that idea, I can treat people and get them better, and I can imagine how the mind works without something like the concept of an unconscious." It would be as if in the nineteenth century there were a substantial number of chemists who said: "No, this notion of molecules is just not necessary." So that's why the situation of psychoanalysis is different: it's subject to skeptical questioning, debate and also rejection and indifference, "I don't make that assumption and I don't need it." That's why we do need the kind of work that we are doing.

A.B.: Can you explain what dynamic unconscious means in your opinion.

H.S.: The two pillars are the dynamic unconscious and the primary process. The usual definition of the dynamic unconscious is that it's that part of the unconscious that is repressed. Although that is a simplification because Freud talked about primary repression, a strange idea he considered to be essential to the whole concept of

repression. What he meant is that there were certain powerful drives that cannot achieve consciousness. They are not repressed in the secondary sense of after-repulsion that happens when a thought comes into your mind so horrendous and so counter to your own set of values, that you suppress it and then after being suppressed, it's repressed. Erdelyi claims that you don't have to talk about repression as anything other than an act of conscious suppression. But, even if there are gradations the properties can still vary qualitatively. For example, water in a liquid state gradually chills the colder it gets and eventually becomes ice, but ice has different properties from liquid water. Similarly, if you heat it up it will become a gaseous vapor, but the properties of the vapor are different. So Erdelyi has a problem there. I don't know how he deals with it.

A.B.: Are you saying that the dynamic unconscious is qualitatively different from consciousness?

H.S.: Yes, it is qualitatively different from consciousness although we also know that conscious experiences under certain conditions involve primary process rules: under the conditions of trauma, and other kinds of regression. Again, it's like water becoming ice: if you look at ice, you'll always find some liquid on it, at the transition point between melting and freezing. So I think that generally speaking, the dynamic unconscious is organized on the basis of the primary processes; consciousness, depending on conditions, is usually secondary process, but not always.

A.B.: Could you explain for a layman what primary and secondary processes are?

H.S.: Well, a good place to start would be to say that in ordinary daily life when people are acting in ways considered irrational, in the ordinary meaning of the word irrational, that properly understood it's likely following primary process rules. And that when people are talking or acting in a way that we ordinarily consider to be reasonable, then it's secondary process. Now, how to then further understand what we mean by the irrational, then we get into some tougher questions. Does it mean that when someone is behaving irrationally there is no regularity or lawfulness to it, that it is something entirely random?

A.B.: Like Shakespeare says: "Although this is madness there is a method in it"...

H.S.: That's right, yes... Ordinarily when we talk about somebody as irrational, we mean that their thinking doesn't make sense. But the reference for making sense is reasonable thinking, but that does not mean that the way of thinking irrationally doesn't have its own

reasons, its own regularities. That's where Freud made some very important discoveries: *the seemingly irrational is not necessarily without its own principles or organization*, although they are different from the principles and organization of rational thought and behavior. Perhaps the best example in ordinary human experience is provided by our dreams: we have strange experiences off and on during the night in which things happen that are really irrational and yet there it is, we dream about them. We even recall many of them and they seem to be just simply without any sense or meaning. What Freud told us is that it's not so: if you have the right understanding of how a dream is made, then it is following its own rules, and not the rules of ordinary reason. This is what is meant by primary process. But what these rules are, that would take us into discussing some of Freud's discoveries.

A.B.: Speaking of Freud, is Freud your primary reference when you speak, when you think about psychoanalysis, when you work with psychoanalysis, in your clinics and in your research?

H.S.: Well that depends on the purpose. In terms of understanding the theory, I turn to Freud first, but I think of other people as well. I am also very much beholden in my thinking to a group that are generally called the ego-psychologists, like Rapaport¹, Hartmann² and Rubinstein³. Rubinstein is seldom a person that many people refer to, yet I think of him as another one of the seminal minds in understanding the nature of psychoanalytical theory, and what its strengths and problems are. So I cite and refer back to these people very frequently in my own writing. Now, with respect to my clinical work, I'm more likely to think of people like Brenner⁴ and Arlow⁵ for

1. See note 2, p. 219.

2. Heinz Hartmann (1894 in Vienna-1970 in New York), was a psychiatrist and psychoanalyst. He is considered one of the founders and principal representatives of Ego-psychology. In 1937, at the Viennese Psychological Society, he presented a study on the psychology of *Me*, a topic on which he would later expand on when writing his work translated into French under the title of *La psychologie du Moi et le problème de l'adaptation* [The Ego Psychology and the problem of its adaptation] (Hartmann, 1939). It was this work that marked the development of the theoretical movement known as Ego-psychology.

