BOOK REVIEWS

Lawrence Friedman. *Freud's papers on technique and contemporary clinical practice*. New York: Routledge, 2019, 239 pp, $37.46 (paperback).

It is a rare pleasure to review a book on Freud by a major authority on Freud and psychoanalysis, and a friend. Dr. Friedman is professor of psychiatry at Weill Cornell Medical School, New York, a senior member of the Institute for the History of Psychiatry there, and an honorary member of American Psychoanalytic Association. In the course of his long career, Dr. Friedman has published numerous articles and books (e.g., *The anatomy of psychotherapy*, 600 pages long, published in 1988). His present book is a splendid book, a reader’s guide to Freud’s famous 1912–1915 papers on the psychoanalytic method enriched by multifaceted reflections on contemporary developments in psychoanalysis. Dr. Friedman invites the reader “to share the awe I feel before Freud’s little book, and to follow that awe into larger wonderings about psychoanalysis and the human condition” (p. 1). The climax of the book is the last chapter, number 15, in which, like Sigmund Freud in his 1926 “The question of lay analysis,” Dr. Friedman engages in a revealing dialogue with himself—and perhaps with an imaginary reader as well—to sum up the gist of the book.

Dr. Friedman’s interest in psychoanalytic methodology is exemplary among writers on psychoanalysis, most of whom focus on Freud’s theories of disorder. True, the bulk of the *Standard edition of Freud’s psychological works* does indeed deal with theories of disorder, whereas papers on technique remain a minimal fraction of it. Dr. Friedman therefore rightly disputes psychoanalyst Sander Abend’s emphasis on the relevance of the libido theory for the method. Dr. Friedman is thus spot-on to be concerned:

with questions like: What is the relationship between fantasy and memory? What does memory have to do with desire? How does fantasy—especially unconscious fantasy—get woven into current perception and striving? What is the relationship between habituated, passive perception and active intentional recreation? How can we describe wishes as hiding but also seeking? (p. 19; emphasis added)

Dr. Friedman dispels a misunderstanding created by Freud allegedly recommending anonymity, neutrality, and abstinence. There can be no dispute about abstinence, that is, not gratifying the patient’s demand for sex or any other gratification exceeding the ethics of any doctor–patient relationship. However, the word “anonymity” is a misnomer: anonymous means not named or identified, for example an anonymous author, and Freud wrote nothing about the anonymity of the analyst. The analysand knows not only his or her analyst’s name but a lot more about their personality, character, and habits. Neutrality is Strachey’s mistranslation of Freud’s word “Indifferenz”: indifference is thus an elaboration on abstinence—the analyst should treat the patient’s seductive demands with complete indifference or else they would be enacting at least a countertransference, let alone a professional misconduct. But there is a world of difference between such conduct and countertransference and an “appropriate expression of love” (p. 238), as described by Balint, Loewald, and Kerry and Jack Novick (cited in Chapter 11), with which I concur (Lothane, 1987). In 1895 Freud wrote about mutual “human sympathy,” the German synonym of love, in “their personal relations” (pp. 265–266).

Perhaps the very word “technique” begs a question per se. We speak of a dance or piano technique as if dance and piano-playing are mere bodily movements of a monad, when in reality all art is a dyadic in its intent. But, as Friedman shows, Freud then and we today practice interpersonal processes of conversation, interchange of thoughts and emotions, attention to mutual needs and desires. The analyst’s proverbial passivity is actually an activity—of choosing when to be silent and when to speak with tact and attunement to the present moment. On other hand, the analyst’s activity narrowly defined as “making interpretations” —whether endowed with “pristine objectivity” (p. 77) or being “oracular” (p. 79)—and handed down from above to a docile recipient, are a relic of the past. Today we are concerned with the importance of the *intention* to interpret” (p. 89; emphasis in the original). And “the challenge is not just that treatment depends on ‘something more than interpretation’; the challenge is that *everything* is beyond interpretation” (p. 77; emphasis in the original). Friedman ends this discussing by asking: “What is left standing after critique of interpretation?” (p. 78) and answers “Enactment and frame” (p. 79), which he spells out as follows:

Enactment concepts are easier to use than to theorize... enactment migrates into the Territory of
(micro)sociology ... that is how it differs from a traditional analysis of transference and countertransference ... [for] the sociological fact [is] a shared, lived-out drama ... An enactment is a drama of two persons, witnessed, as by an empathic observer, just as it would be on the stage, where it would be re-enacted with a different cast ... We can say that an analytic office is a place where two people enact a psychoanalysis. (p. 79; emphasis in the original)

Dr. Friedman’s interest in drama was further elaborated in my dramatological approach (Lothane, 2009). Breuer had described Anna O., the co-discoverer of psychoanalysis, as “indulging in systematic day-dreaming, which she described as her ‘private theatre’ ... As she lived through these things, she partially dramatized (tragierte) these through talking” (Breuer, 1936, p. 18). In the nineteenth century, tragierte meant to perform drama on stage, to act a role, to represent dramatically, lost in Strachey’s translation (Lothane, 2009, p. 136). Anna O. did not act out, as Anna Freud would say in 1986; she “verbalized” and practiced “enactment” in speeches and gestures. In 1905, echoing Breuer’s tragierte, Freud labeled Dora’s actions as agieren, as acting-out instead of and contrary to, verbalizing, “which seems ordained to be the greatest obstacle of psycho-analysis” (Freud, 1905, p. 117). However, with further experience, this bane became a boon, when it became clear that we needed to analyze enactments with the same method one uses analyze dreams and daydreams, that is, with free association, a subject also on Dr. Friedman’s mind.

