

\$1.00
Reprint

National Caucus of Labor Committees

Beyond Psychoanalysis

By L. Marcus

such an edification were itself an existent reality. Hence, the complementary feature of empiricist intellectual immorality is the contempt for "theoretical work" among laymen and even the "theoreticians" themselves. Empiricism, the dominant intellectual immorality of contemporary capitalist culture, permits one to impute existence to all sorts of fictional rubbish; so, the reaction to this pathetic behavior is that all scientific judgment is regarded as "mere theory," as distinct from any ignorant man's "superior" (impressionistic) interpretation of an isolated "hard fact." Freud's clinical categories (unlike his metapsychology) are all experimentally demonstrated to be empirically-isolatable causes, or empirically known states. One sympathizes with and admires Freud's moral abhorrence for what he regarded rightly as irresponsible speculations in such students as the wild Wilhelms, Stekel and Reich.

The shortfall of Freud's method becomes epistemologically clear when we consider his treatment of a certain aspect of the unconscious processes as **categorically unconscious**; (4b,c) he regarded certain aspects of unconscious processes as intrinsically not susceptible of being made conscious. His various efforts to develop a "metapsychology," are inevitably permeated with reductionist metaphysics, a metaphysical fantasy-world of "instincts" and other crudely mechanistic epiphenomenal categories of mentation.

The powerful contrast in implicit epistemological outlook of two of his more widely-read writings gives an indication of the difficulty for him. In **The Future of An Illusion** (1927), his outlook is essentially that of Feuerbach, and not distant from the world-outlook of Marx. Two years later, we have **Civilization and its Discontents**, an almost Dionysian revel in pessimistic reductionist metaphysics. The profitable approach to comparison of these two works is to recognize that their differences in outlook can not be sufficiently explained from Freud's work and experiences during the intervening period. The mechanistic tendency is strong in the "metapsychology" studies of the earlier war period, and elsewhere in the general development of the notion of the "Id." (4b,c) Freud vacillated between the two tendencies, the semi-dialectical and the reductionist, throughout his work.

One effective approach to the distinctions between the works is to recognize that in **The Future of An Illusion**, Freud is relying upon the aspect of his practice which bears more directly on his clinical work, upon his fundamental achievements. In the works dominated by the opposing tendency, he is veering into regions where he is epistemologically incompetent to judge the significance of his own clinical findings.

This leaves us with two immediate lines of discussion to be considered, to get at what psychoanalysis does accomplish and to get underneath its clinical superstructure to locate the wretched epistemological founda-

tions which prevent it from developing psychology more profoundly. We treat the first here, and the other in the following section on Marxian Psychology.

Basis for Clinical Work

In the phylogenesis of the typical adult petit-bourgeois personality ("character-structure") of U.S. urban regions comparable in this respect to Metropolitan New York City, we can readily distinguish the following distinct phases, each with its actual and otherwise potential contribution to the successive phases. Usually, the happiest phase is that of infancy, during which reasonably sane parents generally extend undifferentiated love toward the infant, so nourishing every variety of increase in the infant's powers. The misery begins with the second phase, usually highlighted by efforts to induce "bowel training." Undifferentiated love ceases, love is increasingly withdrawn for certain kinds of the child's development of his powers and continued only for others. The child is subjected to distinctions of "good" and "bad," in terms of the continuation and withholding of parental love respecting the development of his powers. One has the image of the more revealing child of this phase, who strikes out at his mother saying, in one fashion or another, "Why don't you love me when I'm bad, too?" The third phase is still more cruel. "Good" and "bad" become more complex, as the awarding and withholding of love from the parents and siblings tends to be mediated through the opinions of "others" outside the household; teachers, playmates, and other such "outsiders." As puberty approaches, an aggravation of this estrangement occurs. At the same time the child now experiences a qualitative increase in lessening of parental love (both by his parents and by virtue of his own internalized ideals), he begins to be made aware that he can look forward to a surrogate for lost parental love in the form of a relationship like that between his mother and father. He adduces from hints, gossip, and what-have-you the report that the lost feeling of "being loved," that which he has lost since infancy, can be regained by the performance of some mysterious act with a peer of the opposite sex. He also learns that it is "too soon" for him to reach such a paradisiacal state. For most such persons this is the "awkward age" between the accelerating loss of active parental love and the distant future gaining of a replacement. The fifth phase begins as he comes to regard himself as "sexually mature," in a social as well as a biological sense; the assuming or self-denial of a paired mating relationship (or, being externally denied this), becomes a central preoccupation. Then, usually at a time approaching the end of baccalaureate matriculation for the exemplary strata under consideration, we enter the sixth phase. He is being "economically" semi-weaned in the social identity he outwardly, and privately, affords to himself. Somewhere between twenty-four and thirty, for typical cases, the individual enters "middle age," sensing his life now almost finished.

