

Individual and Family Therapy

**FREUD ON
MARRIAGE
AND THE
FAMILY**



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FREUD ON MARRIAGE AND THE FAMILY

In the four preceding studies of dramatic literature individual psychology and the family systems theories have been juxtaposed as differing paradigms with theories and modes of practice essentially unintegrated with one another. The next three chapters will introduce some of the technical literature with a view toward integrating these disparate clinical approaches. In this chapter we turn to Freud's writings on marriage and the family. Though psychoanalysis became the quintessential individual treatment and the most compelling and comprehensive theory of a person's psyche, Freud's observations on the family, made in passing, have a fresh and modern ring to them and serve as a relevant starting point.

Psychoanalysis penetrated the depths of the mind by a rigorous application of the psychoanalytic method, the database of which was relatively free of any direct observation of a person's social field. While psychoanalytic theory has been evolving and changing over the years, there still has been reluctance to utilize data obtained by nonanalytic methods. The major exception to this has been the more recent investigations of mother-infant interaction as well as observations made in the preschool nursery. On the other hand, newly emerging family systems theories have, using quite different data, tended to ignore man's intrapsychic life, while beginning to describe their own compelling insights regarding man's interpersonal behavior.

I believe that a major impediment to the meaningful integration of these "sciences" lies in the differing applications of their theories. Psychoanalysis evolved out of an intensive effort to understand and treat *the individual*. As an applied science it is devoted to the fullest development of an individual's potential; its goal is naturally individualistic, reflecting the heightened individualistic values of our culture at the turn of the century.

The family systems theories are emerging at a time when the malfunctioning of the family in postindustrial society has become glaringly apparent. As an applied science its general goal has been the improved functioning of the family unit. Hence the emphasis upon communication and the contextual forces impinging upon all of us. If psychoanalysis was a psychology of the inner-directed, achievement-oriented, super-ego-dominated Oedipus, the newer therapies including the family modality represent a

social psychology of the outer-directed, consumer-oriented ego-and-id-dominated Narcissus. Psychoanalysis has responded to this shift by recently (Kernberg 1975) also turning attention to the understanding and treatment of the now ubiquitous narcissistic disorders. This, while the family therapies have tried to reduce these dysfunctional, narcissistic trends by promoting more direct and less distorted communications within the family unit.

What is intriguing in all of this is that psychoanalysis is nonetheless for all its emphasis on intrapsychic forces a theory grounded in "the family." As a theory of the development of man's psychic structure it turns to the interplay of a child's endowment and his primary family experiences. The potential refinement and elaboration of psychoanalytic theory by the introduction of the findings of family studies would seem a natural and welcome development. Psychoanalysis as a theory is far broader in scope than its very limited application as a therapy.

Its further development ought not to be limited by data gathered only by the psychoanalytic method, and its application need not be limited to the practice of psychoanalysis. In fact, the application of psychoanalytic theory to marital and family therapy promises to be of benefit in those clinical situations that today rarely come to the attention of the psychoanalyst but instead are treated by an ever-expanding array of ad hoc therapies. In its wish to retain the purity of its method, psychoanalysis reduced the possibility of psychoanalytic treatment for potentially analyzable patients whose presenting interpersonal disturbances mask a neurotic character structure. Some patients after a period of psychoanalytically oriented family therapy recognize the benefits to be derived from a personal psychoanalysis (see chapter 9).

In the preparation of this chapter, I utilized the recently published *Index of Freud's Standard Edition*. There were about thirty references to the family and eleven references to marriage in the *Index*. To demonstrate Freud's primary interest in intrapsychic forces, I initially chose memory as a contrasting subject, as it represented the cornerstone of Freud's (and Breuer's) early model of psychological illness. After all, "hysterics suffered from reminiscences." There were approximately 250 references to the subject of memory. This was, perhaps, a skewed comparison, for there are other subjects that might refer indirectly to marriage and the family, for example, the specific family members. There were 350 references to fathers and fatherhood. Many would expect the references to mothers and motherhood to