3. See note 3, p. 220.

4. Charles Brenner (1904-2008) reigned for nearly a half-century as the dean of American psychoanalysis, working to clarify, refine and fiercely defend its core principles. A neurologist by training, Brenner applied to psychoanalysis a ruthless scientific intellect that helped clarify Freud's canon for working therapists and eventually led him to formulate a theory of motivation that has had a profound effect on analytic treatment. His 1955 book, *An Elementary Textbook of Psychoanalysis*, became a standard reference in training programs and sold more than a million copies, becoming the best-selling text on psychoanalysis by someone other than its inventor (Brenner, 1955). His landmark 1964 text, with Jacob Arlow, *Psychoanalytic Concepts and the Structural Theory*, extended Freudian thinking to argue that patients should understand

example, contemporary psychoanalysts who have written well about the clinical theory. My own inclination in clinical work is to draw upon the so called structural theory⁶, although with considerable modification, because unlike what people like Arlow and Brenner believe – that is, you have to do away with topographic theory, unconscious, pre-conscious, conscious – I think you can't do without it, either clinically or theoretically. There are a lot of other people I read but I don't think I would place them at the same level.

A.B.: And what about Freud's theory? Do you take all of it or, for example, I know the death-drive has been somewhat in a controversial position here?

H.S.: Well, I have two minds about it. I admire Freud because he tackles big problems and he is very willing to go out on a limb. The big problem he confronted – and we all think about it – personally and philosophically, is: "Why the hell do we die?" We've got a good thing going, pretty good brain and body and all that, so how come we die?

not only the mental barriers underlying their distress, but also exactly which thoughts were being blocked – say, a self-sabotaging guilt about success or an urge to be punished for feeling pleasure (Brenner & Arlow, 1964). In a break from strict orthodoxy, Brenner argued that Freud's concepts of the ego, the id, and the superego were just that, concepts, and that the engine of human motivation was more like a psychological calculator, continuously computing ratios of pleasure versus pain: the gratification that would come from a love affair, for instance, versus the risk of discovery and abiding ache of guilt.

5. Jacob Arlow (1912-2004) was one of the most important and valuable members of the psychoanalytic community of the United States in the second half of the 20th century. He was the author of a work of history titled *The Legacy of Sigmund Freud* (Arlow, 1956). Arlow advanced the view that sensory perception is a complex phenomenon influenced both by external sensations and by coexisting inner unconscious wishes and fears. He made important contributions to the understanding of empathy, to the role of the experience of déjà vu, and to the significance of psychoanalytic understanding of the psychology of art, literature, and religion. However, he is best known for the demonstration of the part played by unconscious fantasies in the genesis of the neurotic symptoms and characterological abnormalities that every psychotherapist attempts to identify and correct.

6. In 1923, in the wake of his revisions of the theory of instincts on the one hand, and of object relations on the other, Freud published *The Ego and the Id* (Freud, 1923b), and with it sharply revised his original theory of the mind. In his new model, commonly called the "structural theory," Freud introduced three new agencies – *ego* ("I"), *id* ("It"), and *superego* ("Over-I") – to represent intrapsychic mental functioning. The *ego* referred to the self, as the executive agency of the psychic system, governed by the secondary process, and responsible for conscious thought, fantasy, defense, and symptom formation. The *id* was the realm of the unconscious processes and thoughts, governed by the instincts (libido and aggression) and the primary process. The *superego* represented the conscience, the critical (and also loving) internal representation of one's parents or caregivers that was the internalized legacy of the repression of the Oedipus complex. These new agencies reflected the increased prominence of object relations and the pervasive nature of conflict in the system, and a recognition that the essential goal of psychoanalysis was not merely to make the unconscious conscious, but to bring instinctual impulses under the sway of the ego.

We know a lot about what happens as we age, just as now we know a good deal about sleep. One looks upon being tired as a cumulative sense of fatigue: you're active during the day and you get more and more fatigued, and so finally there comes the time to go to sleep and you are ready to go to sleep. But we know it isn't that simple, we know certain things have to go on in your brain and in your body for you to *feel tired*. If those things don't happen, you don't feel tired, even though you want to feel tired, you may want to sleep. So, it isn't a naturally automatic event that happens. I think similarly about ageing and dying. We now know it's a complex process, it isn't simply a matter of *one gets old and dies*. Dying is an active biological process: there are forces within cells that produce their death. And there are guys out there who are trying to make us immortal, or at least to live a very long time, if you find out what that activity is that produces what we experience as ageing. Especially in American culture everybody wants to look twenty as long as possible. Certainly they are trying to hold back that process, but again, like sleep, getting tired and getting old is as active a process as growing up.

A.B.: So there is a death-drive?

