

## ANALYSIS TERMINABLE AND POSTPONED

### *ILLUSIONS OF A FUTURE: PSYCHOANALYSIS AND THE BIOPOLITICS OF DESIRE*

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Duke University Press, 2014

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“What is psychoanalysis, if what one’s colleagues are doing, always, is *not* it?” (10). One of several questions driving Kate Schechter’s sharp critique of psychoanalysis, especially as it’s been taught and practiced in Chicago for several decades, *Illusions of a Future* puts psychoanalysis in the context of a “biopolitics of desire” involving managed care, medication, and the neoliberal expectations often tied to both. The “illusions” in the book’s title are chiefly those of the analysts, Schechter concludes, with a strong implication that the future of psychoanalysis in the United States might itself become quixotic and illusory, given a multitude of changes in treatment, including in the “quick-fix, medication-centered world of managed behavioral health” (1).

Schechter—herself a psychoanalyst, psychotherapist, and medical anthropologist at Rush University Medical College, Chicago—builds her critique and intervention on the compromises that the analysts she interviewed feel compelled to adopt and the predicaments in which they report finding themselves, among them “an atmosphere of scarce work” and the need to maintain a regular practice, for themselves as for their patients (3). This in turn raises questions as to whether what they facilitate clinically may still be thought psychoanalytic, in the sense of involving free association and several sessions per week, to practice a treatment with national protocols, specialty textbooks, and a long, complex history, not least in Chicago itself. Building on both archival and ethnographic research, Schechter’s book examines the broader implications of those adjustments for psychoanalysis nationally, including in its relation to psychiatry, to patients, and to biopolitics more generally.

Schechter's intervention, described by her as "rethink[ing] biopolitics with renovated psychoanalytic resources" (8), draws heavily on the work of Jacques Derrida and of Michel Foucault, in ways that might initially surprise, given a long-inherited assumption that especially Foucauldian and psychoanalytic perspectives on desire and biopolitics are inimical and impossible to resolve. Yet as Schechter helpfully underscores, with support from Foucault's extensive references to psychoanalysis, including his clear, repeated differentiation of Freudianism from the normalizing aims of biological psychiatry, Foucault "granted psychoanalysis . . . [an] axial position . . . in the transition from classical sovereignty to liberal governmentality" (8). The approach to "reading psychoanalysis in terms of biopolitics" is thus in one sense a significant adjustment for critical theory in the United States, holding considerable promise as a way of engaging empirically with what Schechter terms "local catalogs of resistances," including in the consulting room (10).

Quite surprisingly underexamined in her book, Schechter herself "underwent training in psychoanalysis" in the same community of analysts she writes about ethnographically, and she continues to serve as a faculty member of the Chicago Institute for Psychoanalysis, an institution of which she is rather critical in the book (14). It therefore isn't clear if the analysts interviewed were also former teachers or remain her colleagues. It would have been fascinating to read a fuller account involving her own self-definition as an analyst and theorist, including the ways that she navigates this complex terrain, with and without patients.

Schechter's ethnography of psychoanalysis in Chicago—as represented chiefly by its Institute for Psychoanalysis and Psychoanalytic Society, two organizations with a long-standing, seemingly intractable rivalry—is nonetheless made analogous to shifts in a more abstract but inescapable "biopolitics of desire" that for several decades has been reshaping the country as a whole. Problems and deficiencies in the local are thus given much wider implication in *Illusions of a Future*, including for psychoanalysis nationally. "So how do today's analysts maintain themselves as analysts," Schechter asks rhetorically of the gauntlet she lays down at the outset, "when they do not—cannot—practice what they preach?" (179).

Her contention is forceful, at times withering, but finally incomplete; it points to difficulties in the United States (perhaps especially

the Midwest) that work less successfully as examples for, say, Europe, Asia (including Australia), and South America: “They give up *analysis* precisely in their efforts to maintain themselves as *psychoanalysts*, substituting an imaginary of objective need and its real satisfaction for an imaginary of wishful fantasy and its interpretative resolution, playing up the relationship and down the transference, maintaining themselves as analysts who do not *analyze* but instead *provide* vital emotional supplies” (179, emphases in original).

