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INTERVIEW WITH LEWIS ARON
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Safran: What do you think that psychoanalysis will look like 10 or even 20 years from now?

Aron: In some ways it depends on what you mean by psychoanalysis, because I think one of the ways that we've gotten ourselves into so much trouble is by defining psychoanalysis in contrast to psychotherapy. So, if we're defining psychoanalysis in this very limited or narrow way, as opposed to psychoanalytic therapy or other analytic therapies, then the question of what the discipline of psychoanalysis will look like would lead you to one answer, which I do not think would be a very optimistic one. But I tend to think that it's a mistake to define it that way, and that we need to think of psychoanalysis as a broad continuum of treatments with different frequencies and differences in variables of other types, all based on psychoanalytic ideas. And if we define psychoanalysis more broadly in this way, then I have a much more optimistic perspective on the future of psychoanalysis. Not everyone would agree with me on this. Kernberg, for example, defines psychoanalysis in the more narrow sense, and takes the position that psychoanalysis is for the very few and that most people are either too ill or too healthy for psychoanalysis. Thus, from his perspective, and from the perspective of many others, many people need some other treatment, an analytically modified kind of treatment. From his perspective, psychoanalysis is an appropriate treatment for very few people, and he believes that the most important contribution we can make as psychoanalysts is to develop a broad range of analytic treatments or therapies.

Safran: I didn't realize that was Kernberg's position.

Aron: Yes, I did a panel with him last year where he took that position And I think this position is based on a choice he makes to keep the definition of psychoanalysis rather narrow and very specific. But I think that's a mistake. Merton Gill, for example, in his final book before he died, took the position that he didn't differentiate between psychoanalysis and psychodynamic therapy. He spoke of all forms of psychoanalysis as consisting of a range of different forms of therapies, varying with respect to variables such as frequency, intensity, and so on. And I think there are many advantages to this type of perspective. For one thing, I think that it really is very troubling for analysts who spend most of their working lives doing what would have to be called modified analytic therapy (from Kernberg's perspective) and then end up having a tremendous identity problem about what it means to be a psychoanalyst, since they're not really doing "psychoanalysis." And the statistics in the field are very clear. A number of surveys have shown that the great bulk of psychoanalysts are doing something other than psychoanalysis, as it was traditionally defined. You know there's this famous study that came out of the Columbia Psychoanalytic Institute, that was published in the Journal of the American Psychoanalytic Association, that describes a survey of a hundred of their most recent graduates, and found that the great bulk of the work most of them were doing was once-a-week work. So then you think: "What does it mean to do all of those years of training to become a psychoanalyst, and to think of yourself as a psychoanalyst, only to then find that you're doing

very little psychoanalysis?" So, while that, in and of itself, is not a reason to redefine what psychoanalysis is, it does highlight the bind that defining psychoanalysis in a narrow sense results in. Another problem is that as long as we continue to distinguish between psychoanalysis and psychoanalytic therapy, then we have a hierarchy with a privileged elite, so that full-fledged psychoanalysts are somehow thought of as at a higher level than psychotherapists. And that, I think, plays right into a long historical tradition of psychoanalytic elitism, that puts down other kinds of therapists, and that has resulted in real problems. But I don't think the main reason we should dispose of the difference between psychotherapy and psychoanalysis is this problem of elitism. My argument has more to do with the essential way in which psychoanalysis was defined in this country.

Safran: Can you elaborate?

Aron: Let me speak about it for moment from a historical perspective. Psychoanalysis defined itself in this country largely right after World War II, when all of the immigrant psychoanalysts arrived in the United States. Psychoanalysis was considered the most scientifically based form of treatment at the time and there was a lot of enthusiasm about psychoanalysis in the United States. Psychoanalysis was defined in terms of how it differed from other therapies, including psychodynamic therapies, and I think that one of the key issues around which it defined itself was that psychoanalysis was viewed as that treatment which promoted the greatest autonomy in patients. Remember that under ego psychology, the concept of ego autonomy was viewed as the highest goal. The theoretical rationale was that the work was accomplished mostly through interpretation and therefore it had eliminated what Freud was calling suggestion. It eliminated the impact of the analyst and the therapist as a person, and what the patient got from it was a reworking of their inner structure: intrapsychic change, structural change. And psychoanalysis was defined as that treatment which led to the greatest autonomy because it came about through intrapsychic structural change rather than through the relationship with the therapist and the therapist's influence or suggestion. And so, what we got was a split, where any therapy that relied on the relationship and therefore dependency was inferior to psychoanalysis, because it essentially cured through dependency and did not promote real autonomy. This is where the dimensions of autonomy and dependency become relevant in terms of our thinking about psychoanalysis. Psychoanalysis traditionally is aligned with the goal of autonomy and psychotherapy is aligned with the dimension of relatedness. Well, in our culture, and especially during post-World War II, 1950s, American psychoanalysis was largely a male profession that was largely the province of medical doctors. To put it simply, psychoanalysis was "manly" and psychotherapy was more of aligned with feminine relational values. Psychotherapy was based on the relationship and dependency, and it was, therefore feminine, and psychoanalysis was phallic because it relied on promoting autonomy without the relationship, or essentially relationship dependence got analyzed away and you were left with this pure goal of autonomy split off from dependency. . . and so psychoanalysis was therefore more masculine. So, psychoanalysis was privileged over psychotherapy because it was viewed as more phallic and psychotherapy was viewed as more supportive, maternal, and feminine. Now, one of the things about the development of relational psychoanalysis in this respect is that it reestablished the

role of the feminine principle in psychoanalysis. Of course, aligning masculinity with autonomy and femininity with dependency is essentialist, but this is the way that the binaries were established. My current way of thinking would be that any school of psychoanalysis or psychotherapy has to make use of both autonomy and relatedness, self-definition and dependency; and make use of what our culture has split into masculine and feminine. And so that would be the historical theoretically ideological basis for questioning the way we make such a sharp distinction between psychotherapy and psychoanalysis. Traditionally, an analyzable patient was one who could free associate sufficiently well so as to leave the analyst alone, not be overly dependent, or need too much intervention. And one of the criteria for termination, which, by the way, looks a lot like an important criterion for analyzability, emphasizes that the patient can now do a self-analysis. That is, you have to be independent enough to be analyzable and when you are done you are really autonomous, independent. Dependency is viewed as weakness, and this irony was not lost on patients who were encouraged to come 5 days a week and listen to authoritative interpretations; and yet all of this was supposedly in the service of becoming independent.