H.S.: So, something is going on that is active. Now, at what level are we talking? At the cellular level there is apoptosis: there are things going on in the cellular body that when they are turned on, kill the cell. If this is not turned on, the cell continues to live, or divide like it does ordinarily. So the cell, in principle, is immortal unless something kills it. Which in other words means that with aging and death, there is something active going on. Freud came up with the notion of Thanatos, or the death-instinct, or the death-drive. But one has to be careful because often his thinking is incomplete. Indeed, at what level is this Thanatos operating? Suppose the death-drive is in fact at the level of those powerful things that go on in cells and that there are things that can force the cell to self-destruct or things that can slow it down or make it not happen at all. If you follow that through you could say that we were both meant to live but also meant to die, that is: we have to obey the processes that kill us just as we have to obey the processes that bring us life and sustain life. What I mean is, it's not simply like running down a hill, it's not simply passive, it's something active. And I think it cumulates over the years. In that sense I think there is something to the death drive. But what Freud had in mind was the counterpart of Eros. And that it is mental in nature. Now that's something open to debate, whether it's a drive that has a mental representative. That's a big step, that's a very big step...

A.B.: ... one that you would be hesitant to take?

H.S.: At this time, yes, because I'd say that from a question of parsimony, of economy of thinking, the evidence is more at a molecular level and maybe at a tissue level, but it's hard to see how that would be reflected on a mental level. Maybe Freud would say, "Hey wait a minute, World War I, World War II, Vietnam, Iraq... people murder each other, they commit suicide, they're doing a lot of things that are self-destructive, where is that coming from?" At this point I answer: well, it's possible that you could try to account for this by assuming that there is a death-drive, that people are actively seeking death in a mental psychological way, and that they are responsive to a drive, in the same sense as our sexual life is... but on the other hand it seems those circumstances that we are talking about – murder, suicide, genocide – are far more complicated than that. Whether something like a death-drive plays some part or whether it is the main part, I'm not sure, I'm not sure... The same argument in psychoanalysis has gone on about aggression. Is there an intrinsic aggressive drive, something built into us that leads us to harm, hurt other people, and to get gratification out of it. Or as Kohut and others say: "Aggression isn't primary, it's secondary, it's reactive."⁷ In other words, we don't want to hurt other people unless we are protecting and defending ourselves. We are not intrinsically aggressive and if everything would be nice, we wouldn't hurt other people... I don't believe that. When it comes to aggression, I believe that it is primary. And there is a lot of evidence now for it. Some recent observations of chimpanzees who kill each other, and have no reason to do it – in the usual sense, I'm sure there is something going on – and it isn't necessarily about territory and it isn't about mates, they just get a kick out of hurting.

A.B.: I guess, when you see patients, you must hear about their fantasies and their dreams, and probably some of them are aggressive, without real reasons to be aggressive.

H.S.: Yes, there are rationalizations of course, but yes, and I think of one's own experience. We each have sadistic impulses and desires that we want to gratify. So I'm on the side of aggression being primary, but I'm not so quick to say I'm on the side of the death-drive

7. Heinz Kohut (1913-1981) is an Austrian born American psychiatrist best known for his development of Self Psychology, a school of thought within psychodynamic/psychoanalytic theory. Kohut's contributions transformed the modern practice of analytic and dynamic treatment approaches.

at this point. I am a little uneasy about that. It seems to me too easy a solution.

A.B.: ... right. Something else: why in your opinion has psychoanalysis such a controversial position in science and in psychology? And do psychoanalysts have themselves to blame for this in part?

H.S.: Yes, I think analysts have themselves to blame in part, to be sure and it's not difficult to identify what that part is. But on the other side, there has always been opposition to psychoanalysis from the beginning, and there are a number of reasons, they cover quite a broad spectrum. For a long time, there was the position taken by some very outstanding philosophers, like Popper, who maintained that psychoanalytic propositions are not falsifiable and therefore don't qualify as scientific propositions.⁸ That has pretty much died out. And so the opposition comes from those in psychology and psychiatry – and more so now than ever before – who will take position that psychoanalysis has no real evidential base: it's a speculative approach to the human mind, it makes claims that it really can not substantiate and so it can't be taken seriously. They are asking: "Where is the evidence? Where is the systematic research that could support these ideas? Where is even the evidence that you help people to get better?" There is a lot of evidence accumulating that many of these critics are unaware of, but nevertheless that's their position. Aside from this methodological issue there also is the position that "We can do what you do in a simpler way. When a person is depressed, we give them medication. Or we help them change their depressive beliefs. Why do we need all this business about transference, counter-transference, life story, defenses and so on. It takes years, it's expensive. We can do it simpler." Think of phobia: this man has a phobia, you tell me it's an unconscious conflict, he should go in treatment, build a treatment relationship, you have to find out what the spider, or whatever it is, means, how he got to be afraid of it... Just expose him gradually to spiders for a couple of hours and it is finished. This is the question of the efficacy of the treatment: the treatment seems overly long and overly expensive and some of the same effects presumably can be