There are two immediately discernible approaches to the interpretation of this phylogenetical process. The banal, reductionist approach treats the regulating principle of "love" in this development as an epiphenomenon of the genetical, as a more or less reified "biological sex drive." The extreme pathological version of such views in psychoanalysis is exemplified by the case of Wilhelm Reich, who brought hysterically reductionist prejudices into his psychoanalytical training, and whose later charlatanry of "orgone energy" is essentially nothing but a consistent if pathetic extension of the mechanistic conceptions of sexuality which govern his writings of the pre-Hilfer period. We have a hint of the hysterical element in the notion of the "biological sex drive" even in the mild and ambivalent form it recurs in Freud's own work. The attempt to make pubertal and post-pubertal "love" a reified epiphenomenon of a "biological sex drive" compels the reductionist in Freud to contort the sensuous aspect of sociality, to impose the fiction of the "sex drive" upon even the defenseless infant.

The opposite approach, which is not without merely apparent but apparently monstrous epistemological difficulties, is to regard the post-pubertal "sex" drive as a predicate of the need for love. Love itself is the primary phenomenon. The basis for this approach was developed by the successive contributions of Spinoza, Hegel, and Feuerbach. To settle the problems incurred by this approach, we must refer the matter to the next section, where we examine the problem of the distinction between human and animal psychology.

Immediately, we must finish our summary respecting the unique positive, clinical basis for psychoanalytical work.

Effective clinical work must approach the genesis of neurotic disturbances from the at least implicit correct assumption that consciousness and the principal features of unconscious processes involved are socially-determined, through some sort of successive phases of individual development corresponding to the mode of maturation of the population from which the clinical subject is drawn. As *The Future of An Illusion* would imply to the perceptive reader, neurosis and its appendages are to be treated as a special case of **ideology**, in the sense we earlier attributed ideology to the prevailing self-images among workers of various capitalist sectors. (Sa, 5d)

Obviously, psychoanalysis is not (at least generally) a program intended to turn subjects of capitalist society into true human beings (i.e., socialists), so the analyst is inhibited by conscience as well as by his own ideological prejudices from engaging in the more fundamental effort of stripping away **entirely** the ideological muck which constitutes the individual persona. Since the analyst is unable to offer his subject a mass-movement orientation in which to locate a new, positive

social identity, if the analyst were concerned to strip away the persona, the result would be frequent psychoses and suicides among the individuals so stripped of those protective illusions which hide from them the emptiness of their **individual qua individual** lives. The analyst has more limited objectives, **approximating the form and technique which would be employed properly in totally stripping away the bourgeois persona.**

If one accepts such a limitation, as Freud and most other analysts have, the competence of clinical work is restricted to two somewhat interconnected results. Firstly, to the extent that the individual's neurotic **dys-functioning** represents behavior which does not correspond to the reality of his individual life-situation, his problem tends to be of the form of reflected pressures acting upon him as internalized images of actual or synthesized individuals and groups **from his past**. To the extent that such problems can be brought to consciousness, the subject freed of his internalized oppressors with the aid of the analyst's role as a surrogate father, the individual can be "cured" of much of that behavior and internal suffering which is out of correspondence with the reality of his bourgeois individual existence. Secondly, the individual's dysfunctioning is frequently enough linked to circumstances which are themselves destructive of his functioning as a bourgeois individual; also the individual may have brought additional such poisonous circumstances upon himself as a result of his neurosis. In such connections, the subject may be induced to willfully alter his circumstances — job, personal relationships, and so forth — as an essential practical concomitant of his attack on the historical roots of the problem.

The essential feature of this process is **love**. The point is perhaps best illustrated by referring to **a development which either predetermines potential revolutionaries by the age of about five or six, or otherwise, contrary character-development, the "schlimihl syndrome."**

Every individual who has manifest significant creative output in later life can undoubtedly recall incidents from approximately that age which parallel the following example. He experiences a relationship which was later soiled by the self-degrading response of that playmate to social pressures. The playmate, under social pressure, would "hear the cock crow thrice" and thereupon repudiate or otherwise reject an interest or opinion which he had earlier professed in the course of the exchanges between the two playmates. In the years that followed, the future creative adult was increasingly pained to observe members of his peer groups undergoing changes in passionately-held opinions and tastes in more or less perfect synchronization with prevailing fads. "Why do you do that?" he perhaps had asked such labile playmates and peers. The probable response, "Because it's good," or "Because I just like

it," was, of course, singularly unconvincing. He began to regard such persons — the majority of his age-group — as persons without "souls of their own," persons whose convictions were proverbially "mortgaged" to varying extents to whatever peer-group they wished to propitiate at that moment.

