

Emotional Communication in Modern Psychoanalysis: Some Freudian Origins and Comparisons*

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The author contrasts the Freudian and the modern psychoanalytic approaches to analysis, pointing out the importance of emotional communication in the latter approach. He discusses techniques used by modern analysts such as object-oriented questions and contact functioning as well as the way in which modern analysts use language to aid the patient's emotional maturation, focusing on "investigating" rather than on "explaining."

The earliest origins of psychoanalysis can be traced to Freud's concepts of emotion. Freud (1895) saw Anna O.'s symptoms as originating mainly in her emotional reactions while nursing her father in his terminal illness. Anna O. could not abide her hateful feelings and thoughts, intentionally put them out of her mind, and thereupon devel-

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oped a whole range of symptoms including mental confusion, severe disturbances of vision, involuntary muscular contractions, peculiarities of speech, and partial paralysis. When hypnotized by Breuer, Anna O. was able to recall the traumatic incidents, and she achieved a remission of symptoms. Her reenactment and discharge of pent-up emotions was termed a catharsis through abreaction, a kind of purging of traumatic feelings, and it is still prevalent today in cases of traumatic neurosis.

Freud (1925) later described Anna O.'s symptoms as "residues or reminiscences of those emotional situations [of nursing]" and said that she was relieved of symptoms when "she was induced to express in words the affective phantasy" and did so "with a free expression of emotions" (p. 20). Freud continually wrote of the importance of emotions, but his theories of emotion do not reflect its full significance in treatment, and psychoanalysis today has not taken adequate theoretical cognizance of feeling and emotion. As a result, psychoanalytic technique often falls short of addressing the full range of our patients' feelings and emotional distress.

If we look in the index to the *Standard Edition* of Freud's papers, we find that there are only five entries alluding to emotion. Actually the index is remiss in this regard. Freud did discuss the topic of emotion in several important instances not noted, and additionally the word appears no fewer than 580 times in the *Standard Edition* according to the *Freud Concordance* (Guttman, Jones, & Parrish, 1980). Freud often used the word affect, a more general term, in preference to emotion, and affect is fully indexed. Affects are either pleasant or unpleasant and refer to a general quality of mood. Emotions, such as love, hate, jealousy, etc., are specific components of affect, and Freud usually discusses emotion in the same places where he speaks of affect. This secondary role accorded to emotion in the index corresponds to the secondary place accorded emotion in Freud's theory of analytic technique. Incidentally, the term "emotional communication" does not occur anywhere at all in Freud's writings.

Freud invented the word that translates to "repression" to apply to the involuntary forgetting of unacceptable feelings and memories. However, he made a sharp distinction between the repression of ideas and the repression of emotions. Ideas were repressed by becoming inaccessible to consciousness, truly forgotten in ordinary parlance. For example, the Rat Man (Freud, 1909) forgot that it was his father toward whom he originally felt murderous rage. Anna O. forgot the specific bedside incidents that were so traumatic to her. Emotions became repressed through displacement but did not disappear in the same way; they became attached to another idea (such as rats) or became converted to bodily symptoms.

Freud (1915) says, "There are no unconscious affects as there are unconscious ideas." Additionally, he notes, "To suppress the development of affect is the true aim of repression . . ." (p. 178). Ideas were forgotten but existed unchanged in the unconscious. Emotions were displaced, converted to bodily symptoms, or simply aborted. The vicissitudes of emotions were thus more complex than those of ideas in their unconscious evolution, but Freud's theory tends to blur this discrepancy by using the word (repression) for two different processes.

One may even raise the question of whether the concept of the unconscious is directly relevant to emotions. If there are no unconscious emotions, why say that there are? Perhaps what is needed is a theory that would build upon *displacement* since that is actually what often occurs to unacceptable feelings. Or perhaps ideas also become displaced in a way still unrecognized by us. These are important directions for rethinking and research.