Safran: You referred to how historically psychoanalysis was viewed as largely masculine, with the main goal of achieving autonomy, and that psychotherapy was largely seen as feminine because it emphasized dependence and the relationship, and it occurred to me, if I can strike a light note for a second, but one which I think has some important cultural and emotional resonances “Can real men be relational psychoanalysts?”

Aron: “Can real men be relational psychoanalysts?” The question is a really important question because the field has become, of course, literally, quite overwhelmingly female. When psychoanalysis was initially developed in the United States, it was largely a male profession, and of course it ties into the economic question as well. Ilene Philipson did a really wonderful book some years back on this topic. It was called *On the Shoulders of Women*, and I wish she would do a revised version now, years later, because she captured the relationship between the relational turn and the shift in the profession very early on. There are several things that your question reminds me of. The question is really so important. Actually, it’s funny because “Can real men be relational analysts?” really raises the question of “Can real men relate?” or “Can real men value exploring their emotions?” “Can real men be vulnerable and depend on others?” And as the field becomes overwhelmingly a female profession, what does that tell our culture about whether men can talk about feelings, whether men view feelings and people as important and relationships as important. I think it’s really a significant question for the future of the world.

Safran: Yes, and it really does open up into a question that has serious implications.

Aron: Yes, serious implications. It reminds me of a story I’d like to tell. But first let me say a bit more about the historical context in which the emphasis on the importance of distinguishing between psychoanalysis and psychotherapy evolved. Many people who played an important role in emphasizing the importance of this distinction, such as Merton Gill, subsequently changed their minds, but historically it was important to distinguish psychodynamic therapy from

“real psychoanalysis” because to the degree psychodynamic therapy and modified versions of “pure psychoanalysis” valued the supportive aspects of treatment the relationship itself as a means toward change, it really introduces the issue of suggestion, relationship, dependence in ways that were considered problematic in traditional definitions of pure psychoanalysis. So there’s a way that I accept, that from a classical point of view, the very term relational psychoanalysis is an oxymoron. Relational psychoanalysis is really psychotherapy, and not psychoanalysis. And that’s one reason why I reject the whole dichotomy of psychotherapy and psychoanalysis, because I think that it’s precisely that kind of distinction that gets us into trouble. But let me get back to the story I mentioned. Years ago, when I had just finished my psychoanalytic training, Joseph Sandler was giving a talk at NYU and I was with my mentor, Donald Kaplan, a Freudian analyst from New York. And we were with a group of the Freudian faculty and Joe Sandler was getting into an elevator, and I was with them. At the time, I was not yet on the faculty. I was a young graduate of the program, but I had kind of thrown my hat in with the relationalists, and Don, with whom I continued to have a wonderful relationship, never stopped teasing me about my becoming more relational in my thinking. And so we get in the elevator and I don’t exactly remember what led to the remark, but Don was talking about “you relationalists,” and talking with these guys who were all men, and he says, “You relationalists, come on, you just want to hold hands, you don’t wanna fuck” (laughing). And at the time, I didn’t have the presence of mind or the maturity to be able to answer him, but it seems to me that this joke captures everything that was wrong with the way psychoanalysis was defined. It was this masculine phallic thing. And psychotherapy was everything that was degraded, castrated, and devalued, because of its emphasis on the relationship.

Safran: I think you’re advancing a really intriguing argument about the relationship between culturally defined views of gender roles, the values associated with them and the traditional distinction between psychoanalysis proper and psychodynamic treatment. But one of the practical questions that emerges for me is that if things progress along the lines you’re suggesting, and the distinction between psychoanalysis and psychodynamic therapy breaks down, what happens to those people who have undergone all of the intensive training needed to become “psychoanalysts” if there is no longer the same kind of prestige associated with it?

Aron: Yes, well let me answer that very directly because I think that there is very good reason to have very intensive training. And I think the mistake we’ve made in the past is that we’ve connected this intensity of training with being a psychoanalyst, as if you need less intense training to do this lesser thing called psychoanalytic therapy. But ironically, practicing what was traditionally thought of as “psychoanalysis” proper meant that you were treating “analyzable” patients who supposedly had better ego strength and who were more likely to do well in treatment, more likely to cooperate, more likely to form a therapeutic alliance, and more likely to come frequently. You were treating them under ideal conditions. And so you had this higher level patient, with a better trained therapist, under better conditions to do the work. And ironically what we were saying is that we need more highly trained therapists to do this type of work, whereas to treat people who were supposedly more disturbed, with less ego strength, under conditions that were less optimal, we were saying we needed less training, This seems

completely backward to me. So I'm not saying that we should decrease the intensity or length of psychoanalytic training. I just don't think we should equate more lengthy intensive training with psychoanalysis and less intensive training with psychodynamic therapy. It seems to me that there's no way to eliminate a certain kind of elitism, which is that some people will have better training than others. Some people will always have more training than others, and it may be that they will always be thought of somehow as more elite therapists. That, in and of itself, is not changeable. There are always going to be people who have better and more training than others. I just think it's a mistake to link this with the distinction between psychoanalysis versus psychodynamic or psychoanalytic therapy.

For example, why is it that in so many institutes, where they have both training in psychoanalysis and training in psychoanalytic therapy, that the therapy training programs only take 2 years while the psychoanalytic training programs take 4, 5, 6, and more years, if that's what should take more intense training and preparation? I think, if anything, that it should be the reverse. Although my goal is not to reverse it, not a simple reversal, but rather to transcend the very distinction and include it all under psychoanalytic training.

Safran: So could you foresee a scenario in which psychoanalytic institutes still continue to accept candidates who go through the same kind of intensive training and learn various modalities, and the distinction is not made between psychoanalysis and psychoanalytic oriented psychotherapy? Would there still be the same kind of motivation for people to get this kind of training, when one can essentially practice psychoanalysis after finishing graduate school or medical school?

Aron: Yes, the answer is definitely yes, and I want to elaborate on this, but first let me just stop and comment on the question itself, because it's a question that comes up very frequently when I speak about this. There is an assumption in there that the way we are going to get students to study psychoanalysis is by somehow keeping the elitism that's gotten us into so much trouble. In other words, we know that this elitist attitude by analysts has been detrimental to our field; it has alienated other therapists, it has alienated other academics, it has alienated psychologists, and there have been many situations where it has alienated psychiatrists earlier on in history. And yet we're still tempted to hold on to this elitism. We feel we have to maintain a sense of elitism in order to attract students because the training is so long. But I don't think the answer is that we are going to attract students and get them to do this intensive training because of this elitism. I think that we are going to attract students because we have something really valuable to offer, whether it's called psychoanalysis or psychoanalytic therapy or something else.