outnumber these. There were about 200 citations on mothers. This almost two-to-one ratio reflects the centrality in Freud's writings of the oedipal stage of development, especially as seen in the child's relation to the father. The interest in the preoedipal mother/infant relationship only came into focus in the years after Freud's death and was most recently summarized by Mahler, Pine, and Bergman (1975). As a matter of fact in the Cumulative Index of the *Psychoanalytic Quarterly* (1932-1966) the ratio of father to mother references is reversed. There are no references to sons or daughters, eleven to brothers and sisters in the Index of the *Standard Edition*, while *boys* and *girls*, the terms Freud used for sons and daughters, each have about 125 references. There are also about 600 references to childhood and children, a testimony to the preoccupation of psychoanalysis with child development. In this sense Freud can be seen as the scientist who helped crystallize an evolving cultural preoccupation described by Aries (1962) and de Mause (1974) of the relatively recent "discovery of childhood." Child rearing, once practiced without much thought, has today become somewhat of an obsession. We are more aware of children than ever before, while paradoxically and simultaneously we are turning away from caring for them or so our media (*Newsweek*, September 22, 1975) and many social scientists (Bronfenbrenner 1970) are telling us. While child development thus stands out as one of the pillars of the psychoanalytic structure, it is eclipsed in this Index survey by the topic which Freud considered his most outstanding contribution, that is the discovery of the unconscious and its elucidation through dream interpretation. There are over 2,000 citations related to dreams and dreaming!

As noted above, Freud's central interest in depth psychology precluded an extensive study of marriage and the family. Nonetheless a review of his writings on these subjects affords an interesting journey in itself and prepares the ground for a subsequent discussion of the interrelation of psychoanalytic theory and the newly emerging developments in family theory, therapy, and research.

PRE- AND EARLY PSYCHOANALYTIC PHASE (1888-1905)

Shortly after studying with Charcot, Freud wrote a review of hysteria for a medical encyclopedia, in which he reiterated Charcot's view that at bottom hysteria was a hereditary disorder. The emphasis on heredity, however, did not lead to therapeutic nihilism, for in the section on management he advocated actively dealing with the immediate contemporaneous familial factors. His description of the family's aggravating if not etiological role has a modern "family systems" ring to it.

The first condition for a successful intervention is as a rule removal of the patient from his regular conditions and his isolation from the circle in which the outbreak occurred.... As a rule an hysterical man or woman is not the only neurotic of the family circle. The alarm or tender concern of parents or relatives only increases the patient's excitement or his inclination, where there is a physical change in him, to produce more intense symptoms. If, for example, an attack has come on at a particular hour several times in succession, it will be expected by the patient's mother regularly at the same time; she will ask the child anxiously whether he is already feeling bad and so make it certain that the dreaded event will occur. Only in the rarest instances can one succeed in inducing relatives to look on at the child's hysterical attacks quite calmly and with apparent indifference; as a rule the family's place must be taken by a period in a medical establishment, and to this the relatives usually offer greater resistance than do the patients themselves. [1888, pp. 54-55]

In this prepsychoanalytic phase Freud (1893) was experimenting with hypnosis and reported a successful treatment in the home of a woman who was unable to feed her newborn infant. Following Freud's hypnotic suggestion, the patient ventilated anger toward her own mother for not feeding her properly. This treatment resolved for the time being the patient's symptoms. I noted in a previous publication (1974) how Freud in this early case began to explore the "inner" forces at work in his patients and necessarily paid less attention to external forces. Rather than pointing to the interpersonal difficulties she had with her family, Freud noted that she had "ideas running counter to her intentions." This was an early version of the soon-to-be-described concepts of the unconscious, ambivalence, and intrapsychic forces in general.

The same year saw the publication of Freud's and Breuer's (1893) Preliminary Communication in which they put forth the view that hysteria resulted from traumatic experiences. Shortly thereafter, Freud (1896, pp. 189-221) postulated that these traumatic experiences were of a sexual nature that ultimately led back to repressed memories of childhood sexual experiences. The cause of this baffling illness was about to be laid at the feet of corrupting parents, older siblings, and those other notorious Viennese child seducers, the nursemaids and tutors.