Affects/emotions were considered by Freud to be derivatives of instincts, and often he spoke of them in quantitative terms as a charge of energy that was either discharged or dammed up. He did not come to the concept of instinct as such until "Three Essays on the Theory of Sexuality" (1905). Freud moved from an early emphasis upon affects and their catharsis through abreaction (1895) to a later emphasis upon affects as derived from, or the representatives of, instincts (1905).

The concept of instincts is a highly complex and abstract one. Freud (1905) defined instinct, in part, as "the psychical representative of an endosomatic . . . source of stimulation . . . the concept lying . . . on the frontier between the mental and the physical" (p. 168). Toward the end of his life Freud (1933) said: "The theory of instincts is so to say our mythology. Instincts are mythical entities, magnificent in their indefiniteness. In our work we cannot for a moment disregard them, yet we are never sure we are seeing them clearly" (p. 95). Freud (1922) also wrote about emotions from a psychodynamic and structural viewpoint in such essays as "Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality," but he failed to address the place of emotions in his theory of technique.

I have introduced these items of theory because they are of critical importance in indicating Freud's responses to his own clinical experiences. Freud met resistances in patients who were not ready or able to verbalize their life experiences to him. To Freud at that very early time it seemed that the patients required an intervention that would enable them to remember what they were not telling him. He emphasized the apparent inability to recall and perceived the patients' emotions as barriers to remembering. In order to resolve the resistances Freud tried to

explain and to provide *understanding*. The patients' lack of recall led to Freud's concept of the unconscious, and repression was the name he gave to the process of forgetting or becoming inaccessible to consciousness. However, forgetting and inaccessibility to consciousness are also two different phenomena, and to use the word repression in both senses again blurs an important distinction.

Freud's aims in treatment were to undo repression and to give patients access to unconscious memories. He used interpretation as a method of explaining what seemed the patients' lack of understanding. In actual practice there were interventions other than interpretation that inevitably entered the treatment relationship, were recognized by Freud, and occasionally noted in his writing. However, Freud believed that the essential element of psychoanalytic treatment was a continuing effort to provide patients with increasing awareness of their intrapsychic being.

Freud believed that the analytic task was to impart an understanding of emotions, to indicate their aims and origins, and to bring troublesome emotions under control of the ego. If the patient's emotions were directed toward him, they were considered transference, and also subject to interpretation. The analyst himself was advised to remain objective and neutral; if he developed countertransference feelings toward the patient, these too were analyzed away, i.e., made to disappear.

In all of these interventions Freud remained guided by the concepts of repression and the unconscious; he tried to undo repression and to make the unconscious conscious. If emotions were not repressed in the same way that ideas were repressed, one may question why feelings should respond comparably to ideas to the process of interpretation. Freud used the word repression in two distinctly different senses in regard to ideas and feelings, but his *analytic technique was addressed to repression as if it pertained largely to the repression of ideas*. The early use of catharsis was addressed largely to the freeing of repressed emotion, but catharsis became less and less prevalent in analytic theory and practice after "Studies on Hysteria" (1895). This occurred because of the increasing emphasis upon interpretation as the prime therapeutic instrument, which corresponded to the elimination of the use of hypnosis. In the earliest years the hypnotic trance was a primary tool in treatment, and it may have been the sexual aspect of hypnosis, as well as the narrowing of the field of attention, that produced the trance leading to catharsis. Free association and interpretation are less oriented to the expression of strong feeling than the hypnotic trance.

If we oversimplify the distinction between emotions and ideas in their evolution in the unconscious, we could say that ideas become forgotten and emotions become displaced to other people or ideas.

Although Freud wrote that emotions may become converted into bodily symptoms, this fate also applies to ideas. Any conversion symptom represents a symbolic integration of emotions and ideas. Emotions may also become simply bottled up or frozen, so to speak—"aborted" in Freud's word. Ideas can become muddled or confused. Here the distinction between suppression and repression becomes blurred, but I am avoiding the difficulty in this presentation.