The judgment is made broadly from the premise that her colleagues’ approach to treatment is insufficiently psychoanalytic, rather than, say, that it is psychoanalytic at all. It amounts to a lament about how psychoanalysis has been taught and practiced in Chicago, but the aim of the critique is, if anything, that we need *more* psychoanalysis, not less. On that count at least, it seems difficult to imagine that her colleagues wouldn’t strongly agree.

The environment in which psychoanalysis operates in the United States clearly is changing, and rapidly. *Illusions of a Future* opens with a brief vignette about Digital Diagnostics, a company advertising on its website a “new 3-minute psychoanalytic diagnosis that integrates seamlessly into busy clinics” (19). Stark questions inevitably arise from this rash, unlikely promise, including about the reliability of such “diagnoses”—generated in minutes from information volunteered over the internet. At the heart of such questions lies the type of transference that might develop unconsciously and the intensity of analysis that might then be possible, especially if “3-minute” diagnoses and “seamless integration” govern broader expectations for the actual treatment.

But the ad’s very premise of a “busy clinic,” in Schechter’s hands, also unwittingly stresses an anxiety voiced by several of the psychoanalysts she interviewed, who are said to “grimace” when asked how many analysands they have—a number often quite different, it should be noted, from the number of patients that they treat overall. One analyst asserts that he’s a net “donor not a recipient” (56); another, that she has “four and a half” patients in analysis (61), with the “half” apparently representing a patient who for financial reasons had scaled back to one session per week. The analyst nonetheless still considered the treatment to be psychoanalytic.

A third analyst Schechter interviews—representing, it must be said, the sum total of interviewees in the book—responds to the same

question by explaining: “You’ll want to know that I’m doing less and less transference work, more and more interrupting, more talking, [and] more direct shaping of behavior” (59). Yet here, too, he views himself as chiefly proactive and adaptive, in adjusting to his patients’ particular needs and availability. Schechter views his reply as self-consciously adopting a “commanding stance” (59), while the previous analyst quoted apparently “exemplifies a common defensiveness brought on by a redefinition of the status of psychoanalysis in the field of psychiatry” (56).

*Illusions of a Future* examines these challenges with a view to watching the analysts themselves try to make sense of them professionally, while explaining how they function clinically, in ways that might seem anathema to a classically Freudian treatment relying heavily on a patient’s transference. Schechter’s approach here is promising and the paradox that drives it vitally important to consider, even if the compromises the analysts find aren’t too surprising. In some respects, especially when involving careful assessment of a patient’s needs, the adjustments even seem commendable. That the analysts (and patients) sometimes chafe against the constraints of time and health insurers seems quite understandable.

For Schechter, however—and here some exegesis on her own practice would have been invaluable, not least in demolishing a sometimes-false distance in her book between author and interviewees—the analysts are, unbeknownst to themselves, colluding in a broader shift toward “neoliberal medicine” that deprioritizes (when it doesn’t ridicule) analysis of the unconscious and the intensification of transference (68). As a result, the treatment apparently becomes overly preoccupied by discussion of costs, benefits, and goals. Concerning one of the analysts’ rueful statements about the apparent need to be flexible, risk-taking, yet consistently “nice” with her patients, Schechter writes unsparingly: “In [her] ontology of psychoanalysis, we are now firmly in a world of *need* and *provision* rather than a world of wish and defense” (68 emphasizes in original). Yet the actual dynamic of the consulting room may be less schematic—more open to nuance and complexity than such snapshots imply. As one of the analysts notes of an obviously well-considered position, “I am not hanging back in the background [of my sessions], silently waiting for the patient’s fantasies and then pointing out how she’s distorting her image of me. I am

actively sussing out her emotional needs, actively meeting them. Our relationship is front and center" (173). Even more generally, a treatment leaning strongly to psychotherapy or other psychodynamic approaches, given a patient's time pressures, isn't in itself an axiomatic avoidance of psychoanalytic technique, even if the latter is practiced less obviously or frequently.