Crude and faulty as this theory seems to us today, it began questioning the narrower medical formulation of the day, which shed no light on this common malady. In fact one could view the medical model here as cloaking the hidden, unspoken, patriarchal family dramas of his patients. Women, who made up the bulk of sufferers, wreaked havoc in their families and made the medical practitioners of the day appear impotent and helpless. Freud's case histories were soon to sound more like novels than medical cases, thus giving rebirth to a psychosocial model of mental illness. These case histories would have read like simple-minded novels with villains and victims had Freud within another year not

critically reexamined his seduction theory. He was to write his friend Fliess: "I will confide in you at once the great secret that has been slowly dawning on me in the last few months. I no longer believe in my neurotica" (1897, Letter 69, p. 259). Further clinical investigation together with his self-analysis had led him to question the universality of these childhood sexual seductions. In a manner that was to become characteristic of him, Freud made a virtue of this obstacle. Rather than discarding this data, he asked why so many of his patients were clinging so tenaciously to these ideas. Here a giant leap forward was made in psychology. The discovery of the universal presence of incestuous fantasies and of infantile sexual wishes succumbing to repression created a new theory of inner psychological dramas that was to replace the external family seduction theory that had such a short life in Freud's thought. So the theory of hysteria had undergone two rapid transformations. A mysterious hereditary medical illness with no discernible physical pathology was seen first as a reaction to a familial drama and subsequently as a manifestation of the repressed sexual conflicts of the patient in question. The questions remained, and remain, if these conflicts are universal how is it that everyone does not fall ill, and what is the mechanism of the choice of neurosis. Freud was of course to insist that the line between illness and health was a fine one and that people were ever moving from health to illness and back again. But one can still ask further when are these transitions made and at what particular times.

The Dora case, which came during this phase of psychoanalytic theory, illustrates dramatically the shift in Freud's thinking indicated above (1905). Although the case was written to demonstrate the validity of his recently published *Interpretation of Dreams* the clinical case contains one of the most elegant family descriptions in clinical psychiatry. It includes the by now oft qd caveat, "that we are obliged to pay attention in our case histories to the purely human and social circumstances of our patients. Above all our interest will be directed towards their family circumstances" (1905, p. 18). The case contains a fairly- detailed picture of the parental sexual intrigues, which included an attempt to get eighteen-year-old Dora into a modified wife- swapping arrangement with Dora as a stand-in for her mother. Dora's hysterical reaction to this context brought her into treatment with Freud in 1900. This was but three years after discarding his sexual seduction theory. Though not ostensibly taking sides in this family difficulty, he proceeded to try to get Dora to recognize her own unconscious participation in the menage. As Erikson noted (1968, pp. 251-252), she would hear of no such thing and fled treatment. Subsequently she led a rather severe neurotic life as noted in Deutsch's follow-up report (1957).

PSYCHOANALYTIC PHASE (1905-1939)

Freud on Marriage and the Role of Women

Following the 1888 discussion of the family's role in hysteria, the first allusion to marriage and the family appears "perhaps appropriately" in his book on *Jokes and the Unconscious* (1905a pp. 110-111). In this book he notes the abundance of jokes about the institution of marriage. Society's collective ambivalence toward this once sacred institution is evident in the myriad of jokes aimed at it. Since the turn of the century with the reduction in the functions of religion and the family, psychotherapy and the mental health professions, as Parsons (1964) has noted, have assumed an ever-increasing importance. In this connection Philip Reiff (1966) has, in fact, termed our age the *Triumph of the Therapeutic*. In this quasi "transferential" way the psychotherapies have joined the institution of marriage and the family as an object of ridicule and humor. Rarely does a popular magazine not include some cartoon about the patient/client and his Freudian or transactional therapist.

Part of mankind's undercurrent of hostility toward marriage and the family stems from the child's ambivalent attitude toward his parents. Another stems, according to Freud, from the restrictions that society places upon the sexual drive through, among other mechanisms, the institution of monogamous marriage. This point of view citing the opposition of the interests of civilization and the individual needs, most elaborated in his 1930 *Civilization and Its Discontents*, was already explicated in a rarely read paper titled, "Civilized Sexual Morality and Modern Nervous Illness" (1908, pp. 179-204). It contains a devastating critique of marriage at the turn of the century and includes a remarkable indictment of society's suppression of women. This article seems to have gone unnoticed by the many recent feminists who accuse Freud of being an uncritical proponent of Viennese society. The pertinent parts of this section go on for some ten pages and only parts of it are quoted here at some length.