8. Sir Karl Popper (1902-1994) was an Austrian and British philosopher. He is counted among the most influential philosophers of science of the 20th century, and also wrote extensively on social and political philosophy. Popper is known for repudiating the classical observationalist/inductivist account of scientific method by advancing empirical falsification instead; for his opposition to the classical justificationist account of knowledge which he replaced with critical rationalism, "the first non justificational philosophy of criticism in the history of philosophy."

achieved in a shorter time with simpler methods. Then there is the opposition at the level of the theory. Usually what you hear from psychologists: "Oh what is this myth about the ego and the super-ego. I don't want to buy that." And then, finally, I think there is a very real divide in scientific culture, which is not as much the case on the continent. American psychology, in particular, is based on British empiricism that basically says: "Go out and find things, tell me what you found that's interesting!" Empiricists have always been very skeptical about theory. In their view, the aim of science is to discover things and then to sort of try to put them together, arrive at some empirical generalization. Now, this is further reinforced in America by the fact that you have to apply for a grant to find things: no one is going to give you a grant to develop a theory, that you have to do on your own. That is very different on the continent that has a tradition of speculative scientific thinking. Freud was a student of Brentano; he was very influenced by him.⁹ I don't think there is any American psychologist who claimed to be influenced by a philosopher. Now interestingly, that is true for psychology and in many ways for psychiatry, but not for other sciences. Physics? My god, they speculate all over the place! They come up with the strangest ideas, and that's considered the fun part of science. Analysts have never been reluctant to come up with theories. We have many many theories, but this is what makes a lot of these people very skeptical: "How come you have to have all these theories, where is it all going, why do you need them?" And to some extent they're right. But nevertheless they have a phobia for theory; they think it's a waste of time, that somehow the understanding will come out of the findings. Of course it won't. So the two sides of American psychology comes up *with findings after findings after findings, usually very trivial, and since they don't really have theories – yes, sure they have empirical generalizations but they don't have overarching theories – what happens is the findings get lost, because there is no context in which they can remain, so they keep on discovering the same thing over and over again*. When you read psychological journals, if it goes back more than ten years in the literature, it's remarkable. Open any journal, you'll find all kind of findings in many circumscribed areas, but no crossing over, and even

9. Franz Brentano (1838-1917) was a German philosopher and an influential figure in both philosophy and psychology. His influence was felt by other figures such as Sigmund Freud and Edmund Husserl who followed and adapted Brentano's views. Brentano is best known for his reintroduction of the concept of intentionality.

if you go to a journal like *Psychological Review* which is supposed to devote itself to theory, and reviewing an area, very rarely will you find a review that doesn't simply say, "Well these guys found this, and these guys found that, and this doesn't seem to fit with this, and this not with that..." And again you end up with: "Ok, so what?" So, psychoanalysis is over rich in theory, psychology is impoverished when it comes to theory. The same thing is happening in neuroscience because there is the same kind of attitude there. So again: "If we show a fear stimulus and mask it so that it is not in awareness, the right side of the amygdala lights up. And that's where fear is processed unconsciously." Would it maybe feel differently if you didn't find it? In other words, would it make a difference to your ideas about how the brain works and how the mind works that you found it? That's what I said in my Vienna paper (Shevrin, 2005): if you hadn't found it, it would make a big difference only to one theory and that's psychoanalysis. It makes no difference to any of the rest of you, if it lit up or didn't light up. If it didn't light up you would say: "Well, you see, there is no unconscious." And if it lit up: "Yes, there is an unconscious." So it has no relevance, it has no import. And that's not science, you see, that's not science.

A.B.: What is science fundamentally to you?

H.S.: Well, it is what I'm saying, it is really coming to an understanding about what the world is like, and what we're like, and what the heavens are like. I think there is a place for people who say "Look, I really just want to find out about how many stars there are in the sky and I'm going to devote my life in writing down all the stars in that corner of the sky." We have to have people like that, but if we only had people like that, we wouldn't have an astronomical science. Look at the great scientists, like Darwin, he went around and he measured the beaks of finches, but he didn't stop there. He wondered: "*What does it all mean, how do you put this all together?*" So simply noting and classifying observations is a noble thing to do, but if you only do that, or if this is the only thing that's done, it's not science – it's not fun either.

A.B.: Yes, I agree. How do you address the criticisms about psychoanalysis being a long complicated process, while there are short therapies, like exposure...