But to answer the question more specifically . . . this emphasis on teaching psychoanalysis and psychotherapy, and to some extent not establishing a hard and fast boundary, has actually been the approach that we've had from the beginning at the NYU postdoctoral program. It's always been a program that's been in psychotherapy and psychoanalysis, not one or the other, and the program has always eschewed there being this strict difference between them. So there hasn't been as much emphasis here on whether what the person is doing is psychoanalytic therapy or

psychoanalysis. Of course, each faculty member is free to think about this issue in any way that they want, but as a program, this distinction has never been something that has been a critical factor influencing how the courses are structured or how the program is organized. And the result has been that, since our graduates tend not to think as rigidly about this clear difference between psychotherapy and psychoanalysis, that they have during these recent “lean years” continued to do more intensive psychoanalytic therapy than others, at least to the best that I can judge from reading the literature and hearing about other psychoanalytic communities.

So to get back, then, to the original question, once we define psychoanalysis more broadly, I have a much more optimistic answer to the question of what place it has in the mental health system, and what place it will have in the world over the next 20 years. I think we have to start with the obvious recognition that psychoanalysis is in a huge amount of trouble today, and I tend to think that it's in more trouble than many analysts realize. We're in trouble in the sense that years ago psychoanalysis dominated departments of psychiatry. There was a time when virtually every head of a major psychiatry department in the United States was a psychoanalyst. But psychoanalysis has really been marginalized within psychiatry now. Maybe there's the beginning of a resurgence of interest in psychoanalytic therapy in some of the medical schools, but most of them are much more interested in short-term therapies and other kinds of treatments, especially cognitive therapy. In clinical psychology, the statistics are that very very few programs

identify themselves as either broadly psychoanalytic or dynamically oriented. Most graduate students don't identify themselves as predominantly interested in psychoanalysis. There has been a massive impact of psychopharmacology and of the evidence-based treatment movement, and one of the consequences of these influences has been that we have almost no place for those students who are interested in psychoanalysis in the universities. If there is any place for psychoanalysis at all in the universities, it's in the humanities and English departments, or film and cinema studies. But even there it's not what it used to be, and those departments themselves have less than they used to because they're not viewed as contributing knowledge in the way that the sciences are. As a result, I think that psychoanalytical publishing is already in a huge amount of trouble. While there are many new books coming out, they tend to sell very very few copies. Most of the publishers that used to publish psychoanalytic books no longer do so, and we tend to write books for relatively small communities that share similar theoretical interests. That's true of the journals as well; their subscriptions have decreased steadily in recent years.

So, I think we have to start with the recognition that psychoanalysis is in a lot of trouble. Applications to psychoanalytic institutes have been down for some time. And furthermore, New York State and other states have now licensed psychoanalysis as an independent profession at the master's degree level, whereas until now it was by and large thought of as a postdoctoral specialty. Now it is licensed as an independent profession, but has relatively low standards for training, and we don't know yet what kind of impact that's going to have on the quality of psychoanalysis. There's also a very practical financial situation, which is that the best students,

and the students from the best known universities, with the best grades from those universities, are choosing to go into fields which are much more lucrative. There was a time when psychoanalysis was tied to medicine and practitioners could expect to make a better professional-class living, a middle-class living. That's getting harder and harder to do as a therapist, and so there's a real question about who is going to be drawn to this field when it has less status, less prestige, and where it's harder and harder to earn a living. So I think that when we're thinking about the next 20 years, we have to be thinking about overcoming all of these obstacles. I think we can do that, but I think it's not going to be easy, and it's not going to happen quickly.

Safran: Okay. So let's assume that you're right about the need for psychoanalysis to define itself more broadly as you've suggested. How likely do you think it is that this will really happen? Returning to another issue we've been discussing, will there be the incentive for people to commit themselves to such long-term intensive training when they can, for example, become cognitive therapists, which is the dominant form of psychotherapy in Northern America and many other places, without this intensive and expensive training?

Aron: It's really a fascinating question to consider, while also thinking about the question of whether people will need long-term training versus short-term training and how this parallels the question of whether patients will do long-term therapy when there are so many short-term therapies available. And I think it really touches on the issue of how much our culture is dominated by a "quick results" mentality, with fast food, fast communications, and by a pragmatic sensibility, in the sense of what's pragmatic, what's practical, what's cost effective. Does it "add value"? We tend to have the stance of "Why have long training when you could have short training?" "Why do a longer therapy when you could do a shorter therapy?" instead of the idea that there are certain things that you do, not because they yield quick results, but because they are a way to live, a way to know yourself, a way to explore, which is a process, a lifetime process. Take education for example. One form of education is professional education. But you can also view therapy as a form of education, as a form of learning about yourself and about your relations with people, as something that is a lifetime process which goes on forever, whether you stay with a therapist for all those years or not. The process is not something that you do quickly to achieve results . . . it's something that you do because that's what you do, that's the way to live, to keep learning about yourself and to continue growing and deepening our understanding. For example, . . . one of the things that many people who are not psychoanalysts don't know or appreciate about the field is just how long psychoanalysts train for. Many of us are in training in one sense or another our whole lives. For example at NYU, our average student takes about 12 years to finish the program. Furthermore, a tremendous number of our graduates, a large percentage, continue in supervision and study groups after they graduate, so after getting their doctorates and then doing a 12-year analytic training program, most of them stay in study groups. Now I've wondered about this because I can't think of many other fields where professionals continue to learn in formal groups for such a large part of their lives. I don't think lawyers do it. I don't think other professionals do it. There are, of course,

continuing education requirements in fields like law and medicine, but that's a very different matter.

It's intriguing. I think it's part of the psychoanalytic culture that you continue to learn for the rest of your life, you continue to practice and study, and to me the only other field that I think is like that is probably religion, where studying is a part of your way of life. There is something in the culture of psychoanalysis that keeps people studying. They don't do it because it's elite. It's certainly not elite now. They do it because it's part of the ethos of what it means to be a psychoanalyst. It's more like philosophy or religion in that way; it's an ethic of education and personal and professional growth.

Safran: Would it be fair to say that from your perspective psychoanalysis can be thought of almost as more of an applied philosophy than a science or a treatment that fits within the medical model? I don't want to put words in your mouth. I guess I'm revealing my own biases here. One of the ways I tend to think of psychoanalysis is as an applied philosophy or a wisdom tradition.

Aron: Yes, yes, I'm glad you said that. Let me fill this out a little more. There's an expression that comes to mind that Larry Friedman used in an article I really like. Larry talks about psychoanalysis and Freud's creation as being "monstrous," and what he means by monstrous is that it doesn't fit into any neat categories, and I think that's very much the way I think about psychoanalysis—as hermeneutics, philosophy, as part of the humanities, and as a science.