This brings us to the question whether sexual intercourse in legal marriage can offer full compensation for the restrictions imposed before marriage. There is such an abundance of material supporting a reply in the negative that we can give only the briefest summary of it. It must above all be borne in mind that our cultural sexual morality restricts sexual intercourse even in marriage itself, since it imposes on married couples the necessity of contenting themselves, as a rule, with a very few procreative acts. As a consequence of this consideration, satisfying sexual intercourse in marriage takes place only for a few years. ... After these three, four, or five years, the marriage becomes a failure in so far as it has promised the satisfaction of sexual needs. For all the devices hitherto invented for preventing conception impair sexual enjoyment, hurts the fine susceptibilities of both partners and even actually cause illness. Fear of the consequences of sexual intercourse

first brings the married couple's physical affection to an end; and then as a remoter result, it usually puts a stop as well to the mental sympathy between them, which should have been the successor to their original passionate love. The spiritual disillusionment and bodily deprivation to which most marriages are thus doomed puts both partners back in the state they were in before their marriage, except for being the poorer by the loss of an illusion, and they must once more have recourse to their fortitude in mastering and deflecting their sexual instinct, [p. 194]

The harmful results which the strict demand for abstinence before marriage produces in women's natures are quite especially apparent. It is clear that education is far from underestimating the task of suppressing a girl's sensuality till her marriage, for it makes use of the most drastic measures. Not only does it forbid sexual intercourse and set a high premium on the preservation of female chastity, but it also protects the young woman from temptation as she grows up, by keeping her ignorant of all the facts of the part she is to play and by not tolerating any impulse of love in her which cannot lead to marriage. The result is that when the girl's parental authorities suddenly allow her to fall in love, she is unequal to this psychical achievement and enters marriage uncertain of her own feelings. In consequence of this artificial retardation in her function of love, she has nothing but disappointments to offer the man who has saved up all his desire for her. In her mental feelings she is still attached to her parents, whose authority has brought about the suppression of her sexuality; and in her physical behavior she shows herself frigid, which deprives the man of any high degree of sexual enjoyment, [pp. 197-198]

Their upbringing forbids their concerning themselves intellectually with sexual problems though they nevertheless feel extremely curious about them, and frightens them by condemning such curiosity as unwomanly and a sign of a sinful disposition. In this way they are scared away from any form of thinking, and knowledge loses its value for them. The prohibition of thought extends beyond the sexual field. I think that the undoubted intellectual inferiority of so many women can be traced back to the inhibition of thought necessitated by sexual suppression, [pp. 198-199]

Some pages later there is an interesting view put forth of the general effect of this state of the marital union upon the children of such marriages.

A neurotic wife who is unsatisfied by her husband is, as a mother, over tender and over anxious towards her child, onto whom she transfers her need for love; and she awakens it to sexual precocity. The bad relations between its parents moreover, excite its emotional life and cause it to feel love and hatred to an intense degree while it is still at a very tender age. Its strict upbringing, which tolerates no activity of the sexual life that has been aroused so early, lends support to the suppressing force and this conflict at such an age contains everything necessary for bringing about lifelong nervous illness, [p. 202]

The introduction of more adequate contraception and the emergence of the women's liberation movement have greatly altered this bleak picture of marriage at the turn of the century. The changes of the recent decades have produced a quite different picture with quite different problems. The instability of modern marriage has replaced its earlier chronic disharmony. The clinical sequelae of this development is staggering as we see more and more problems of developmental deficit amidst familial fragmentation.

Freud on the Relation of Parents to Children

The preceding very brief paragraph describing the potential impact of marital disturbances upon children is a somewhat more sophisticated return of the old seduction theory abandoned in 1896. During the decade following the publication of the *Interpretation of Dreams* (1900-1910), Freud made many relevant observations about parenting. Though the thrust of the *Three Essays on Sexuality* (1905b) was the discovery of sexual impulses in children independent of external parental influence, there are some remarkable descriptions of the impact of mothers upon children, which are a prelude to the more recent and more systematic researches into mother-infant interaction. In noting that the adolescent in his finding a sexual object is in some sense “refinding” the love of his childhood, Freud (1905b, pp. 223-224) recapitulates the importance of the original love relation.

