



“The Talking Cure”

A Descriptive Guide to Psychoanalysis

Joseph D. Lichtenberg, M.D.

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and accessible examples, she greatly aided me in the challenging task of saying complicated things in simple English. To the extent that my penchant for formal psychoanalytic discourse has been softened into conversational prose, it is largely owing to her skillful efforts.

"The Talking Cure" speaks my advocacy of psychoanalysis. On the basis of my more than 30 years of involvement with analysis and psychiatry, I firmly believe that the psychoanalytic experience, when successfully engaged by analyst and analysand, leads to uniquely beneficial changes: the relief of distress through the opening of new possibilities for freedom in one's feelings, one's thinking, and one's capacity for human relationships. As in any other field of organized scientific endeavor, controversies abound with respect to methods, theories, results, and jurisdictions. I mention most of these issues in this work, but do not dwell on them beyond the needs of the lay reader. The picture of analysis that I draw is thus a general one, a kind of nonpolemic consensus to which, I believe, the majority of analysts would subscribe. At the same time, *"The Talking Cure"* is a highly personal statement, since it derives largely from my own experience as analysand and analyst, student and teacher, listener and guide.

Joseph D. Lichtenberg, M.D.

A Historical Note: “The Talking Cure”

In the nineteenth century the world was turned upside down by two discoveries. The first began in 1831, when the young Charles Darwin set forth on a five-year surveying expedition on the *Beagle*. The surprising outcome of this voyage to the Pacific was the series of brilliant observations that led to the theory of evolution. The second discovery began under more prosaic circumstances. Between 1880 and 1882, Josef Breuer, a prominent Viennese physician, paid daily visits to a bright, vivacious twenty-one-year-old woman who had fallen ill with hysterical symptoms. What was extraordinary about Breuer’s venture into Anna O.’s world of hysterical fantasies was his approach: he let her *talk* freely about her sensations, fantasies, and thoughts—and he *listened*. Commenting on the remarkable improvement in her condition that resulted, Anna O. “aptly described this procedure, speaking seriously, as a ‘talking cure,’ while she referred to it jokingly as ‘chimney-sweeping.’”¹ When related later to the young Sigmund Freud, this unprecedented treatment of a neurosis became the observational spark for the discovery of psychoanalysis.

¹J. Breuer and S. Freud, *Studies on Hysteria* (1893–95). In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 2, trans. J. Strachey (London: Hogarth Press, 1955), p. 30.

Introduction

Psychoanalysis aims to relieve emotional distress and improve mental functioning. So do other forms of therapy. Yet psychoanalysis offers a unique experience. How can one describe that experience? In some sense, an experience can never be fully described; it has to be sensed, felt, endured, enjoyed—lived. Still, one may approximate—drawing in the contours, keying the main features, offering the traveler a guide to the land he or she is interested in.

The analogy between psychoanalysis and a journey is in fact a common one. A venture into the unknown of the psyche, a voyage of self-discovery, an archaeological exploration of the residues of the past—all these metaphors have been used to evoke the psychoanalytic experience. There is a sense of anticipation, of the excitement of discovery, but also a tinge of apprehension, the fear of becoming disoriented or lost in traveling into an unfamiliar land. A guide may be helpful—to assure greater success in the exploration and to reassure against losing one's way.

Where does one begin? A large part of this book is designed to guide a person whose knowledge of psychoanalysis is limited. The initial chapters focus on the path to psychoanalysis of someone who seeks help because of emotional pain, a confused sense of purpose, or other problems. How, for instance, does one decide on psychoanalysis as a treatment? Who and what is an

analyst? How does one find one? Later chapters explore the psychoanalytic experience itself—a more difficult terrain to penetrate. Volumes have been devoted to a scientific conceptualization of the psychoanalytic experience. Even a preliminary description requires some density, given the complexity of the subject.

Different travelers have different needs. Imagine a group of people interested in visiting a foreign land. Some might say: "I don't know much about this country; tell me about it. What are its major attractions? Its unique features? Its costs?" Others might ask different questions, commenting: "I know most of that already. What I want to know is: what really goes on there? If I visit this land, how can I be sure to get the most out of my trip? What kinds of problems might I encounter? And how do you deal with them?"