What, one should reflect most intensely, is the basis for the determining difference in personal character, even at age five or six, between the rare creative individual and the overwhelming majority, victims of the schlimihl syndrome? To make short of the point, the creative individual develops from the child who was better loved in infancy and whose first phase of childhood, uncharacteristically for our culture, did not so undermine his sense of positive identity (the quality of meriting love) that his self-estimation depended largely on **short-term** favorable peer-group opinion. The creative individual develops out of the child who has been loved for his development of his powers such that he has internalized a powerful self-confidence in progressive development of his powers of judgment.

The dynamics of this should be obvious from the standpoint of what we identified as the second and third phases of the child's development. (In the succeeding sections, we shall be considering the underlying epistemological basis for this approach.) The withdrawal of love is, in form and implicit content, a withdrawal of the social basis for the child's sense of identity, his sense of having the rights and privileges on which his existence depends — as those rights and privileges exist for him in his power to command the behavior of others in the interest of his existence. If we examine the problems of the second phase of development of the individual, we see the source of major disturbances in personality development here, even if we assumed that the prior period of infancy was "virtually perfect." Perhaps for an instant one is angrily impelled to consider eliminating this second phase entirely. Yet, that "solution" neither exists in practice, nor is it to be desired "even in a socialist society." The child's increase in powers beyond a certain age become the capacity for **ignorantly** destructive and self-destructive acts. The child must develop a sense which acts, under what circumstances, are positive, and which to be abjured correspondingly. The question of the second phase is therefore not of how to eliminate it, but of what constitutes the desirable approach to the necessary socialization of the post-infant.

There are two general alternatives. The one most in use is "negation of the negation," more or less as Kant described this in his *Critique of Practical Reason*. The individual of post-infancy "knows" that his existence (his power to mediate his existence through rights and privileges) depends chiefly on the love (implicit commitment to his desired rights and privileges) of his parents. He must "please them," thus perpetuating and increasing their love for him. Consequently, in

such a "negation of the negation" determination of the socialized personality, the child seeks to maintain the love on which his power to exist depends, by negating those "impulses within himself" which his society (his parents) negates: the "schlimihl syndrome."

Rarely, in contrast, he may be socialized by an alternative approach, that corresponding to a **self-subsisting positive**. He accepts responsibility for mastering the knowledge by which he can determine "rationally" those forms of his behavior which make his existence valuable to his society (e.g., immediately, his parents and siblings). This approach cannot be merely limiting his acts to those which are immediately beneficial to others. His value to others, especially at that age, chiefly demands his developing his power of discovery, of those forms of activity which are socially positive under varying circumstances: notably, his creative powers. Although this is the program to be desired for child-rearing between the ages of approximately eighteen months and five years, the post-infantile individual can assimilate such opportunity only to the extent that his infancy has prepared him for such freedom — **and responsibility!** The extensive mooted of the proper approach to the "problem of bowel training" exemplifies the extant, crude, almost trivial insight into these alternatives.

In principle, the development of the self-subsisting positive form of childhood socialization is constantly premised on the focussing of parental love for the child upon the development of his powers to make independent discriminations of what is positive social behavior. Since the "schlimihl syndrome" is not only the characteristic molecular expression of bourgeois ideology, but also the mediation principle of neurosis, the analyst properly extends **but also limits** love to the subject for the subject's development of the powers to judge what are positive acts. At the same time, on the basis of this "support," the analyst impels the subject to discriminate sanity, stupidity, and so forth **among the various internalized voices** stored up within the neurotic, creating an approximation of a healthy reconstruction of the post-infantile socialization phase.

We need merely acknowledge that the analyst must have competent knowledge of clinical psychodynamics, and to thus be able to steer the subject's self-critical processes in productive directions. More important is the analyst's ability to match an appropriate (corresponding) kaleidoscopic array of "feeling states" within himself to the succession of such states which the subject is experiencing.