In light of such distinctions, Schechter's opening question, "What is psychoanalysis, if what one's colleagues are doing, always, is *not* it?" (10), seems slightly awry at the outset, especially in that ubiquitous and damning "always." Clearly, psychoanalysis *is* still taking place, if in conditions its practitioners consider far from optimal. It seems fairer to advance Schechter's adjusted assertion, later in the book, that because of larger, impersonal changes within medicine and psychiatry, including their almost wholesale embrace of biopolitics, the analysts "are contending with competing imperatives while trying at the same time to maintain themselves as both moral persons and successful professionals" (179).

Observations such as these brought to mind Janet Malcolm's well-titled book from 1982, *Psychoanalysis: The Impossible Profession*, originally a series of articles in the *New Yorker* outlining Freud's late thoughts on treatment and technique. Just as Schechter's title alludes to Freud's famous treatise on religious belief, *The Future of an Illusion* (1927), so Malcolm's book stems from Freud's near-final work *Analysis Terminable and Interminable* (1937), in which he bluntly concedes: "It almost looks as if analysis were the third of those 'impossible' professions in which one can be sure beforehand of achieving unsatisfying results. The other two, which have been known much longer, are education and government" (v).

In this half-century retrospective, Freud wrestles with the challenge and unpredictability of transference in analysis, with Malcolm calling the term and concept his "most original and radical discovery"—more so, apparently, than even infant sexuality and the death drive—in that it determines the contours of romantic love, while helping to explain how, in analytic treatment as in close relationships, "we all invent each other according to early blueprints" (Malcolm, 6). The transfer of affect involved is by definition complicated, since it tends to repeat itself unconsciously. "We overcome the transference," Freud remarked in his *Introductory Lectures*, "by pointing out to the patient

that his feelings do not arise from the present situation and do not apply to the person of the doctor, but that they are repeating something that happened to him earlier. In this way," he concludes, "we oblige him to transform his repetition into a memory" (8).

Like some of the Chicago analysts she interviews, Schechter isn't sure if this process is still tenable or whether it was ever so clear-cut. On the question of what patients continue to *want* from analysis, as from the analyst, she quotes one colleague as suggesting, "It's a strange situation: the *meaning* of their suffering doesn't seem important to people to understand in the way it used to" (20).

Generalities such as these will frustrate those wanting sharper, more compelling lines of evidence in *Illusions of a Future*, while nonetheless piquing interest. Comparable anecdotes in Malcolm's earlier book suggest that trends identified several decades ago have if anything intensified in the years since: "There are," she writes of the early 1980s, "few analytic patients who can free-associate easily, if at all." Consequently, "analysts today don't expect the free-association process to take hold until well into the analysis; in fact, some regard the appearance of true free association as a signal to terminate the analysis" (17). Malcolm also touched on issues integral to the investigative interview that Schechter is likely to have experienced even more acutely, given her ties to the institution examined: "The analysts I had seen," notes Malcolm, "so far had dealt with me as they habitually deal with patients on first meeting—courteously, neutrally, noncommittally, reservedly, 'abstinently'—and had also shown a certain wariness at being in the presence of a journalist" (5–6) or, in Schechter's case, an interviewing colleague and former student.

But if *Illusions of a Future* is neither exhaustive nor entirely persuasive in documenting trends in psychoanalytic treatment beyond Chicago, the book is stronger when revisiting the protracted division separating the city's two major training organizations, the Chicago Institute for Psychoanalysis (founded in 1932 by Franz Alexander) and the Chicago Psychoanalytic Society (founded the previous year by his former analysand, Lionel Blitzsten). The long-standing disputes that have determined relations between these institutions, stemming from conceptual differences often masked as their founders' personal rivalry, form almost the entire second half of Schechter's book (chapters 3 to 6), and read quite differently from those of the first. The issues

come alive in the retelling, and Schechter can point more confidently than elsewhere to the acrimonious, sometimes bizarre effects of a professional transference gone spectacularly awry.