This guide is directed toward two groups of readers. The first group is prospective analysands, who want information to determine if the psychoanalytic method is one from which they can expect to benefit. What will analysis do for their problems, for the dissatisfaction and pain they suffer from? How will their thoughts and feelings be responded to? Before embarking on this journey, people may want to feel some certainty that they can fit in with the requirements of analysis. And they may want some assurance that their most private hopes and fears will be dealt with respectfully within a goal of beneficial change.

The second group of readers covers a broad spectrum. College and graduate students, in both the humanities and the sciences, may be interested in a basic description of psychoanalysis, one that gives them a "feel" for the experience, to accompany more conceptual understanding. Psychiatrists, psychologists, social workers, and psychiatric nurses may also want a relatively non-technical phenomenological description. And, finally, psychoanalytic candidates may desire a presentation of the psychoanalytic experience that covers its essentials in a relatively condensed synopsis.

To guide so diverse a group of readers, I have selected an approach that begins each discussion from the perspective of a person approaching analysis—at first, the curious prospective

analysand; later, the analysand involved in the phases of analysis. As often as possible, I illustrate the signposts of my guide with anecdotes and examples drawn from my many years of experience with psychoanalysis as analysand, trainee, teacher, and psychoanalyst. I hope, in this, to make the psychoanalytic experience come “alive.” For me, the psychoanalytic voyage is rich in possibility; it is a journey well worth undertaking.

1

Beginning the Search for Help

“People go into analysis because they are in pain,” writes Janet Malcolm. “Analysis proposes to relieve mental pain by applying more of the same.”¹ What does she mean? Let us begin with the first part of her statement: What is the pain that leads people to seek analysis? It comes in many forms.

Anxiety. For a long time Mrs. Robertson² had experienced a sense of dread. It felt as if, out of the blue, something started her heart beating fast. Her chest became tight, her mouth dry, and her swallowing difficult. If it happened during the day, she tried to reason with herself. What was she worried about? Usually she could figure out that it was something to do with her health or the safety of someone in her family. She told herself the doctor said she was all right, or that if anything had hap-

¹Janet Malcolm, “Six Roses or Cirrhose?,” *New Yorker* (January 24, 1983), p. 205.

²The many examples of analysands given in this book are both actual and fictitious. They are actual in that they derive from the story of an individual or amalgam of individuals with whom I have had contact. All names, however, are fictitious. This and other fabrications are used to disguise the person’s identity and protect his or her confidentiality.

pened to the airplane her husband was on she would have heard. In any case, it was easier to hold her anxiety down during the day, when she could distract herself. At night, however, she sometimes woke up terrified, a fragment of a dream half-remembered, half-shrouded in mist. Sleep was through for the night. She tried to read, or write letters, hoping that with morning the feeling of dread would abate. But the nights got worse. And that made the days worse, too. Mrs. Robertson decided she had to find out what her anxiety was really about.

Compulsions. Mr. Daniels sometimes joked that his blood pressure was at the mercy of any fool who didn't have a watch and kept him waiting for an appointment, or any secretary who couldn't set a margin. A man with a great deal of charm, he enjoyed being with other people. But if there was any disruption of the roles and routines he had established for himself and those about him, Mr. Daniels became irritable, sarcastic, and totally intolerant. He did try to control his annoyance, but rarely with much success. Then, after an outburst of temper, he felt regret, suffering from bouts of guilt that were hard to shake. Trying to take himself in hand, he ended up setting even more rigid standards: "I'll have to plan better; I'll give my secretary more careful instructions; I'll call to remind my wife to be on time," etc., etc. At times he told himself that his compulsions were simply the result of his being a serious, conscientious businessman, husband, and father. But he wasn't happy with his anger and his spells of arrogant contempt of others. One day his business partner invited him in for a heart-to-heart talk and suggested that for the good of the company he consider psychoanalysis. Mr. Daniels didn't understand him. What he felt mostly was a compelling urgency to have "order." It didn't cross his mind that his demands, temper, and abrasive manner constituted an illness—one that analysis is designed to treat. What finally drove Mr. Daniels to seek help was the sight of fear in his secretary's face and the tears in his children's eyes. He hadn't fully realized his effect on others before.

Disturbed relationships. Mrs. Green was beginning to feel desparate about her marriage. But she didn't want a divorce.