In treatment it obviously is necessary to address both feelings and ideas, and in one way or another, all therapists do this. However, psychoanalytic theory has not yet caught up to what most therapists practice, and analytic techniques that primarily address interpretation and insight are dealing with emotions as though they were repressed in the sense of being forgotten instead of confronting the feelings in their displaced form. Of course, a therapist who merely confronts feelings without relating them to forgotten fantasies is neglecting the ideational sources of emotional conflict.

Let us turn now to what was expected of the patient. Freud proposed that the patient adhere to the "fundamental rule" of free association. The analysand was expected to lie on the couch and to report to the analyst everything that came to mind. "We instruct the patient to put himself into a state of quiet, unreflecting self-observation, and to report to us whatever internal perceptions he is able to make—feelings, thoughts, memories—in the order in which they occur to him . . . to say everything" (Freud, 1916–17, pp. 287–288). In the course of saying everything the patient inevitably withholds something, changes the subject abruptly, or is silent. These occurrences are said by Freud to be due to thoughts or feelings about the analyst—transference—and as such constitute resistance. Eventually, as the analysis continues, the patient transfers the entire range of his thoughts and feelings on the analyst, and this is termed the "transference neurosis." The interpretation of resistances in the form of the transference neurosis leads, in ideal circumstances, to transference resolution and the cure of the patient's neurosis. There is little room in this model for the feelings or emotions of the analyst.

Freud also did not distinguish in his writing between the patient's verbalized report of his emotions and the expression of emotions. There is an enormous difference between a patient's saying "I feel angry with you" in a calm, objective way and his screaming in actual rage. Is the intervention of interpretation intended to apply equally to both situations? In actual practice, analysts respond in many ways other than interpretation. These noninterpretive interventions may derive from the analyst's own emotional reactions to a patient's state of agitated

emotion or a spiteful provocation, or perhaps from the analyst's feeling bored at the prolonged lack of strong feeling in the analysis. Such questions of emotional communication between patient and analyst have led to the particular contributions of Hyman Spotnitz and his theory of modern psychoanalysis.

Modern Analytic Approach

Those feelings of the analyst considered by Freud to be a countertransference interference with analysis are to Spotnitz a major source of analytic cure. Spotnitz (1949) takes as his point of departure the observation that the contagion of emotion among people is a readily observable phenomenon. He cites examples of the infant responding to the emotional state of the parent, and the 12-year-old girl who reported that "I caught my fear of mice from my sister" (p. 29). Applying these kinds of observation to the analytic situation, Spotnitz observes: "As the patient develops a transference, the therapist usually develops a countertransference, which is based on unconscious reactions to the patient's transference attitudes and behavior" (p. 29). However, these countertransference reactions are not considered impediments but rather *induced feelings* that can be helpful in treatment. "A psychotherapist who has the capacity to sense the patient's impulses to action, and also to recognize impulses and emotions they induce in himself, can utilize these emotions to help the patient resolve his resistances. The induced emotions provide an additional source of therapeutic leverage in the treatment of the severely disturbed patient" (p. 30).

The induced feelings can be of different sorts. At times it is simply a matter of the patient's strong feelings being sensed as a kind of echo within the psychoanalyst. At other times the connection is more indirect and related to unconscious material. The patient may unwittingly be acutely provocative, and the analyst in this situation may feel growing anger or disgust and a strong impulse to get rid of the patient. Analysis may demonstrate that the patient's mother harbored deadly anger toward him and also longed to get rid of him. The patient's need to provoke anger can be an attempt to bring death feelings to the surface where they can be validated and perhaps eradicated. Thus the analyst's own induced feelings can be a valuable source of information about the patient's life history and unconscious.

As Spotnitz has stated many times, it is important for the patient in analysis to feel and to say everything. Likewise, it is important for the analyst to express all kinds of feelings to the patient—hateful feelings as well as love and affection. “To allot too little hate to a patient who needs to learn to experience and sustain it comfortably is . . . unjust. To give him too little of any kind of feeling because the analyst has too much is a technical error. The patient is entitled to as much feeling as is needed to resolve his resistance to mature functioning” (Spotnitz, 1969, p. 161).