I think really what Freud achieved is that he was able to combine the rationality of enlightenment with romanticism. It was important for him that psychoanalysis was going to be a rational science but its focus was to be on all the things the Romantics were interested in as well: sexuality, the unconscious, affect, feelings I think that Freud combined two different disciplines and he created a new category. With that in mind, I think where we get into trouble is when we lose this dialectic between thinking of psychoanalysis in different ways, when we think of it dichotomously as either a hermeneutic discipline or a science. And it seems to me that part of what gives psychoanalysis astonishing power as an intellectual discourse is that it transcends these kinds of dichotomies; there are aspects of it that are science like and there are aspects of it that are more like philosophy. And when we get caught up in dichotomies, we lose something very precious about psychoanalysis. We lose its monstrousness.

Safran: Okay. This leads to another question I want to ask you. What are your thoughts about the relevance of psychoanalysis to other domains of inquiry in the humanities, social sciences, or political realm? I think you touched on this briefly, but do you want to elaborate in any way?

Aron: I suppose I could just give some specific examples. For instance, I think psychoanalysis has a lot to say about many aspects of the world and to many parts of the university, and so we have to find ways to bring psychoanalysis into better dialogue with the university and different departments in the university. And that's very hard to do because of the sociology of how

psychoanalysis is practiced; the moment analysts are launched, they're private practitioners who view themselves as part of the health care system which is not conducive to having those kinds of dialogues with the university. And, of course, the question of how to get psychoanalysis into the university and have these kinds of dialogues is a huge challenge. But, you know, several psychoanalytically oriented psychologists have been dabbling, for example, with politics. I'm thinking of Drew Westen's book *The Political Brain*, and also Brian Welsh has a new book called *State of Confusion*. And I think that psychoanalysis has a tremendous amount to contribute in dialogue with other disciplines as well. One of the areas I'm really interested in is psychoanalysis and religion . . . whether it's psychoanalysis and Judaism (which I'm particularly interested in) or, for example, your work on psychoanalysis and Buddhism. Marie Hoffman has been doing really interesting writing on the Christian influence on many analysts' work over the last hundred years, for example, Fairbairn and Winnicott. I think that this is another critically important area for interdisciplinary dialogue, and we can go on about what psychoanalysis has contributed to areas such as literature and the arts. But psychoanalysts also have to learn from the people that work in these other areas. We can't go in naively. And so we need a dialogue, and the place where this happens is universities. And right now, the vast majority of analysts are not connected with the university system, and so we are losing this incredible opportunity.

Safran: If I think of the New School for Social Research where I teach, it seems to me that there are a number of people in areas such as philosophy or the humanities who have a real interest in psychoanalysis and are very knowledgeable about psychoanalysis in a certain narrow academically defined sense, but they're not practicing psychoanalysts and many have never been in psychoanalytically oriented treatment.

Aron: Right. Very often in the universities there are academics who are well read and may be very knowledgeable in some areas of psychoanalysis. For example, here at NYU we have people in academia who are just extremely well read in psychoanalysis. Some of them certainly know Freud's writings better than many analysts do, and they certainly know Lacan better than our people do, but what they often don't have is clinical experience. And so there can be real mixed communications, back and forth, particularly when clinicians are speaking a certain kind of language and conveying a certain understanding about people and clinical work. For example, it's a very different conversation when I'm talking about psychoanalysis to people in the literature department, who are applying it to text and to literary criticism, than when I'm speaking to an analyst. So there's a huge gap, and it's only by having these kinds of dialogues where clinicians are involved, not just academics who are well read in psychoanalysis, but clinicians, who bring a whole other sensibility to it, and engage in fertile dialogue with academics.

Safran: From a practical perspective, the agenda of getting psychoanalysts into academia seems to be somewhat difficult to solve. They're unlikely to be hired into most departments of psychology or philosophy. Aron: I think you're absolutely right, but my hope is that eventually things will change. I think psychology goes through cycles. We've seen these cycles in our own lifetime. I wouldn't write off the possibility of psychoanalysis getting back into departments of

psychology. And I think that this brings us to the question of research and empirical support for psychoanalysis, but it also says something about the history of psychology, and the trends that we go through, and the way one school dominates completely in one era and then is replaced by another some years later. So, I still think that psychology is our best hope of bringing psychoanalysis back into the university. I've tried very hard here at NYU to bring psychoanalysis into dialogue with other departments, at least in terms of interdisciplinary studies, but without it being based in a department (we are a free-standing program rather than a department); it's very hard for psychoanalysis to have an impact in universities. You know, interdisciplinary studies is a very respected area and growing, but interdisciplinary studies are made up of academics who have full-time tenure positions in a department, and if you don't have a home base, then it's very hard to have any say or any influence in a university. I'm not very optimistic about psychoanalysis having its own department at this point. So it seems to me that its place now is still within psychology departments, although I understand that this is not yet the moment for that to happen in psychology.

Safran: So, can you imagine developments that might facilitate that kind of pendulum shift?

Aron: Well, I think the most practical way for that to happen is for research to come out that lends support to psychoanalytic studies. I think that this brings us to really a very controversial topic, which is the whole question of psychoanalytic research. We have many of the leading people in the profession, including Otto Kernberg, Peter Fonagy, Bob Wallerstein, Arnie Cooper, and many others who are arguing that what is critical is that we produce a cadre of psychoanalytic researchers that promotes research, and that without this taking place, we're not going to have the respect of the sciences and we won't be able to be in the universities and we're not going to have credibility.

Then you have people on the other side, and the leading example is clearly Irwin Hoffman, arguing forcefully and compellingly that this emphasis on research involves selling out to a definition of science that we shouldn't buy. And I think that neither side takes into account what Larry Friedman has called the monstrous quality of psychoanalysis. I think that in running psychoanalytic programs, there's room for many different kinds of analysts, and I think there's room for those who really want to be researchers and be influenced by research, and there's room for people who are more closely related to literature, more to the humanities. There's not one right way to do this.