H.S.: I think, as psychoanalysts we have not addressed that part. The fact of the matter is that over the course of the history of psychoanalysis, analysis is growing longer and longer. I wondered "How come?" In other forms of treatment, as you learn more, it gets

shorter and shorter and it gets better and better. But why in analysis does it get longer and longer? Why with Freud treatment was two months, six months ... a year, and how come it is now seven, eight, nine, ten, eleven, twelve years? What accounts for that? Do you have an answer?

A.B.: I don't know.

H.S.: It's a paradox because we think we know more as clinicians and yet, it doesn't reduce the length of the treatment: it gets longer. There is an analogy to this. No one raises any question about the fact that nowadays in order to make your way in the world you have to have about fifteen to twenty years of education. It wasn't always that way. Education was learning a trade, you learned a few skills, and you read books and you met with your mentors and you studied... That is pretty much what I would say has happened in psychoanalysis: as analysts had gained more experience about the nature of pathology and conflicts, there is more that can be done. That, I think, is the beginning of a fallacy. It's like using a telescope: no matter where you're looking, you're going to see something. But there is a question that could be raised about psychoanalysis in that perspective and it is not a theoretical or methodological question, it's a question of pragmatics. A proposal was made by Erik Erikson.¹⁰ Erikson was predominantly a developmental analyst, a child analyst, specialized in the treatment of adolescents. He said: "Look, sure we have a method that allows us to find out more and therefore we think we can help more... so if the patient is disposed, time is there, money is there, then we go on." But he said there is also a pragmatics involved here. For example, there was a time when the analyst at the beginning would exact a promise from the patient that during the length of the analysis, he would not undertake any major change in his life, wouldn't change jobs, wouldn't get married or divorced, wouldn't have a kid – because only then would there not be disruptions to the course of the treatment. Eriksson said that this doesn't make sense. Suppose you're treating a young person and he's in the midst of choosing a way of life, of choosing what to do with himself, what profession and so on. Suppose the analysis begins to help him to sort out what he wants to do, and suppose the patient then says: "I feel I've gained a good deal in the treatment. I feel I know what field I want to go into. There is a

10. Erik Erikson (1902-1994) was a German born American developmental psychologist and psychoanalyst known for his theory on social development of human beings, and for coining the phrase *identity crisis*.

university in this other city I need to go to. Thank you for helping me to figure out what I want. I feel very positive about this but it means I'll have to stop and go to the other city to continue my studies." In the old days, the analysts looked upon that as a resistance to the continuation of the analysis. To some extent that may be true, but the fact of the matter is that there is something else that is more important. The person is in fact making a significant life decision at an appropriate time, that, ironically, the analysis helped him to creatively make! So it's time for the analysis to end, says Erikson. He had this theory of different stages of life, each with its particular challenges and solutions. He floated the idea, which I never heard anybody else but me talk about, that maybe an analysis should be undertaken with the understanding that there can always be change. Erikson says that as the patient begins to tackle a particular life challenge with the help of the analysis and begins to resolve it and therefore is free to make a choice, fine, that doesn't mean everything has been solved. Supposing ten fifteen years down the line, the individual finds out something else is not going right in his life and so he returns to analysis... Fine, but you don't stay forever, regardless of what is going on in your life! So I think analysts have to recognize that and not many do, not many do... That's why I think in many cases analysis goes on and on and is subject to criticisms which to some extent have some merit. The anxiety is there that patients would get involved and get dependent of the analyst and not want to leave. I think that those analysts who maintain that you're in for the duration until you're perfectly cured, to some extent, are fostering that kind of dependency. As the individual is making progress and growing and the analyst interprets that as a resistance, first of all this fosters a lot of rage but then it may also foster an intensification of the positive transference. Often, in my experience with people in analysis, there seems to be a natural point, in the sense of "Fine, I got a lot out of this" – and often patients put it that way – "I want to get on with my life." Often analysis becomes this cocoon-like place where you can retreat and in a sense feel safe, even though you may be engaged in all kind of struggles with the analyst. And sometimes that's not analyzed, the fact that life may be going on without the kind of participation and attention that it deserves from the patient. So I find, when patients begin mainly to talk about the analysis and me, and they're not talking about what's going on in their lives, that's not a good sign.

A.B.: ... this is the last question: how do you see the future of psychoanalysis and what do you wish for its future?