A child's intercourse with anyone responsible for his care affords him an unending source of sexual excitation and satisfaction from his erotogenic zones. This is especially so since the person in charge of him, who after all, is as a rule his mother, herself, regards him with feelings that are derived from her own sexual life: She strokes him, kisses him, rocks him, and quite clearly treats him as a substitute for a complete sexual object. A mother would probably be horrified if she were made aware that all her marks of affection were rousing her child's sexual instinct and preparing for its later intensity. She regards what she does as asexual, “pure” love, since, after all she carefully avoids applying more excitations to the child's genitals than are unavoidable in nursery care. As we know, however, the sexual instinct is not aroused only by direct excitation of the genital zone. What we call affection will unfailingly show its effects one day on the genital zones as well. Moreover, if the mother understood more of the high importance of the part played by the instincts in mental life as a whole — in all its ethical and psychical achievements — she would spare herself any self-reproaches even after her enlightenment. She is only fulfilling her task in teaching the child to love. After all, he is meant to grow up into a strong and capable person with vigorous sexual needs and to accomplish during his life all the things that human beings are urged to do by their instincts. It is true that an excess of parental affection does harm by causing precocious sexual maturity and also because, by spoiling the child, it makes him incapable in later life of temporarily doing without love or of being content with a smaller amount of it. One of the clearest indications that a child will later become neurotic is to be seen in an insatiable demand for his parents' affection. And on the other hand neuropathic parents, who are inclined as a rule to display excessive affection, are precisely those who are most likely by their caresses to arouse the child's disposition to neurotic illness.

A few pages later Freud again reviewed the importance of the child's relation to his parents in determining his later choice of sexual object in that “any disturbance of those [marital] relations will produce the gravest effects upon his [the child's] adult sexual life. Jealousy in a lover is never without an infantile root or at least an infantile reinforcement. If there are quarrels between the parents, or if their marriage is unhappy, the ground will be prepared in their children for the severest predisposition to a disturbance of sexual development or to a neurotic illness” (1905b, p. 228).

Totem and Taboo in addition to its speculations regarding the origins of the family, the incest taboo, and Oedipal guilt, also has cogent observations relevant to this exploration in a discussion of a mother's relation to her daughter, especially as it leads to the often encountered difficulties between mothers and sons-in-law (1913, p. 15).

A woman whose psychosexual needs should find satisfaction in her marriage and her family life is often threatened with the danger of being left unsatisfied, because her marriage relation has come to a premature end and because of the uneventfulness of her emotional life. A mother, as she grows older, saves herself from an unhappy marriage by putting herself in her children's place, by identifying herself with them; and this she does by making their emotional experiences her own. Parents are said to stay young with their children, and that is indeed one of the most precious psychological gains that parents derive from their children. Where a marriage is childless, the wife has lost one of the things which might be of most help to her in tolerating the resignation that her own marriage demands from her. A mother's sympathetic identification with her daughter can easily go so far that she herself falls in love with the man her daughter loves; and in glaring instances this may lead to severe forms of neurotic illness as a result of her violent mental struggles against this emotional situation. In any case, it very frequently happens that a mother-in-law is subject to an impulse to fall in love this way, and this impulse itself or an opposing trend are added to the tumult of conflicting forces in her mind.

Freud goes on to analyze the other side of that relational coin as the son's need to ward off the incestuous tie to the prospective mother-in-law, and he notes as anthropological evidence the frequent rules of avoidance between sons and mothers-in-law among people of other societies.

Still other forces in this constellation involve the father's feelings toward his daughter and prospective son-in-law. I am in this context reminded of a couple that consulted me because of their inability to go through with their wedding plans. The history included the prospective bride's father's objections to all his daughter's suitors except for the one in question who was, at the time, still married. He could thus keep his favorite daughter from marrying and through identification with the suitor vicariously gratify his incestuous tie to his daughter. She could perpetuate her tie to her father and suffer for it in a nine-year courtship, which included her fiancé twice not following through on their wedding plans. The ubiquitous presence of such cross-generational working out of oedipal conflicts was discussed psychoanalytically in some detail by Rangell (1955) in an article titled, "The Role of the Parent in the Oedipus Complex." These isolated references to parents' vicarious working out of their wishes and conflicts through their children is more fully described in Freud's paper appropriately titled, "On Narcissism," (1914, pp. 90-91).