In point of fact, Freud also recognized that the analyst supplied the patient with expressions of his own feelings; Spotnitz (1969) has pointed this out. Freud mentioned the topic in 1913 in a letter he wrote to Binswanger (1957). It is unfortunate that he did not incorporate this awareness as an integral part of theory. With Spotnitz the analytic communication of feeling constitutes a starting point of a whole range of clinical and theoretical observations and innovations in technique.

The concept of maturation is central to Spotnitz’s theory of analytic treatment. Maturity is defined by Spotnitz not in terms of insight or awareness of unconscious fixations but rather as an individual’s capacity to feel a very broad range of emotions and to use these feelings as a tool in achieving significant goals in life. Freud felt that feelings were of utmost importance in making decisions and implementing them. However, he did not specifically see the confrontation of emotions as a central analytic task. Freud believed that analysis should free repressed energies, but energies were said to be aspects of instincts, which in turn were part of an abstract, highly indefinite theory. In a certain way, Freud used the concept of instinct as a means of circumventing the problem of emotion. We might say that the concept of instinct was Freud’s defense against recognition of his own emotional involvement with patients.

It appears that Freud (1933) believed that analysis, by freeing repressed thoughts, permitted the reintegration of thought and relevant affect. “We have been struck by the fact that the forgotten and repressed experiences of childhood are reproduced during the work of analysis . . . in the transference . . .” (p. 106).

How may the modern analyst help the patient achieve the capacity to feel and use a broad range of feelings? Spotnitz (1966) has introduced the concept of the “maturational interpretation,” which may perhaps best be illustrated by a clinical example. Spotnitz writes:

The patient [of the therapist Spotnitz was supervising] was a young man who had been brought out of the depths of severe depression. While the more serious factors in this case were dealt with, the analyst had with-

held comment on the patient's disclosures regarding his perverse tendencies. Then one day the analyst decided that he ought to call attention to their implications. In an absolutely correct, even brilliant interpretation, he pointed out the harmful consequences of the perverse behavior. The patient agreed that it was interfering with his recovery. He went on to say that the perverse activity gave him little gratification, and that the time had come for him to give it up.

In recalling what happened, the therapist said, "He knew exactly what I meant, and thanked me for opening his eyes, but I never saw him again" (pp. 45–46).

Spotnitz goes on to say, "The patient was in such an intense state of negative suggestibility that, had he been told that giving up the perverse activity forthwith would make him miserable and mobilize his old suicidal urges, he might still be in treatment. That, at any rate, would have been the maturational interpretation at that time" (p. 46).

Thus the maturational interpretation in this instance was an intervention addressed to the patient's negative feelings about himself and his perversion and also to the negative transference. It would be directed to (unconscious) feelings rather than to conscious awareness.

Another emotional communication used by the modern psychoanalyst is termed an "object-oriented question." This type of question is intended to deal with patients who are tentative in their motivation for treatment and highly resistive to any probing of their emotional life. Questions directed toward the ego, such as "Why do you feel you need treatment?" or "How do you feel about being in a hospital?" are often experienced as threatening to patients manifesting borderline or psychotic adjustments. More neutral or indirect questions, since they are noninvasive, are more likely to lower the patient's tension level and permit a more comfortable adjustment to the therapist. The non-ego-directed question is a form of exploration designed to preserve the defensive structure of the patient's ego.

The theoretical concept behind the object-oriented question is that of the narcissistic defense. Spotnitz has focused upon the infant's earliest years when certain feelings are experienced as dangerous. Because a sense of intimacy is missing in the child-parent dyad, the infant cannot express rageful feelings for fear of destroying and losing the parent. In this situation the child learns to direct the aggression inward and against the self. This turning of angry emotions against the ego, termed the narcissistic defense, threatens to destroy the ego in overwhelming self-attack. Schizophrenia is seen by Spotnitz as an ultimate in self-destructiveness through aggression directed against the mind.

Object-oriented questions are often helpful, as are maturational interpretations that enable the patient to feel the analyst is exploring a problem *with* him rather than explaining the difficulty to him.