H.S.: There is a great irony. *Psychoanalysis as a treatment has come under attack* for a number of reasons, some of them entirely independent of whatever analysts do, some of them because of how the analysts have indeed been. The last fifteen years or so, there has been a diminishing interest in becoming an analyst, analysts struggle to have adequate psychoanalytical patients, fees have had to go down as a result and it isn't as easy to make a nice living as a psychoanalyst unless you're in the very small upper level. There seem to be *some* indications that that may be changing and why it's changing is something that is an interesting thing to know. *On the other hand, psychoanalysis as representing a certain understanding of the mind, that, I think, has been doing much better.* In fact, cognitive psychologists and neuroscientists are finding things that tend to be supportive of the psychoanalytical view of the mind and its relationship to the brain. So the theory prospers – up to a point of course, because there are still many critics. But I think these people are getting a little bit interested from my dealings with them, participating in meetings, etc. They find a little place up there in the prefrontal cortex and "Wow that has to do with moral judgment!" They say moral judgment, but they don't see the connection with the super ego and they say "Super ego, what the hell is a super ego?" But then, when you explain that it has certain functions including moral judgment and so... Anyway, so I think the findings that are developing in these related fields are generally supportive of psychoanalysis. And even in the whole marvelous area of sleep-dream research, there are very interesting findings. Alan Eiser has a paper on parasomnias or REM behavior disorders (RBDs) (Eiser & Schenck, 2005).¹¹ In this disorder the ordinary atonia¹² in sleep is lacking because of some neurological defect, so the patients begin to act out their dreams. Usually people who develop RBD are older men – it's

11. Alan Eiser is a clinical psychologist at the University of Michigan with a practice in psychoanalytically-oriented psychotherapy as well as a specialization in sleep disorders. He has been involved in research on sleep in psychiatric patients, and his present emphases are on dreaming and psychological aspects of sleep disorders. Representative of his current work are a commentary he co-authored with Howard Shevrin "Continued Vitality of the Freudian Theory of Dreaming", which appeared in the December 2000 issue of the journal *Behavioral and Brain Sciences* (Shevrin & Eiser, 2000), and a presentation entitled "Thinking Psychologically about Patients with Sleep Disorders" which focuses on a published case of 'Homicidal Somnambulism' and has been given in a variety of settings – see: <http://www.med.umich.edu/neuro/sleep/lab/staff/index.htm>

12. Atonia is the paralyzed or extremely relaxed state of skeletal muscles in REM sleep in most warm-blooded animals.

not as frequent in women, for whatever reason. It seems to be related to an aging defect. Typically what will happen is that this fellow, who is suffering from it, starts beating up on his wife in a rapid eye movement dream period. Interestingly, what is he actually dreaming about? Of protecting his wife!

A.B.: That's very interesting... a reaction formation...

H.S.: ... and it's indicating that the dream is serving a defensive purpose, right? Furthermore these people characteristically are very mild mannered nice people... How come this guy has these violent dreams and starts beating up on his wife? And if you ask about the dream he says, "I was protecting my wife against these terrible people!" He is just appalled and ashamed to discover that he is the one who is beating up on his wife. Now you see, Hobson¹³ and others say that there is no proof that dreams are defensive or disguising things... Well, here it is! The other interesting thing is that most of the dream, most of the behavior that occurs in RBD is aggressive behavior. Ha! Of course, they never ask about anything else and of course if you do something sexual, it's not something that people go around talking about. And also, it's not that the experience is so terrible... Those people who engage in sexual enactment are not necessarily those who come for treatment. Although according to what Allen tells me sometimes the sexual activity can become violent. So, it isn't so that it's always aggressive, but it is that they don't get necessarily a balanced report. So isn't that fascinating?

A.B.: Yes, extremely fascinating...

H.S.: ... and what I'm really very interested in is the relationship between action and dreaming, which in general is a big problem, with all of our behavior: to what extent does it remain in a thought-feeling-fantasy world and to what extent are things enacted rather than reflected of? So these guys are obviously reaction formation people, where with the aging process the mechanisms that control the atonia, become defective, and they're acting out their repressed aggressive impulses. Now, I was offering that as an example to show that as we learn more about how the brain works, about these important complex things like dreaming, fantasies and its relationship to action... this is what is going to provide us with the evidence that supports and makes

13. James Hobson (°1933) is an American psychiatrist and dream researcher. He is known for his research on the Rapid Eye Movement (REM) sleep. Together with Robert McCarley he introduced the "Activation-synthesis hypothesis" for the explanation of the occurrence of dreams.

sense of the theory and also helps the theory grow. For example, it's unbelievable, but parasomnia is occurring in every stage of sleep... while sleep-walking or sleep-talking only occur in non-REM periods! And the sleep-walking and sleep-talking can actually be very complex. There is this fascinating paradox... The mental content of sleep stage 2 dreaming, in non-REM, is usually secondary process, and we have experiments that support that (Shevrin, 1973). For example, a report would say "I'm standing waiting for a bus" or "I'm fishing" or something like that, no narrative, but a static account of something that could indeed happen. When you awaken people from stage 2 non-REM sleep, they're disoriented, they say, "I don't think I've been asleep, how long have I been asleep? I have no idea, I think I just fell asleep." They are in a dissociated state. If you wake them up from REM sleep, when they are having the most bizarre primary process dreams, they have a good idea of how long it lasted, they are oriented, they know about how long they have been sleeping. So there is a double dissociation, why? I have no idea; I don't think we have a theory that tells us anything about why we should have found this. The parasomnia is the behavior accompanying non-REM sleep. In fact there is this one documented case in Montréal about a young man who killed his mother in law – ok, his mother in law, he must have had a good reason... But then they studied him in the laboratory and they found out that his violent activity was associated with non-REM sleep...