The primary narcissism of children which we have assumed and which forms one of the postulates of our theories of the libido, is less easy to grasp by direct observation than to confirm by inference from elsewhere. If

we look at the attitude of affectionate parents towards their children, we have to recognize that it is a revival and reproduction of their own narcissism, which they have long since abandoned. The trustworthy pointer constituted by overvaluation, which we have already recognized as a narcissistic stigma in the case of object-choice, dominates, as we all know, their emotional attitude. Thus they are under a compulsion to ascribe every perfection to the child — which sober observation would find no occasion to do — and to conceal and forget all his shortcomings. Moreover, they are inclined to suspend in the child's favor the operation of all the cultural acquisitions which their own narcissism has been forced to respect, and to renew on his behalf the claims to privileges which were long ago given up by themselves. The child shall have a better time than his parents; he shall not be subject to the necessities which they have recognized as paramount in life. Illness, death, renunciation of enjoyment, restrictions on his own will, shall not touch him; the laws of nature and of society shall be abrogated in his favor; he shall once more really be the center and core of creation, "His Majesty the Baby" as we once fancied ourselves. The child shall fulfill those wishful dreams of the parents which they never carried out — the boy shall become a great man and a hero in his father's place, and the girl shall marry a prince as a tardy compensation for her mother. At the most touchy point in the narcissistic system, the immortality of the ego, which is so hard pressed by reality, security is achieved by taking refuge in the child. Parental love, which is so moving and at bottom so childish, is nothing but the parents' narcissism born again, which, transformed into object-love, unmistakably reveals its former nature.

This passage calls to mind the later work of Johnson and Szurek (1952) and their work on the transfer of superego difficulties across the generations. The cross-generational transfer of impulsive trends and conflicts through the defense of projective-identification has most recently become the focus of study of Zinner and Shapiro (1972) in their psychoanalytically oriented investigations of borderline adolescents and their families.

Neurosis and Unhappy Marriage

In an address to the fifth International Psychoanalytic Congress Freud (1918) turned to the subject of technique with some discussion of the use of "active" methods in psychoanalytic treatment. In this talk he noted the tendency of patients to recover from their neuroses prematurely through the formation of substitutive satisfactions.

It is the analyst's task to detect these divergent paths and to require him everytime to abandon them, however harmless the activity which leads to satisfaction may be in itself. The half-recovered patient may also enter on less harmless paths — as when, for instance, if he is a man he seeks prematurely to attach himself to a woman. *It may be observed incidently, that unhappy marriage and physical infirmity are the two things that most often supersede a neurosis. They satisfy in particular the sense of guilt (need for punishment) which makes many patients cling so fast to their neuroses. By a foolish choice in marriage, they punish themselves...* [1919, p. 163, italics mine]

That today's analytic work has moved from the treatment of symptom neuroses to character neuroses is a commonplace observation. These character neuroses present most frequently in the area of

work difficulties and/or disturbances in object relations. The frequency of the latter are manifest in the extraordinary incidence of divorce and what Freud called unhappy marriages. It is frequently the unhappy marital partners who come to the psychotherapist and/or family therapist. At times the problem is one of developmental or situational stress and relieved by a time-limited period of individual or marital treatment. But the presence of a chronically unhappy marriage of blame and recriminations is often a curtain “superseding” individual and usually complementary neuroses.

CONCLUSION: IMPLICATIONS FOR TREATMENT

Though Freud from the very start and throughout his career noted the family psychopathology surrounding his patients, he viewed the family circle as an obstacle to the patient’s treatment and wrote (1912, p. 120) “As regards the treatment of their relatives, I must confess myself utterly at a loss and I have in general little faith in any individual treatment of them.”