Contact functioning is the term used by Spitz to characterize a beneficial way of encountering patients' needs and responding to them. The analyst in the beginning of treatment waits for the patient to address him directly. As long as the analysand talks more or less freely, the analyst says relatively little. The analyst uses this initial period to gauge the kind and amount of response that may be needed in treatment. Does the patient need to talk a great deal of the time and continue to perceive the analyst as a dim presence? Or does the patient require a great deal of tentative inquiry and nonstimulating interaction in order to feel in contact and not alone? The analyst may simply inquire as to how the analysand would prefer that he behave or respond, and then be guided accordingly. These different types of intervention, or nonintervention, are intended to satisfy the various kinds of need for contact of different patients. In all cases the intent is to allow the patient to determine the proper amount of stimulation to maintain the integrity of his ego.

Requests to be seen for a low fee or no fee, requests for highly personal information about the analyst, or wishes for sexual favors are reflected. Why should the analyst treat the analysand for a low fee? Why should the analyst be willing to share this information? Why should he satisfy the patient's curiosity?

The significance of other questions by the patient can often be uncertain or even obscure, and here the analyst explores. For example, many patients express fear of contact through doubts about how often they wish to be seen. When their doubts are joined, the ego is insulated.

Feeling a full range of feelings is critical in modern analysis. The modern analyst conceives her interventions as maturational when they provide the correct amount of stimulation (i.e., do not erode defenses). Emotional maturity, the ability to feel and to use feelings as a way of fulfilling personal and social goals, can only be achieved through preserving the ego defenses against feelings that threaten to override the ego.

Modern psychoanalysis differs from more classical approaches to therapy in certain important respects. From the viewpoint of technique, modern analysis is significantly a mode of *investigation*; classical methodology centers mainly upon *explanation*. Since the classical analyst already knows that a successful analysis will in the end demonstrate to the patient the unconscious oedipal origins of his neurosis, he engages in a search for the interpretations that will lead the analysand to this predetermined goal. Although a modern analyst may acknowledge the significance of the Oedipus complex, his immediate and pri-

mary aim in treatment is to allow the analysand the option of investigating his own conscious motives and current feelings in order to discover whether they are bringing desirable results in the present. Later in treatment insight and self-awareness corroborate the successful resolution of resistance. Childhood memories and interpretations are provided by the patient when a reintegration of thought and feeling has been achieved in the treatment.

Where extended free association may dominate classical analysis, a more interactive process of questioning transpires in modern psychoanalysis. In some extremes of classical analysis the very asking of a question implies less than optimal technique.

One of the primary and most significant of modern analytic goals is to prepare the analysand to put his thoughts and feelings into *words*. This is not a new thing in psychoanalysis. As early as 1893, Breuer and Freud (1893–1895) wrote: “language serves as a substitute for action; by its help, an affect can be ‘abreacted’ . . . effectively. In other cases speaking is itself the adequate reflex . . .” (p. 8). Fully 30 years later, in “The Ego and the Id” (1923), Freud addressed the question of how a memory enters the preconscious; his answer is, “Through becoming connected with the word-presentations corresponding to it” (p. 2). Freud went on to explanations that today would be considered part of neuropsychology. He said: “Verbal residues are derived primarily from auditory perceptions, so that the system [preconscious] has, as it were, a special sensory source. The visual components of word-presentations are secondary, acquired through reading . . .” (p. 21). This conclusion was based on Freud’s work with aphasia, published in 1891, but it has an absolutely contemporary ring.

In his work with patients Spotnitz places even more emphasis upon putting emotions and memories into words than did Freud. He sees verbalization as a preventative against pathological discharge. For patients who may not be ready for free association, Spotnitz recommends investigating resistances and responding accordingly. Resistances need not be interpreted; they may be accommodated or adjusted, but the analytic goal remains that of total communication, saying everything and feeling everything. Spotnitz tends to resolve resistances by the way he *behaves* toward patients rather than by interpreting the resistance itself.