The innovation Dr. Friedman proposes for practicing enactment is:

specific uses of the work model for psychoanalysts. Assigned mutual work softens the feelings of inequality between analytic partners ... Analysts are less perplexed about how treatment works if they think that the patient has a job to do ... Assigned work makes the analyst’s ambiguity more tolerable. (p. 100; emphasis in the original)

In 1912–1912 Freud described the job of the two partners as following their free, that is, spontaneous associations:

Just as the patient must relate everything that his self-observation can detect and keep back all the logical and affective objections ... so the doctor must make use of everything he is told for the purpose of interpretation and of recognizing the concealed unconscious material without substituting a censorship of his own ... he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. (Freud, 1912, SE 12:115)

These ideas were further elaborated in Otto Isakower’s concept of the analyzing instrument (Balter, Lothane, & Spencer, 1980; Lothane, 2010, 2018).

These two currents, enactment and love, coalesce for Dr. Friedman as the new identity of the contemporary North American psychoanalyst:

When today’s analyst calls something an enactment, he is implicitly acknowledging that the patient has not merely sought or imagined satisfaction but has in fact been granted actual satisfaction by the analyst’s response. In this way, today’s analyst accords “reality” to the patient’s current experience of the relationship, just as Freud granted that transference love is as real as any other, and that patients want from the analyst what they want from anyone else. (p. 140)

Let me finish with Freud. In 1895 Freud defined neurosis as a reaction to a traumatic “event that provoked the first occurrence” (p. 5). The dramatic/traumatic events were real but the narratives about them were either distorted or forgotten. In 1937 he returned to the partners’ teamwork of “free association” of recovering “lost memories” of “experiences and [their] affective impulses” and of “actions ... both inside and outside the analytic situation” so as to obtain “a picture of the patient’s forgotten years that shall be alike trustworthy and in all respects complete” (pp. 257–258); and, I might add, for the sake of a better present and future.

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Ahron Friedberg, M.D., with Sandra Sherman. Psychotherapy and personal change: Two minds in a mirror. Routledge: London and New York, 2021, 169 pp, $29.01 (paperback), ISBN 9780367622022

It has been a rare pleasure to review this splendid and unique book by a seasoned psychiatrist and psychoanalyst, a colleague and friend of many years. It should be read by experts practicing psychotherapy, students learning how to do it, and present or prospective patients as well. The bulk of the book consists of case histories filled with keen observations and descriptions of, and lessons learned from, a variety of characters and personalities. The book is highly readable and gripping, with a minimum of technical terms. It is enlivened by literary references and poetic metaphors, and – above all – by the author’s bravely baring his soul to his patients in a process he calls interpersonal psychotherapy. The result of this therapy is personal change, where both interlocutors emerge as changed.

The book is a revolutionary challenge to a long tradition inaugurated by Freud in 1912 and continued by generations of followers:

Young and eager psychoanalysts will no doubt be tempted to bring their own individuality freely into the discussion … to afford the patient a glimpse of his own mental defects and conflicts and by giving them intimate information about his own life … I have no hesitation in, therefore, in condemning this kind of technique as incorrect. The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him. (p. 118)

Dr. Friedberg’s vision of the treatment situation is unhesitatingly different:

an emotional connection,… the psychotherapist is a healer … there is no disentangling that patient and the therapist. (p. 1)

[For the patient] my listening is cathartic … healing in itself … the ear of the therapist is that of a friend. (p. 13)

I also maintain a dual focus that aligns the patient’s story with my own experience … When I respond to a patient I try to say something that is true from my own experience. (p. 15)

The paradox of therapy is that while healers need to seem competent, a genuine display of empathy presumes frailty or failure. I have to decide in the moment how much of myself to reveal so as to keep both elements of the equation in play. (p. 16)

Feelings and emotions play a crucial role in all the case histories and in developing insight and understanding, the title of Chapter 6. The chapter cites the important work of Daniel Goleman on emotional intelligence.

In communicating with patients, Dr. Friedberg chooses to abide by the moral principles of trust and honesty, using “himself as an example”:

Psychotherapists put themselves to use – not just as experts on human nature but as humans ... More than any other healing profession, we expose ourselves, hoping that a shared experience may jolt a patient into awareness of his own motivations … and potential for recovery. We create empathy, even at the risk of that personal revelations will diminish our authority. It is worth it. (p.128)

Two themes are of particular interest for me.

The first is love and healing, the title of Chapter 8, which Dr. Friedberg defines as “deep understanding and empathy for another person” (p. 142, emphasis in the original). These ideas go back to Aristotle (1941):

Most people seem, owing to ambition, wish to be loved rather than to love; which is why most men like flattery … But it seems to lie in loving rather than being loved, as is indicated by the delight mothers take in loving … Now since friendship depends more on loving, loving seems to be the characteristic virtue of friends, so that is only those in whom this is found in due measure that are lasting friends, and only their friendship that endures. (p. 1067)

Freud expressed similar ideas in 1895, when he was still learning from his patients and viewing psychotherapy as:

a personal concern for the patients … I cannot imagine myself to delve into the psychical mechanism … in anyone who struck me as low-minded and repellent, and who, on closer acquaintance, would not be capable of arousing human sympathy; whereas I can keep the treatment of a tabetic or rheumatic patient apart from the personal approval of this kind. The demands made on the patient are not less. The complete consent and complete attention of the patient are needed, but above all their confidence, since the analysis invariably leads to the disclosure of the most secret and intimate and secret psychical events. (Breuer & Freud, 1895, p. 265, emphasis added.).

In German, Sympathie is a synonym for love. Dr. Friedberg makes clear that friendship in ordinary life is different from the professional friendship