In concluding the *Introductory Lectures* five years later, Freud (1917) spelled out more directly his views on the adverse effects of family members on psychoanalytic treatment. In addition to the internal resistances of patients to analysis, he added the other unfavorable “external conditions” created by the patient’s family. In comparing psychoanalytic treatment with a surgical operation, he (1917, p. 459) asked how such operations could succeed “in the presence of all the members of the patient’s family, who would stick their noses into the field of the operation and exclaim aloud at every incision.” He further stated that:

No one who has any experience of the rifts which so often divide a family will, if he is an analyst, be surprised to find that the patient’s closest relatives sometimes betray less interest in his recovery than in his remaining as he is. *When, as so often, neurosis is related to conflicts between members of a family*, the healthy party will not hesitate long in choosing between his own interest and the sick party’s recovery.

This is an unfortunate depiction of the untreated relative as the “healthy party.” When a healthy person’s self-interest is countered by a sick relative’s recovery, we would necessarily read “self-interest” today as “narcissistic.” His brief case illustration (1917, p. 460) is telling in this regard in describing how a young female patient’s phobic behavior was keeping her mother from carrying on an extramarital affair. When the mother discovered that her affair was being discussed in her daughter’s analysis with Freud, she brought the “obnoxious treatment” to an end and had the patient treated in a sanitarium.

Freud was by 1916 taking on only patients who were *sui juris*, that is, persons not dependent on anyone else in the essential relations of their lives. This is not so easily done in practice. The obstacles Freud notes and that I would describe as resistances in family members can be understood and interpreted. Retaining for the moment the surgical model, I would view such interventions as illustrative of necessary preoperative care. Freud felt such conditions of the patient's milieu rendered the patient inoperable (i.e., unanalyzable).

Freud relied ultimately upon the analysis and resolution of the transference neuroses as the mechanism of relief of neurotic suffering. The analyst, as Freud (1940, pp. 175-176) noted toward the end of his life, was thus necessarily a successor to the parents.

If the patient puts the analyst in the place of his father (or mother), he is also giving him the power which his superego exercises over his ego since his parents were as we know, the origin of his super ego. The new super ego now has an opportunity for a sort of after-education of the neurotic; it can correct mistakes for which his parents were responsible in educating him. But at this point a warning must be given against misusing this new influence. However, much the analyst may be tempted to become a teacher, model and ideal for other people and to create men in his own image, he should not forget that that is not his task in the analytic relationship, and indeed he will be disloyal to his task if he allows himself to be led on by his inclinations. If he does, he will be repeating a mistake of the parents who crushed their independence by their influence and he will only be replacing the parents' earlier dependence by a new one. In all his attempts at improving and educating the patient, the analyst should respect his individuality. The amount of influence which he may legitimately allow himself will be determined by the degree of developmental inhibition present in the patient. Some neurotics have remained so infantile that in analysis too they can only be treated as children.

This warning against the analyst's inappropriate use of his influence is one of the central values in psychoanalysis and a major reason for the insistence upon retaining the purity of the psychoanalytic method. To allow the "pure gold of analysis" (1919, p. 168) was not only to tamper with the method but also to threaten the independence and individuality of the analysand. The role of this central value is critical in understanding the general reluctance to introduce "parameters" into classical psychoanalytic treatment. To go beyond such parameters and see and treat a family unit within the psychoanalytic framework was virtually unthinkable. Not much imagination is required to sense how much more "active intervention" a family in conflict might "demand." Nonetheless, such "demands" for nurturance, guidance, or justice can be pointed out and interpreted analytically just as is done in individual psychoanalytic treatment.

While I acknowledge the very basic difference between classical psychoanalysis and the

psychoanalytically oriented psychotherapies, it has been my experience that an “analytic attitude” is not dependent solely upon the couch. It is a matter of degree, and though more difficult I have found it possible to maintain a neutral, nonjudgmental, analytic attitude in working with families. In the context of a developing therapeutic alliance, the analyst offers an observing ego in noting the defensive operations and resistance of family members along with intrafamilial “transference-like phenomena.” In such a psychoanalytically oriented therapy the mode of improvement is not via the resolution of a transference neurosis but in the reduction of externalizing defenses that in turn makes the internal conflicts that underlie the neurotic interaction more accessible.

Also the more recent advances in ego psychology stemming from the structural theory make it theoretically easier to think in terms of treating, either individually or conjointly, the family members whose interferences are reflective of disturbances in object relations (viewed intrapsychically as disturbances in selfobject representations). These, in turn, defend against painful affects. Such preparatory therapy can lead either to patients becoming more accessible to analysis or to a time-limited therapy resolving the presenting difficulty. (See chapter 9.)