A.B.: In non rapid eye movement...

H.S.: Yes yes... he got into his car, drove it across town to his mother in law's house, went in and killed her. Now that's purposive, organized behavior – in a totally dissociated state: he claimed no memory for it whatsoever. Well, you can say: the guy is a great liar, he is a psychopath, he made it all up. But then they studied him in a laboratory, after he was in prison, and they see he gets into these dissociated states in which he does things¹⁴... How come that when you're in the dream state where the mental state is secondary process, that when you're awakened from it, you're in this primary process state? Time means nothing, you have no conception of time, you're disoriented in time and place, you don't know where you are, you look around... And, also, (in this sleep stage 2) people do bizarre things, for example they will start eating things from the refrigerator and they

14. See also the recent case of "sexomnia" or sleep sex, a non-REM form of parasomnia, in Belgium (29.03.2010).

will eat things that are not edible, packaging, stuff like that. How do you put this together? I don't know. There is this one guy, Nielsen¹⁵, who makes the claim – and Solms¹⁶ has correctly criticized him on this – that the way you can begin to understand this is that it's as if the stage 2 non-REM dream is the manifest dream, and the dissociation is the REM-covert state. So there is a REM bizarre covert state and then there is the manifest secondary process state – he would not use those terms – and again there is a dissociation taking place, someone is acting out this stuff underneath.

A.B.: ... that is to you the future of psychoanalysis? A dissociated state...

H.S.: What I feel right now is that as more and more neuroscientists and cognitive psychologists get into studying psychoanalysis, they will begin to co-opt psychoanalytic ideas, without giving psychoanalysis any credit whatsoever. They will take what they want to help them understand this particular thing and they will sadly leave the rest of it. And so even psychoanalytical theory may then become sort of irrelevant. That is, what they find useful they will use, and what they don't find useful for their immediate purpose they will ignore and discard and they will have no appreciation of the fullness and depth of psychoanalytical theory. That's what I'm very concerned about, and

15. Nielsen (2000): "Numerous studies have replicated the finding of mentation in both REM and NREM sleep. However, two different theoretical models have been proposed to account for this finding: (1) a one-generator model, in which mentation is generated by a single set of processes regardless of physiological differences between REM and NREM sleep; and (2) a two-generator model, in which qualitatively different generators produce cognitive activity in the two states. (...) The evidence largely, but not completely, favors the two-generator model. Finally, in a preliminary attempt to reconcile the two models, an alternative model is proposed that assumes the existence of covert REM sleep processes during NREM sleep. Such covert activity may be responsible for much of the dreamlike cognitive activity occurring in NREM sleep."

16. Mark Solms is a psychoanalyst and a lecturer in neurosurgery at the St. Bartholomew's and Royal London School of Medicine; chair of neuropsychology, University of Cape Town, South Africa and director of the Arnold Pfeffer Center for Neuro-Psychoanalysis at the New York Psychoanalytic Institute. The pivotal aim of Solms's work is to provide the foundation method by which psychoanalysis can rejoin with neuroscience in a way that is compatible with Freud's basic assumptions. In order to accomplish that, Solms relays on one of the major developments that has occurred since Freud's death in the branch of neuroscience, out of which psychoanalysis arose, that is the method developed by Alexander Luria. This method enables us to identify the neurological organization of mental functions: "I am recommending that we chart the neurological organization of the deepest strata of the mind, using a psychoanalytic version of syndrome analysis, by studying the deep structure of the mental changes that can be discerned in neurological patients within a psychoanalytic relationship" (Solms, 1998). Solms has founded the International Neuro-Psychoanalysis Society and is, together with Jaak Panksepp, current co-chair of the Society.

that's why I'm going to write the book to try to keep this from happening, to convey that one has to take this theory, to look at the whole thing.¹⁷ You can't just say, "I'll take this and I'll take that" because it hangs together in some ways that you can find useful. The fact that it hangs together is in itself useful, rather than: "Well ok, I like the idea of the unconscious, the right side of the amygdale lights up, that's more primitive, that's fine and you guys are right about the unconscious, that's fine, but I don't know about the rest of it." Forget it. So there has to be some way of presenting the overall theory in a way that you can't just simply pick and choose. You could, but you're going to lose the richness of what the theory has to offer in understanding these things. So that's my fear *that unless that theory is presented in a coherent way and in a way that takes into account what is actually going on right now, that it will simply fall, its bones will be picked...*

A.B.: And what's your wish then?