But I clearly think that we have to have psychoanalytic research as one aspect of what we do. It doesn't mean every analyst has to do research, or that we should immediately be swayed by the results of any research study or trend, and these things do go through trends, research keeps evolving, but we should be informed by it. And I think it's very likely that when people see the evidence, that as publications come out which actually show that psychoanalysis does work, that people will be more supportive of conducting research on psychoanalysis. And there are plenty of research studies coming out along those lines, showing that psychoanalytic therapy, and I'm using the term broadly, does work, and that it works as effectively as other kinds of

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treatment, and gets additional results that other treatments don't get. I'm thinking just off the top of my mind now about the work being done by Otto Kernberg's team (including John Clarkin and Ken Levy) and how their results show that Kernberg's transference-focused psychotherapy can be as effective in treating borderline patients as dialectical behavior therapy, and moreover has additional benefits such as increasing attachment security and mentalizing capacity and decreasing dropouts. So, as we get more of these kinds of results and as people become more aware that there is good research showing that analytic treatment works, I think that they'll be less swayed by arguments that we shouldn't be involved in research. I think many psychoanalysts are scared. Many are made anxious that there's something new being required of us that is going to be hard to prove. But I think in fact, as they see that it's quite doable, and if we can show these kinds of results, then I think the psychoanalytic community will be very glad that we have these findings. The analytic community won't be saying, "Oh, let's not be involved in research." I think they'll be more responsive, and I think once we have these kinds of studies, it will not be that hard to interest graduate students and psychology graduate programs in valuing psychoanalysis because it will be back in the realm of the empirical.

Safran: Now, if I remember Irwin Hoffman's argument about this correctly, some of his concern is that it's problematic for psychoanalysts to play the game of science because it will involve in some way shifting or modifying our understanding of what the important values are. There is a way in which you have to buy into certain philosophical assumptions that are problematic (such as the belief that efficiency should be valued over depth and meaning, or that an emphasis should be placed on superficial change and adaptation rather than more complex and subtle values that are not so easily measured) that eventually, even if you do this for practical and political reasons, it will ultimately have a negative impact, and this will transform our way of thinking. In other words, I think he argues that "playing the game of science" involves a kind of Orwellian "doublethink" that will eventually change our view of the world, and risk losing some of the more constructively critical and subversive aspects of psychoanalytic culture.

Aron: Well, my answer to that argument is that it seems to me that it buys into the same kind of dichotomous thinking that he has so eloquently critiqued elsewhere, that there's an either-or position: that either you accept these scientific premises and they change the way you think, or you dismiss them out of hand. This is exactly the kind of dichotomous thinking Irwin has been so good at arguing against, with his emphasis on dialectical thinking. Doing research doesn't mean that you have to buy all of the assumptions or the most extreme simplistic understandings of what science is. It's just another way to learn. It doesn't take away from other ways of learning, but it's one additional way to learn that allows us to have some common ground with the sciences and with psychology. It doesn't mean that we have to give up a hermeneutic perspective. It's by not reducing it to one category or another that we best retain the monstrous quality of psychoanalysis, which is its power and identity.

Safran: Okay, so thinking about the possible implications of this discussion for the future of psychoanalysis . . . you're the director of the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. . . What events can you imagine taking place that would lead to a sufficient

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change in the culture, such that candidates would be interested in taking courses on psychoanalysis and research? What do you think would have to take place?

Aron: Well, again, I think it's something that would only come with time. One reason that I think our students are not interested in research is that they've done research to get their doctorates, and have been waiting for years to be able to immerse themselves in clinical training. Most of them are in independent practice or clinical settings, and so it's the clinical work that's most directly relevant to their earning a living and to what they're doing with their lives. And so at this point in their lives, they're less likely to be interested in research. But it's also partially because their experiences with research have been discouraging, in the sense that what they've read and what they've been taught is that there isn't good research in psychoanalysis, or that research is irrelevant to their clinical work. As that changes over time, and if we can get more people who do meaningful psychoanalytic research, and if their initial experiences with research become less discouraging, then I think they might become more interested in it. But the other important thing is the stage of their careers. The time to get analysts into research is not when they're older, having finished their doctorates, and are now feeling that they want to go into practice. The time to get them interested in research is when they're young graduate students and have the luxury of time to think more actively about the meaning of research and become involved in doing clinically meaningful research.

Safran: So, then it seems like some of the changes would have to take place within graduate training programs.

Aron: Definitely. I think the changes would have to take place at the doctoral level. Our average student coming to begin postdoctoral training is in their mid-40s. And as I said, it takes about 12 years for most of them to complete the training, so that the average age at graduation is in your 50s. This is not the best time to begin someone training as a researcher. I think that when people are in their 40s, when they're trying to build their practices and finally have arrived at an analytic institute to learn analytic work, that these circumstances aren't conducive to starting to get people involved in research. This is really something to be done on the predoctoral level.

Safran: I agree that there are certainly politically important reasons for people to do research demonstrating the effectiveness of psychoanalysis, but I think many clinicians will still ask the question of whether research can really generate knowledge that is going to contribute to the development of their clinical skill. Many psychoanalysts are very skeptical about the value of research in this respect. Can you think of any examples of research that have influenced you?

Aron: I'll tell you one area that I would emphasize because I think it's really powerful, but before I do that, there's a caveat; You know we're still talking about the whole idea of doing psychoanalytic research, which is so new. I mean it hasn't gone on long enough for us to really expect that it will lead to the kind of sophisticated models that will lead to clinical relevance yet. It's very early. We're talking about very preliminary work, and I think that we have to understand that it's the kind of thing that will take time, but that there's no reason to think that it won't

ultimately lead to important knowledge. That doesn't mean that it will be more important knowledge than that which we can learn in other ways. It will just be a different kind of knowledge; a different source, a different methodology, and it could potentially complement what we have now.

But to answer your question, one area that comes to mind is the new book that came out by Sid Blatt, which is kind of a summary of a lifetime of research, and he's certainly someone that to my mind represents the best of bringing together clinical sensibility with meticulous understanding of research methodology. I think his book explores a theme that is so important in my own clinical work, and that has been so important to our whole field and the whole argument between classical and relational psychoanalysts—the whole issue of autonomy versus relatedness, self-definition versus attachment. And it seems to me that what he's been able to show in his studies of development, psychopathology, and psychotherapy is the importance of bringing philosophy and hermeneutics together with empirical research. He's shown how the needs for self-definition and relatedness are both necessary and always interacting dialectically through all stages of development. So, there is an ongoing tension and dialectic between them, and Blatt argues that, broadly speaking, various forms of psychopathology can be understood as some imbalance between these two overarching aspects of life. This is obviously of great significance to what I was saying earlier about the distinction between psychoanalysis and psychoanalytic therapy, in that traditionally, analysis was aligned with autonomy and psychotherapy with relationship and dependency.