Classical psychoanalysis as a treatment continues to be accessible to only a small number of patients. Psychoanalysis’s present state of difficulty stems in part from its realistic inability to deliver services to larger patient populations where internal as well as external conditions preclude psychoanalysis. The recent appearance of other modalities (ranging from chemotherapy to group, family, and community therapy) offer some promise in alleviating the vast amount of emotional disturbances in our society. These varying modalities now compete with one another rather than spelling out those clinical situations best handled by each modality, or combination of modalities, and rather than moving toward some integration of these differing levels of intervention and conceptualization.

The integration of family observations and psychoanalytic theory seems to me to flow naturally from the fact that psychoanalytic theory is a theory of individual development as it unfolds first and primarily within the family. An exploration of the interface between psychoanalytic theory and family theory and research will enrich each while in turn further guiding our therapeutic endeavors.

REFERENCES

- Aries, P. (1962). *Centuries of Childhood*. New York: Vintage.
- Bronfenbrenner, U. (1970). *Two Worlds of Childhood*. New York: Russell Sage Foundation.
- Deutsch, F. (1957). A footnote to Freud's "A fragment of an analysis of a case of hysteria." *Psychoanalytic Quarterly* 26:156-167.
- Erikson, E. (1968). *Identity, Youth, and Crisis*. New York: W.W. Norton.
- Freud, S. (1888). Hysteria. *Standard Edition* 1:39-59.
- ____ (1893a). A case of successful treatment by hypnosis. *Standard Edition* 1.
- ____ and Breuer, J. (1893b). On the psychological mechanism of hysterical phenomena: preliminary communication. *Standard Edition* 2:3-17.
- ____ (1896). The aetiology of hysteria. *Standard Edition* 3:189-221.
- ____ (1897). Extracts from the Fliess papers. *Standard Edition* 1:175-280.
- ____ (1905a). Fragment of an analysis of a case of hysteria. *Standard Edition* 7:3-122.
- ____ (1905b). Jokes and their relation to the unconscious. *Standard Edition* 8.
- ____ (1905c). Three essays on the theory of sexuality. *Standard Edition* 7:125-243.
- ____ (1908). Civilized sexual morality and modern nervous illness. *Standard Edition* 9:179-204.
- ____ (1912). Recommendations to physicians practicing psychoanalysis. *Standard Edition* 12:111-120.
- ____ (1913). Totem and taboo. *Standard Edition* 13:1-161.
- ____ (1914). On narcissism: an introduction. *Standard Edition* 14:167-182.
- ____ (1917). Introductory lectures on psychoanalysis, part III, lecture 28: analytic therapy. *Standard Edition* 16:448-463.
- ____ (1919). Lines of advance in psychoanalytic therapy. *Standard Edition* 1:159-168.
- ____ (1926). The question of lay analysis. *Standard Edition* 20:179-258.
- ____ (1940). An outline of psychoanalysis. *Standard Edition* 23:172-173.
- Johnson, A., and Szurek, S.A. (1952). The genesis of antisocial acting out in children and adults. *Psychoanalytic Quarterly* 21:323-343.
- Kernberg, O. (1975). *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson.
- Mahler, M., Pine, F., and Bergman, A. (1975). *The Psychological Birth of the Human Infant*. New York: Basic Books.

deMause, L., ed. (1975). *The History of Childhood*. New York: Harper and Row.

Newsweek (1975, Sept. 22). Who's raising the kids.

Parsons, T. (1964). Mental illness and spiritual malaise: the role of the psychiatrist and of the minister of religion. In *Social Structure and Personality*. New York: Free Press.

Rangell, L. (1955). The role of the parent in the Oedipus complex. *Bulletin of the Menninger Clinic* 19:9-15.

Rieff, P. (1966). *The Triumph of the Therapeutic*. New York: Harper and Row.

Sander, F. (1974). Freud's "A case of successful treatment by hypnotism: An uncommon therapy." *Family Process* 13:461- 468.

Zinner, J. and Shapiro, R. (1972). Projective identification as a mode of perception and behavior in families of adolescents. *International Journal of Psychoanalysis* 53:523-529.