The intrigue begins with Blitzsten himself, who, according to Schechter, “always claimed to have been analyzed by Freud, while Freud denied ‘ever having known anyone by that name’” (77). In his subsequent appointment at Northwestern University’s Department of Psychiatry, Blitzsten represented the first psychoanalyst to work in the United States west of New York, and Schechter paints a vivid picture of his evening seminars as “glittering avant-garde affairs attended by the Chicago intelligentsia during the 1920s and 1930s, welcoming philanthropists, academics, medical colleagues, artists, students, [and] writers . . . to explore the world of Freudian ideas” (77).

Meanwhile, Alexander, “the man Freud would call ‘my best pupil in the United States,’” arrived in Chicago in 1931, his faculty appointment at the University of Chicago designating him officially as the nation’s “first professor of psychoanalysis” (77, 78). Comparisons were doubtless inevitable. A rivalry intensified when, after Alexander’s contract at the university was terminated (despite Freud’s best efforts at restoring it), he set up the Chicago Institute for Psychoanalysis with an emphasis at odds with that of Blitzsten, his former analyst.

In the pages that follow, we learn why Alexander was subsequently accused of “manipulating” the transference rather than “analyzing” it (83), including by trying to accelerate psychoanalytic treatment and make it available to a greater number. We also track intense institutional debates about what constitutes the “proper place of psychoanalysis,” including when its techniques appear “formulaic” or helpfully “genetic,” heterodox or hopelessly normalizing (84, 90). Schechter also traces the dramatic and contentious rise of self psychology in Chicago when Heinz Kohut, a prominent member of the Chicago Institute, broke in the late 1960s with ego psychologists over drive theory and instead represented narcissism and associated grandiosity, incredibly, as “positive, growth-seeking phenomena to be welcomed” (136).

Although the minutiae of these debates can read today like inside-baseball, of interest largely to the participants themselves and their historians, the longer-term trends capture part of Schechter’s thesis. Especially in Chicago, psychoanalysis has at times veered wildly from

forms of treatment and teaching that rely on orthodox concepts such as transference, with the consequence today that in their distance from classical psychoanalysis they appear aligned with the very biomedical forces that view psychoanalytic terms and concepts with disdain. A running national narrative puts psychodynamic therapy—and, even more, psychoanalysis—as more costly and less effective than psychopharmacology, despite a wealth of evidence in fact indicating the reverse (see, for instance, Shedler, 98).

According to Schechter, the analysts she interviews misplace their frustration professionally by misidentifying its cause: “The psychoanalysts in Chicago do not sit around proclaiming the horrors of dealing with Blue Cross Blue Shield to get reimbursed for their work. Rather, they turn their situation into a debate between ancestors and a complicated theoretical battle about the status of the therapeutic relationship” (184).

Perhaps the analysts’ frustration with health insurers surfaced in other conversations to which Schechter simply wasn’t party. The turn to ancestors and to theoretical battles from decades past may nonetheless be an effect intensified by Chicago’s unique history in having training institutes that straddle classical psychoanalysis with self psychology and thus, according to many associated with those fields and organizations, “mutually exclusive positions” (92). The city’s unusualness in that regard doesn’t quite corroborate Schechter’s larger claim about biopolitics, neoliberalism, and “managerial optimism” (106): “I see psychoanalysis unwittingly contributing to the biopoliticization of contemporary U.S. society” (181). A wider focus, involving not just the nation’s East and West Coasts, but also Europe and South America, would have deepened the evidence while complicating the argument. Meanwhile, the psychical difficulty that transference continues to pose raises important questions about not just effective treatment but also the terms of a “cure” and the broader possibility of rescuing desire from a myriad neoliberal and biomedical constraints.

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