I think that in a similar fashion, one of the mistakes we make when we privilege one school of psychoanalysis over another is that we're failing to recognize that one school (e.g., classical psychology) emphasizes self-definition or autonomy at the expense of relatedness, and another school (e.g., relational psychoanalysis) emphasizes relatedness at the expense of self-definition. That's essentially the same kind of mistake that you see in various forms of psychopathology—that we highlight one of these dimensions at the expense of the other—there's a lack of balance. And Blatt is really talking about a dialectical approach to life, in which there's an ability to have both sides and to move back and forth between them with some fluidity. I think that's incredibly clinically relevant. I think it's really relevant to our understanding of the development of psychoanalytic ideas and how we transmit those ideas in different theoretical traditions, and it's incredibly relevant clinically for understanding people: how they grow, how they develop, what goes wrong, how we understand the nature of mind, and so on. And he's found a way to test many of his theoretically sophisticated and clinically rich ideas empirically. I think he provides a new model of bringing together hermeneutics and science. I would recommend his latest book to any graduate student or psychoanalytic candidate precisely to show them how theory, research, and clinical practice can be put together in a rich, clinically sophisticated way.

Safran: Are there any other examples that come to mind?

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Aron: Yes, there are several, but one of the most obvious is certainly Peter Fonagy's work. His work on mentalization and reflective function is clinically relevant. It's still very early; it's a new area and it will take time to evolve, but I think it could potentially teach us a great deal about the nature of therapeutic change.

Or, for example, your own research on therapeutic impasses. There's a rich body of work there that's clinically relevant. And it's a body of research that allows people from different schools or therapists of different orientations to come together around some understanding that promotes dialogue and discussion—and that's accomplished a lot.

I think that the work of the Boston Change Process Group would be another area that I'm interested in. It's tied to infancy research, nonverbal communication research, attachment theory, and developmental psychology more generally.

Safran: I'm impressed with their work as well. But to play devil's advocate once again, one of the things that, for example, Irwin has pointed out, which I think is important, is that although all members of the group are infant and developmental researchers, there is not one piece of empirical evidence in the papers they've published. In other words, in a sense they have some of the conferred "scientific legitimacy" of being researchers but in fact their papers are really theoretical papers that have been influenced by some of the models that have developed out of the infant–mother developmental research.

I'm going to turn this into a question for you, but let me just say a little bit more first. It seems to me, in comparing psychoanalysts with cognitive therapists, that cognitive therapists are influenced a lot by ongoing psychotherapy research, particularly efficacy research, clinical trials, and so on. I don't know of many psychoanalysts who are influenced by this type of research, but it does seem to me that increasingly analysts are becoming interested in infant–mother developmental research, attachment research, and so on. And then the question is, "Well, why is that?" Is this something you can meaningfully address in any way?

Aron: Yes. . . . I have some initial thoughts about it, but I'm not sure how well developed they are. I think it's because the way cognitive therapy practitioners use the research is different, they're expecting that new research will lead to changes in how they work in a more direct way because they're dealing with more of what I would call tactics in therapy, whereas when you're talking about psychoanalytic therapists, you're talking about much broader longer term strategies or principles; and I think that the evolution of this type of clinical expertise is less likely to be dramatically impacted by a specific, new research finding. But that doesn't mean that over time cumulative research won't be able to change the way we think. I think that, for example, that one of the reasons that psychoanalytic work that emphasizes the importance of a multiple selves perspective and dissociation (e.g., Jody Davies' work or Philip Bromberg's work) has had such an important impact on psychoanalytic thinking is because it's consistent with a body of empirical research in trauma studies and memory that is increasingly viewing the mind in a modular, distributed fashion rather than as a unitary fashion. I'm not sure that the analytic

community would be as receptive to their work if there wasn't already the impact of findings coming out of trauma studies and work done on memory, including more experimental work on memory. We've changed how we think about memory at least in part because of research findings that highlight the constructive nature of memory and the modular nature of mind. I think this has made us more ready to look at some aspects of our clinical work in different terms than we would have. It's very hard to sort out whether we change because of a particular experimental study, or whether we change because the culture changes, or the culture changes because of a growing body of empirical evidence, or cultural changes influence the type of research that is conducted and that people become receptive to.

Safran: So, it sounds like you're saying that there is something about the ongoing interplay between culturally shaped ways of viewing things, new research paradigms, specific empirical findings, and evolving clinical sensibilities that operates in a nonlinear, mutually influential or circular fashion.

Aron: Yes. I think that captures what I'm trying to say.

Safran: To elaborate further, I'm wondering if it's more likely for psychoanalysts that empirical research helps to stimulate their thinking about clinical theory, rather than influencing their practice by providing empirical evidence relevant to the use of specific techniques. In other words, because there is more of an emphasis in theory development in psychoanalysis than in cognitive therapy, psychoanalysts are more likely to be influenced by research that stimulates their thinking about clinical theory and process.

Aron: Yes, an example that comes to mind, which speaks exactly to that point, is my take on Beatrice Beebe's work and maybe Daniel Stern's or Ed Tronick's work. It's not as if there's one specific study or a breakthrough study that they did which changes how clinicians work with adult patients. It isn't that simple. Rather there's a lifetime of work, actually the work of an era, that has put a focus on mutual regulation, mutual influence, dyadic regulation, and reciprocity. And researchers such as Beebe, Stern, and Tronick have brought that to clinicians' attention, and gotten us all to think about mutual influence in a dramatic way over time. Now it's also true that we might think more about mutuality because of other changes in the culture, so it's not as simple as a unidirectional influence. But I think that most of the clinicians I know have been very much affected by that kind of focus on mutual regulation between mother and child, not because of specific research studies, but because of the whole sensibility that develops and that has evolved out of that work. And, of course, the relational turn has also had an influence on this type of research.

Safran: And so there's some kind of a dialogue thought that takes place between research development and the theory development, to some extent independent of the research initially, but also in ongoing conversation in some way.

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Aron: Yes. . . I think there is an ongoing dialogue between the clinical theory and research, but more importantly, there are changes in the culture, changes in the larger culture that are affecting both the research studies and the clinical sensibility. The culture has influenced both and we have influenced each other and in turn the culture. It's a complex process.

Safran: Okay. That's helpful. Now, I would be remiss if I didn't ask you a question about your perspective on the relevance and potential value of research on the neurosciences and psychoanalysis.