H.S.: Well, my wish is that if a book like mine has reasonable success, or other's, that some of the neuroscientists and cognitive psychologists will say: "Let's see what one can infer from taking the complexities of the theory", rather than simply say "Ok, it looks like there is an unconscious so, yeah, it looks like Freud was right about that, and, yes, maybe dreams are defensive. It looks that you can understand that in that way, but latent/manifest, defenses, disguises and all the rest, o come on, you know..." You see, what I try to begin to do in the diagnosis paper (Shevrin, 2006), is to present these *three characteristics of a psychiatric disorder: the irrational, the peremptory and the unbidden*. These characteristics are descriptive but they also are imbedded in an understanding of how come it's irrational, how come it's peremptory, how come it's unbidden. So if you're going to buy this account then you should also take very seriously the explanation of how come that psychiatric symptoms have to have these characteristics. A psychiatrist reading the paper could say: "Yes, that's true, actually, very possible! Peremptory: I can see a compulsive can't stop washing his hands, and he certainly doesn't want to do it. And there it is, so we will give him Prozac, and it will stop." But I'm hoping that he will say: "Yes, maybe it will stop, but how come? And let's see, we'll have to figure out the effect of Prozac on serotonin..." And then they get into real complexities because it looks like in an obsessive compulsive disorder there is a

17. Howard Shevrin is writing a book on metapsychology tentatively called "*Freud's Promise*".

failure of inhibition in the limbic system etc. etc. and they will get into deeper and deeper difficulties, because they have no psychological counterparts to these things. So I'm hoping maybe by presenting this in this way while tying it in with what's known and so on, then maybe they will have a more sensible choice in terms of what explanations they would prefer.

A.B.: Yes, I certainly wish for that.

H.S.: So, I think that is my hope because at this point the treatment method is in trouble. You know, things can change around, some of that is cultural, some of it is economic and those things can change. I remember Anna Freud when she came a long time ago to the Menninger Foundation.¹⁸ She was a down to earth woman. She said – don't forget this was in the late sixties seventies, what was happening in this country and in Europe was a sexual revolution and all the rest – she said "You know, we are living in a time when there is no value given to reflectiveness. And analysis can't prosper in that kind of culture. These young people don't want to think about what they're doing they want to do and they want to experience but you can't have analysis under those circumstances."

A.B.: Thank you very much, Doctor Shevrin.

In gesprek met Howard Shevrin II

Samenvatting: Volgens Howard Shevrin, is psychoanalyse in de eerste plaats het resultaat van Freuds creatie van een nieuwe methode: patiënten moeten alles wat in hen opkomt vertellen. Voor het eerst werd het mogelijk voeling te krijgen met het volle spectrum van de menselijke beleving. De twee fundamentele pijlers van de psychoanalyse zijn (1) het dynamisch onbewuste en (2) de primaire procesaard van dat psychologisch onbewuste. De psychoanalytische methode is gebaseerd op veronderstellingen waarvoor het bewijsmateriaal enkel kan geleverd worden vanuit een meer fundamentele wetenschap. Psychoanalyse is overrijk aan theorie, daar waar de psychologie enkel beschikt over empirische veralgemeningen maar niet echt over overkoepelende theorieën. Daardoor doen onderzoekers in het veld van de psychologie veelal een groot aantal triviale ontdekkingen, maar deze bevindingen gaan verloren, omdat er geen context is om ze in op te nemen, waardoor dezelfde dingen steeds herontdekt worden. Terwijl psychoanalyse als behandeling onder vuur komt te staan, doet psychoanalyse als verklaringskader voor de menselijke geest het veel beter. Desalniettemin, als deze theorie niet op een coherente wijze kan gebracht worden die ook rekening houdt met de recente wetenschappelijke

18. Anna Freud (1895-1982) was the sixth and last child of Sigmund and Martha Freud. Born in Vienna, she followed the path of her father and contributed to the newly born field of psychoanalysis. Compared to her father, Anna Freud's work emphasized the importance of the ego, and its ability to be trained socially.

ontwikkelingen, dan zal ze eenvoudigweg vervallen terwijl haar karkas zal geplunderd worden.

Steutelwoorden: Shevrin, Psychoanalyse, Wetenschap, Psychologie, Onbewuste.

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