The analysts' most urgent duty is to direct the explorations in such a way that he can piece together precisely such a replication of the patient's feeling-state dynamics **within himself**. It is not only the succession of feeling-states as such which is involved here. The feel-

ings exist for the subject only as attached companions of object-images (cathexis), internalized images which are variously persons, specific experiences, and so forth. By establishing the pattern of feeling-states and discerning the cathetical connections, the analyst is enabled to take the subjects's mind inside his own. There he can now examine this replication, the operation of insight. The powers to accomplish this are not acquired by whim, although there are laymen throughout society who have more or less unconsciously developed approximations of the same capacity. Almost equally significant in the process is the fact that the "taking in" of a replication of a neurotic pattern into one's own mind is a dreadful experience. Only an ingenué of a pathetic individual would profess a desire to take another person's mind inside his own for entertainment; more often, the experience is so sickening and debilitating that the analyst himself must develop the capacity to experience the replication without becoming the victim of his subject's pathology.

Experiences approximating this analyst-subject relationship occur in daily life among ordinary people. Most instructive in that connection is the corollary of this, the nature and widespread use of devices by which individuals ordinarily block out deeper insights into the mental processes of others. Reflect! How often have you "felt" yourself beginning to assimilate a replication of another person's troubled mental state into your own mental processes, and have quickly stopped the process by a commonplace ruse. You probably blocked the process of assimilation by quickly and insistently giving a **name** to the phenomenon confronting you. "In other words," you say, "the problem is..." adding the **name**. Immediately, you follow that glib naming of the phenomenon by suggesting a "canonical" remedial action "for such problems," proceeding as if to suggest you had suddenly looked the name of the phenomenon up in some medical textbook and have begun reciting the glosses on etiology, prognosis and treatment, thus, by chatting away in that fashion, happily closing your mind against further insight into the actual phenomenon.

Analogous behavior is commonplace among members of socialist groups. The member, confronted with the problem of introducing a preliminary working notion of socialist politics into the mind of an interested contact, escapes the difficulties of the situation by reciting some cant, such as "dictatorship of the proletariat," all the while with a glint of hysteria in his own eyes as he recites such anaesthetic banalities. Exemplary of the point: "dictatorship of the proletariat" is a term developed by Karl Marx to identify an actualized intermediate form of the **political class for itself**. The term was developed by Marx to situate the empirical actuality of certain tendencies in the Paris Commune within a broader and more fundamental conception, the class-for-itself process, earlier explicated in such loca-

tions as the **Communist Manifesto** and **The Poverty of Philosophy**. Interestingly enough, one frequently meets Leftists who deride the class-for-itself conception by insisting that that notion is an idealist's rejection of the revolutionary-practical "dictatorship of the proletariat. They so employ the recital of what is **for them** a cant phrase to protect their minds against (actually) the threat to their **bourgeois ego-ideals** implicit in even a formal assimilation of Marx's outline of the **class-for-itself** concept.

In a similar way, most of the significant internal features of clinical psychoanalytical work occur, perhaps unwittingly, as commonplace transactions within the socialist movement. This is not to merely emphasize that the socialist movement shares such tendencies with society more generally; there is a qualitative distinction between the Left and society generally on exactly that point. Because the activity of socialist groups is task-oriented toward attempting to explore and remove bourgeois ideology, and since the psychodynamics of ideology are only the more general form for the psychodynamics of neurosis, the intellectual preoccupations of the socialist profession properly impel the movement, however reluctantly, to converge upon much of the work of psychoanalysis in that respect. This aspect of the matter is complemented by the "official pariah" status of being a member of such an organization, a circumstance of social stress which brings certain crises of the carried-forward bourgeois character-formation to the fore in a way approximating that appropriate to the psychoanalytical session.

The Fraud of "Spontaneous Remission"

By contrast with psychoanalysis, "classical psychiatry" and various forms of "behaviorist" therapy are charlatanism. This is not to deny that both varieties sometimes produce apparent "cures" in a **certain fashion**. The point to be made is forced into focus by a quick overview of the myth of "spontaneous remission."

The so-called "objective studies" of "spontaneous remission" have been employed as libels variously against both the psychoanalysts and the anti-analysts. In all cases, the point is to argue that the ratio of neurotics recovering without treatment is not significantly less than among those receiving it. The same method may be used to pretend that classical psychiatry secures as high a ratio of remission as psychoanalysis. Either way, the statistics are worthless: the conception of "spontaneous remission" used for such actual and fictitious studies is buncombe.

The dominant conception of "mental illness" has only an accidental correspondence to any scientific notion of mental health. It may be a cause for public shock to hear muckraking reports that the majority of the