Aron: Well, again, it's controversial. You have the very provocative Rachel Blass article that came out in the International Journal of Psychoanalysis criticizing the neuropsychanalytic movement, and others have written valuable critiques as well. On the other hand, there's a huge amount of excitement among many people. There are conferences all over the country, all over the world, looking at the interface between psychoanalysis and the neurosciences. Again, although I think it's simplistic to think that there's going to be some breakthrough study about one area of the brain, that we're going to find that the unconscious is really the right hemisphere and that consciousness is really the left hemisphere, and that this is going to influence the way we practice in some direct way. I think this way of thinking about things is simplistic, and that no one who really understands the area is really thinking in such a simplistic fashion as this. But I think, as with what I'm describing about infancy research or memory research, the culture is beginning to change, and people are beginning to think in a more sophisticated way about the relationship between the mind and brain, between biology and social functioning. And I think we're at the very beginning of looking at this in a more interesting way, and it is going to be fascinating to see how it unfolds. I think it has the additional advantage in that, because of its excitement and because it is something in its very early stages, it has the potential to excite young people in graduate school to pursue research in this area that might ultimately lead to important developments in our thinking.

Safran: Anything else you'd like to add on the topic of research?

Aron: I think one last point I'd like to make is that while I've been defending the value of research, I want to be clear that I'm not placing all of my hopes for the future of psychoanalysis in research. We learn in many ways: detailed examination of clinical cases, theoretical debate, cultural studies, and research as well. Psychoanalysts have a history of ignoring or dismissing the potential value of research, so I may be overstating my defense of research in an attempt to redress what I feel is an imbalance in our clinical community. It is not for me a matter of psychoanalysis as science or of promoting scientific values or of privileging research over clinical methodology, but rather an attempt to keep us open to new findings, views, perspectives, challenges, to data and theorizing deriving from different methods and disciplines.

Safran: Now I'm going to shift. Are there important ways in which your thoughts about the processes of psychoanalytic training and education have changed over the last 5 to 10 years?

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Aron: I would have to go back to what I was talking about before, at least to start, because I think that this differentiation between psychoanalysis and psychoanalytic therapy is of direct relevance to analytic education. A student begins analytic training already having experience as a psychotherapist. If you emphasize the differences between therapy and analysis, then this student has to be taught how to do something very different. The emphasis is on the differences. If, on the other hand, you see them as varieties of analysis, then this leads to an emphasis on what the therapist already knows that is relevant, that is, the continuity is emphasized, and the student therefore begins not as a novice but as an experienced professional. It leads to a greater emphasis on the student's previous skills and competencies. Emanuel Berman spells this theme out in his book *Impossible Training*. Further, instead of all or much of the emphasis being on the one or two required training cases, it allows education to focus on all of the student's cases. I want to emphasize that there is nothing in what I am saying that in any way detracts from the importance of frequency of session or the use of the couch. It's just that instead of defining the type of treatment by these criteria, students would be encouraged to treat patients with a variety of frequencies and conditions, and they would learn for themselves the advantages and disadvantages rather than have this be established a priori as defining the very technique they are learning and applying. They would still be encouraged to treat patients with a variety of problems or diagnoses, but it would not be dichotomized into those who are and those who are not analyzable. The big advantage is that students would be discussing all of these variables in case seminars and with supervisors throughout their formative years, instead of focusing only on their formal analytic cases during their training. It would also have a huge impact on morale and sense of oneself as an analyst because analysts would view themselves as most always doing analysis instead of feeling like frauds because they have done extensive training in analysis, call themselves analysts, but rarely have the opportunity to conduct "real" analysis. And as I said before, but it's worth repeating because it is so important, it would eliminate the hierarchical division in our institutes between the students learning analysis and those learning analytic therapy, although there still could be shorter and more extended training programs at any institute. This would also help us improve relationships with other kinds of therapists with whom we might find more common ground. But to do that we first must make amends for the damage we've done if we were going to have a resurgence of interest in psychoanalysis. What I have in mind is the various ways in which we have been condescending to other therapists and have done damage to our professional relationships over the years, and not only to therapists but to patients and to the public.

Safran: Yes, I think I think that's the 8th or 9th step of the 12-step program, isn't it?

Aron: (laughing) Yes, for example, we have to acknowledge the damage we did to women or the way we treated women with theories that reflected misogynist cultural biases. The damage we did to mothers because we blamed them for all kinds of things that we thought they did to their kids. The damage we did to gays and lesbians because of assumptions we had about them. The damage we did by alienating other therapists that weren't analysts by looking at them as if they were something less than us. These are all things we've done that really hurt people, and it seems to me that an important part of educating psychoanalysts should involve owning up

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to where we've gone wrong and to really study how it is that we were so confident in what we were doing, so arrogant in what we were doing, and what it is that we weren't able to look at, at the time.

And related to this, I believe that an important question to ask ourselves is, what are our current blind spots? Are there ways in which with hindsight we will realize that there was something harmful or pernicious about the way we were thinking about things? And I guess that ties back into the question about research. Not that research gives us any kind of privileged perspective, but it's one other way to question ourselves, to not just assume that what we're doing is right and that we know it's right because we see that it works clinically. It's just taking some other angle on what we're doing in order to help question ourselves.

Safran: So, to reconnect what you're saying, back to the initial question on psychoanalytic education, it sounds like you're speaking to the importance of talking about, reflecting on, and educating candidates about the mistakes we've made, the damage we've done, and the importance of engaging in ongoing self-critical reflection, so we don't repeat the mistakes of the past.

Aron: Yes. I think it has to do with a fundamental attitude about education. Historically, the attitude we've had is that revered psychoanalytic theorists and senior analysts have all the answers, instead of having an attitude that emphasizes how much we don't know, questioning what we know and questioning our assumptions, and that's one way in which research can be relevant. I'm not talking about one particular research paradigm, such as the use of randomized clinical trials, but rather a general attitude that emphasizes the importance of treating our ideas as hypotheses, and finding different ways of testing them out and potentially revising them, rather than simply confirming them. And so rather than teaching students a body of knowledge that is viewed as "the truth," we need to teach them what we think we know and teach them how to engage in an ongoing critical inquiry. It's not that we don't know anything . . . we know some things, but we need to teach students and candidates various methodologies they can use to learn for themselves . . . how to investigate what works for you with a particular patient, how to question yourself, how to question what you've taken for granted, how to question what your assumptions are in the midst of any case, in the midst of your career. So I think we can think of it as a scientific attitude . . . scientific not in a simplistic, positivistic sense, but science in the sense that it's not about indoctrinating you with what we're sure about, but rather teaching you methodology, and how to question yourself, and keep things open and exploratory.

Safran: Yes. Well in a way, this leads into my next question . . . which is, what are your thoughts about the impact that the developing climate of theoretical pluralism in psychoanalysis is having upon the discipline, and whether you view it as a positive trend, or (as some have suggested) a potential threat to the survival of psychoanalysis?