The Modern Psychoanalytic Movement

Hyman Spotnitz has communicated with a large part of the psychoanalytic community. His followers have founded a number of modern

psychoanalytic centers and produced a number of books and other publications. Preeminent among the schools of modern psychoanalysis is the Center for Modern Psychoanalytic Studies in New York.

There are many modern psychoanalysts who have made significant contributions to this school of thought. The late Ethel Goldwater Clevans (to whom this conference is dedicated) is perhaps best known for her contributions to psychoanalytic education. She exemplified in her mode of emotional communication to students her belief that “emotional learning . . . [is] the route to cognitive learning,” and “she used the feelings of the moment as the basis for her therapeutic responses” (NAAP News, 1983). Among Clevans’s publications are her studies of schizophrenia (1957) and depression (1976).

Phyllis W. Meadow has secured recognition as the guiding spirit and fount of energy for the development of the Center for Modern Psychoanalytic Studies in New York and Boston. Her contributions to modern psychoanalytic theory and practice are in part embodied in the volume she coauthored with Spotnitz (Spotnitz & Meadow, 1976) and more fully in a number of unpublished papers to be incorporated in an upcoming issue of this journal (Meadow, 1996). Other publications include a doctorate on technique (1969), marital treatment (1977), and drive theory (1981). Together with Clevans, Meadow (1978) explored the application of modern psychoanalysis to classroom teaching.

A significant derivation from modern psychoanalysis has been the development of paradigmatic psychotherapy, as originated by Marie Coleman Nelson and Benjamin Nelson (1957). Paradigmatic treatment uses the concepts of role and role induction to conceptualize and treat resistances in psychoanalytic therapy. The primary contributions of paradigmatic therapy are presented in a volume coauthored by M. C. Nelson, B. Nelson, Sherman, and Strean (1968). A recent issue of *Modern Psychoanalysis* (1981) has been devoted to Paradigmatic Theory and Technique, and L. Friedman (1979) has contributed an insightful critique of paradigmatic therapy.

Another contributor to modern and paradigmatic therapy is Arnold Bernstein, who has focused upon the psychosexual development of the analyst (1974) as well as problems of acting out in treatment (1978) and the therapy of paranoia (1976). In a much earlier work Bernstein (1958) explored the fundamental nature of the transference reaction. Other contributions to paradigmatic therapy include those of Sherman, who has focused upon problems of siding with the patient’s resistance (1961) and considerations of the concept of role in psychoanalysis (1968, 1971).

Leslie Rosenthal (1976, 1979) has pioneered in the use of modern psychoanalysis in dealing with resistances in the treatment of groups. Evelyn Liegner has dealt insightfully with clinical problems of the first interview (1977) and with managing hate in the treatment of schizophrenia (1980).

Benjamin Margolis has foretold the topic of this conference in his writing on emotional communication (1978), embodied in his larger work on the narcissistic transference (1979) and countertransference (1978). Selwyn Brody has pioneered in the application of modern psychoanalysis to the understanding of somatization disorders (1976), including the treatment of cancer patients (1977). Leonard Liegner (1977) has written on the importance of applying emotional communication to the treatment of patients with terminal cancer.

Sidney Love (1977) has demonstrated how modern analytic methods may be used to manage the psychodynamics of the broken appointment. Evelyn Abrams (1976) has contributed to our understanding of the narcissistic transference as a resistance.

My efforts here to compare the contributions of Freud and Spontitz in the area of emotional communication constitute an attempt to reconcile theory and practice—our abstract understanding of why people behave as they do and our efforts as analysts to develop ways for helping people with emotional problems.

It is difficult to say what constitutes a good psychoanalytic theory. According to Plutchik (1980), an adequate scientific theory should have four functions:

Theories should act as integrators of facts already known; they should show connections, if possible, between apparently separate ideas; they should stimulate new research, and they should predict some new relations. (p. xviii)

There is no doubt that Freudian theory has been preeminently successful in all four of these respects. Few, if any, theories of mind have been as influential in illuminating regions of human experience that previously were unavailable to our awareness. In literature, theater, anthropology, and sociology, to say nothing of psychology and of culture in general, Freud's writings have opened vast vistas of insight and created entirely new and vital areas of research.