Aron: Yes, well, of course, like everything else we've talked about, there are also two groups here, at least, and there's certainly controversy. It's amazing actually how every question you've

asked evokes such radical differences of opinion. Maybe it's because of my role as a director of a psychoanalytic training program, or maybe because of my active involvement in many psychoanalytic organizations, that I have a tendency toward diplomacy, a tendency to believe that there's some truth on both sides of most of these issues. And I would say that that's true of this question also. In other words, you could ask, "Do ideas around pluralism show we've reached a new higher level, where we cannot be rigidly dogmatic about what truth is? Or is it a sign of the disintegration and fragmentation of the profession?" The way I would think about it is that in both philosophy and religion, if you look at them from a hermeneutic point of view, there have always been different schools of thought, and these schools of thought can go on for hundreds and thousands of years. But one can argue that the fact that there are multiple schools arguing with each other in those disciplines is a sign of health. Where it breaks down, even in something like philosophy, is where these schools stop arguing with each other, stop talking with each other, so if you have an analytic philosophy program in a university where they don't even read the continental philosophers, because that's not considered philosophy, then to me, that is a breakdown because there, that's a situation in which you don't really have theoretical pluralism . . . you have a complete dissociation of one school from another. And this also happens in psychoanalysis, where we have this phenomenon of each school having its own language, its own journal, its own training programs, its own heroes, and its own way of speaking about patients. And they don't read the studies of other schools. To me that is not good; that's not a sign of hope, it's a sign of dissociation. But I think that at its best, schools of thought can really stimulate each other and complement each other and provide alternatives . . . opportunities for people to discover new ways of thinking about things and doing things that are different than what they're already doing. And it can provide analysts with an opportunity to critique their own assumptions, even in the midst of any given analysis, to take another perspective and to view things through more than one lens. That can be very enriching. Steven Cooper has been writing about this recently as one way of thinking about "the third": bringing to bear the insights of one analytic tradition to complement the approach of another. So, I think that multiple schools can be of a value if they don't get dissociated and disconnected from each other, if the dialogue continues and people are trained in comparative psychoanalysis, with room for integration, and also with room for contrast and different perspectives.

Safran: Okay. So, it seems that a part of what you're saying is that pluralism can be a sign of health as long as there is ongoing dialogue and an absence of dissociation. But I want to push you a bit further . . . what about Paul Stepansky's (who was the editor of *The Analytic Press* for so many years) practical argument that the fact that there are so many different schools of psychoanalysis makes it very difficult to sell a lot of psychoanalytic books because there is no one audience who will buy all those books, and so it hurts the publishing industry. And then a related argument is that despite the downside of orthodoxy, there is something about the zeal that orthodoxy breeds, that played an important role in the initial success of psychoanalysis, and that can play an important role attracting young people to a tradition and motivating them to fight for it and promulgate it. So, to the extent that there's no orthodoxy, you run into problems from the perspective of survival of the discipline. For example, when I compare the current state of psychoanalysis with the state of cognitive therapy, which is the dominant tradition in North

America and most of the world, there is not nearly as much pluralism within cognitive therapy as there is in psychoanalysis. So, there are certain core books that all cognitive therapists read, and a tremendous effort to demonstrate the value of cognitive therapy, because they believe they're right. Ironically, as psychoanalysts are becoming less arrogant and more modest in their claims, they may be losing some of the zeal that led to the success of psychoanalysis in the first place. Any thoughts?

Aron: Yes, first of all, I want to reiterate that from my perspective the problem is not pluralism, but rather the breakdown in communication between different psychoanalytic traditions. This breakdown in communication is not only a problem from an intellectual perspective, but from a practical perspective, it contributes to problems in the psychoanalytic publishing industry because one school doesn't read journals and books from another tradition. One school doesn't view therapists from another school as "real analysts." They become the only ones that are right, and that's exactly what I was arguing against.

But I think, really, the other issue that you're getting at is that orthodoxy does have its value. But at what cost? There was a wonderful article written about this by Randy Sorenson, who was an analyst with a theological background. Before he died prematurely and tragically, he wrote a brilliant article, and it's repeated as a chapter in his book which is called *Minding Spirituality*. It was a really important book. And he discusses this in terms of what happens in theology departments, and how orthodoxy tends to promote followers, and that liberal theologians don't do as well in that way. And to me, again, the problem has to do with splitting into all of these groups and if we had a broader view of ourselves as a field, if we didn't have this narrow definition of psychoanalysis, then we might be able to think of each other as all being psychoanalysts or as psychoanalytic therapists.

Safran: I find myself wanting to explore this issue further, but I'm also aware of the time constraints, so I think we should begin winding down. We've covered a lot of territory in short period of time. But rather than bring up a new topic or explore some of the things you've said in greater depth, I'd like to give you an opportunity so close in a way that seems meaningful to you.

Aron: That feels like a tall order . . . but let me think for a minute (pause). Here's what's coming to mind. A few years back, *The New York Times Book Review* titled one article "Psychoanalysis: Is It Science or Is It Toast?" There is a great deal in the phrasing of that forced choice, science or toast, as if there are no other options that will allow us to survive. So, are we toast? I think not. With all of the criticisms and problems—managed care, psychopharmacology, supposed lack of empirical evidence, economic difficulties—with all of that, the bottom line is that patients want to and need to be listened to. They want a therapist who can listen to them in depth. And where is someone going to learn that other than at an analytic institute? That is what psychoanalysis is. That is what we offer: We listen to people in depth, over an extended period of time and with great intensity. We listen to what they say and to what they don't say; to what they say in words and to what they say through their bodies and enactments. And we listen to

them by listening to ourselves, to our minds, our reveries, and our own bodily reactions. We listen to their life stories and to the story that they live with us in the room; their past, their present, and future. We listen to what they already know or can see about themselves, and we listen to what they can't see in themselves. We listen to ourselves listening. Psychoanalysis is a depth psychology, which means that we listen in depth and teach our students to listen. Whatever managed care says, and whatever drugs are prescribed, and whatever the research findings, people still want to be listened to in depth and always will. That's why there will always be patients who want and need an analytic approach and why there will always be therapists who need to learn it.

Safran: That's an eloquent ending, Lew. I think you've given our readers much food for thought with many of your rich and stimulating reflections. I find myself wanting to dig more deeply into many of the things you've said . . . but unfortunately . . . we need to stop for now. I'd like to express my deep appreciation to you for taking the time to share your thinking with us, and for kicking off this series of interviews about the future of psychoanalysis in such a thoughtful and intriguing way. Thanks, Lew.