Many of Freud's central discoveries have remained much as he described them. His emphasis upon the unconscious and the Oedipus complex remains essentially undiminished in its relevance to human experience and behavior. The question that remains in psychoanalytic

practice is how to apply the awareness Freud has given us to ordinary problems of disturbed and not so disturbed people. How helpful is it to any individual to become aware of castration fears? It is not easy to answer this question. We know that only in psychotics do we find directly spontaneous awareness of castration anxiety. In fact, acutely disturbed males will sometimes actually castrate themselves, and some disturbed females will display their genitals and insist that a penis has been or is there. With more ordinary analysands the existence of castration anxiety has to be inferred although it is not difficult for analysts to make this inference on the basis of what is communicated in treatment.

Is it helpful to attempt to lead patients to an awareness of such primal feelings? Sometimes it is, sometimes it may be, and sometimes it is not. Often it is helpful to patients to assist them in pushing primal emotions away from consciousness, to help them build defenses against Oedipal feelings. Freudian theory is helpful in confronting defenses, but what is needed in analytic theory and technique today is an explicit methodology for *building* defenses until the ego can function without the more pathological varieties.

Freud started his theories with the observation of emotional catharsis but developed constructs that center upon explanation. Freud's central theoretical concepts were those of repression and the unconscious, which in turn led to his technique of interpretation. Spotnitz's initial clinical observations also centered upon emotion, namely the universal existence of emotional contagion among people. However, instead of leading patients to an awareness of unconscious emotions through explanation and interpretation, Spotnitz emphasizes emotional communications of the analyst as the tool through which the patient feels understood.

Freud's views of maturity center upon acceptance of the inevitability of instinctual frustration and the universal existence of discontent in civilization. He said that people should learn to work and to love.

Spotnitz's views lead more in the direction of self-fulfillment. The mature individual in learning to experience his feelings and to accept hate as well as love is enabled to gratify his needs and to see himself as worthy of fulfillment.

Both Freud and Spotnitz are socially oriented in their recognition that self-gratification must not exceed social norms and social requirements. Furthermore, both men are centered upon the family as the major source of emotional growth and fulfillment. Freud's life as a loving father and husband has been well documented in biographical detail. Lest Spotnitz's emphasis upon self-fulfillment lead you to believe he lacks social awareness, I quote from an early work (Spotnitz, 1955):

[T]he imprint of the family upon the individual [is] of decisive importance for his emotional well being. The factors upon which any treatment program focuses are the fundamentals of the family situation. How well does the patient get along with his spouse? How do both of them feel toward their children? . . . Too much absorption in yourself robs you of a social role and all the satisfactions which come only from living in productive association with others. (p. 40)

There is one final factor in analysis that I would like to focus upon briefly, a favorite topic of Theodor Reik and one that I find myself continually drawn toward—the problem of unconscious guilt. It is this factor that Freud (1924, p. 166) believed to be the prime and irreducible resistance limiting progress and growth in treatment. Ultimately he (1924) pointed to the death instinct and primary masochism as theoretical bases of unconscious guilt. Clinically, we all recognize those points in treatment where patients who have just reached vital insights or expressed primal feelings, instead of improving, get worse.

Unconscious guilt is less prominent in the work of Spotnitz than of Freud or Reik. One gathers that he encounters it less frequently, finds it less of an impediment, or else simply gives it less importance. I feel that this is so because of the emotional freedom that he has introduced into modern psychoanalysis. The freedom to feel becomes extended to analysts who therefore experience less of a burden to search into themselves and become “better people,” “moral climbers” in Reik’s (1940) terms.

Freud’s emphasis upon insight, acceptance of frustration, and the need to undo repression may in itself have contributed to increased emotional inhibition and also unconscious guilt. Spotnitz’s emphasis upon emotional experience and maturational fulfillment may thereby disemburden guilt and thus lead to a more expressive life experience.

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