The End of Analysis

Is the near-universal rejection of Freud's conception of a "death drive" due to its inherent biologism, or because of the profoundly existential dimension to the questions it compels us to ponder? This remarkable paper—wide-ranging in its scope and free-wheeling in its excesses—is essentially a reappraisal of his views about the nature of suffering. Freud emphasized the limits imposed on one's efforts to even understand what suffering is about, much less relieve it. If the aim of analytic treatment is the relief of suffering, how does one reconcile this aim with the notion of a death drive whose purpose—pathogenic to be sure—is eliminating suffering by any means?

Since the beginning of Western thought, philosophers, physicians, and mystics have been concerned with the nature of suffering. From earliest times we have insisted on understanding what suffering is about and finding ways of easing it, accommodating it, accepting it. Freud, though trained as a physician, was never willing to accept the specifically medical approach to suffering, that it should be relieved by any means possible, whatever the cost. He knew, from personal experience, that life entails suffering. The patients he treated suffered miserably. Yet, they seemed peculiarly intolerant of it. Because their desires caused them frustration, they would suppress those desires that they attributed to suffering. How could psychoanalysis help them? Whatever one might have hoped it could do, it can't be expected to relieve the kinds of suffering that life requires in pursuit of life's aims. In other words, life subjects us to suffering. Life, in turn, eases its burden with pleasure. In fact, we're only capable of pleasure in the first place because we suffer. In turn, we suffer because we value pleasure so highly we can't live without it. How can we come to terms with this equation, which entails frustration by its nature?
Neurotics, by definition, find this equation difficult—if not impossible—to endure. They feel, to relative degrees, that life is cheating them. They resent suffering and want to rise above it. To the degree they are successful they miss the point of life entirely. They're so preoccupied with controlling their suffering they forget what life is about. This was the type of person Freud wanted to help, the one for whom psychoanalysis might be used for coming to terms with life, by living it without fear. In *Beyond the Pleasure Principle* (1955a), where Freud introduced the death drive, he argued that “strictly speaking it is incorrect to talk of the dominance of the pleasure principle over the course of mental processes. If such a dominance existed, the immense majority of our mental processes would have to be accompanied by pleasure or to lead to pleasure, whereas universal experience completely contradicts any such conclusion” (9). In other words, our existence is primarily concerned with suffering. Life is suffering. This is the context in which the “life” drive (actually, love drive) and “death” drive are juxtaposed. Because we suffer, life occasions a motive force to attain the good—pleasure—and to live one's life in the service of goodness, to feel good, give it and receive all the good we can get. We're able to feel good only because we suffer, and we suffer when the good is threatened or taken away. The anticipation of losing what's good—the experience of danger—is a major source of suffering, which Freud called “perceptual unpleasure” (11). Because the “life drive”—Eros—doesn't relieve suffering but causes it, our only recourse to relieve the suffering life occasions is to deaden our experience of those pleasures we associate with living.

One of the most remarkable implications of Freud's conception of the “death drive” is the effect it has on our understanding of anxiety. The trend in analytic theory since Freud has been to attribute anxiety to (a) castration and its relation to repression, or (b) the threat of loss, giving rise to a host of ever more complicated—and archaic—defense mechanisms. On the other hand, the death drive imposes a new conception of danger: life itself. Because life causes anxiety, the ego is forced to either accommodate the anxiety that life occasions or protect itself against it. But because we are fundamentally divided between life and death, strife and relief, participation and withdrawal, the relative importance of our defenses against the anxieties life imposes receded in Freud's thinking. In this new model one's ambivalence about pursuing what is pleasurable (what is good) is determined by instinctual (actually, ontological) mo-
tives, not mental mechanisms, per se. This was why Freud's death drive model found little cheer amongst those analysts who were drawn to the inherently psychological language of the structural model, introduced in 1923, three years after *Beyond the Pleasure Principle*. The two revisions—the death drive in 1920 and the structural model in 1923—don't quite fit. One emphasizes drives on the level of ontology; the other emphasizes defenses on the level of psychological mechanism. Freud never attempted to fit the two models together, perhaps because they're incompatible. This is probably why analysts who welcomed the structural model and the analysis of defense it fostered rejected the death drive so readily. If psychoanalysis, following Freud, shifted its emphasis from a "psychology of mental operations" and toward an *ontology of suffering*, it would become more philosophical and less scientific, less indebted to medical and psychological sciences and more conversant with ethics and epistemology, even metaphysics. Recent preoccupations with linguistics—though instructive—miss this point.

When Freud returned to the death drive in "Analysis Terminable and Interminable"—written seventeen years after he introduced the concept—he knew he was virtually alone in this new way of conceptualizing the nature of suffering. Though he adopted the sobriquet "Nirvana complex" from Buddhism as a metaphor for his conception of Thanatos, it was a Greek philosopher (a pre-Socratic) to whom he turned to justify this controversial theory. Like Freud, Empedocles believed that life is governed by two basic forces, love and strife, which Freud equated with Eros and destructiveness (1964a, 245-46). Freud wasn't acquainted with Empedocles when he conceived the death drive, so he didn't actually inspire Freud's theory. It's telling, nevertheless, that Freud turned to a *philosopher* to defend his views against his critics in the analytic mainstream. And not just any philosopher, but a Greek. We needn't look that hard, however, for another philosopher who Freud was acquainted with at the time he conceived the death drive; a philosopher who—through Brentano—had a profound impact on his thinking as a whole: Aristotle.

One of the principal themes that preoccupied Freud in his formulation of the death drive was the nature of suffering and its relationship to the good: pleasure. In the opening sentence to the *Nicomachean Ethics*—a book with which Freud was intimately familiar—Aristotle proclaimed that "every art and every inquiry, and similarly every action and choice, is
thought to aim at some good; and for this reason the good has rightly been declared to be that at which all things aim” (1985, 1729).

And what is the “good” in Aristotle? The good was equated with the pursuit of happiness. Aristotle observed that, for most people, pleasure was the purpose of life and, consequently, the highest good. But Aristotle believed there was a higher good still: virtue. He believed this not because it served utilitarian aims—such as relief from suffering—but because virtue is its own reward. The virtuous person is happy—at least with himself—whereas the person who pursues only pleasures is always in danger of losing them. The highest virtue of all was honesty—the epitome of Freud’s fundamental rule of psychoanalysis.

Even a casual reading of the *Nicomachean Ethics* shows the enormous debt Freud owed to Aristotle’s thinking about the nature of life. In his earlier conception of the pleasure principle, Freud translated the implications of Aristotle’s ethics into one fundamental, motivating, force in life: the pursuit of pleasure. In turn, this motive force complemented a specifically thoughtful side to the self—the ego—which is principally preoccupied with concerns about the consequence of one’s behavior. Basically, the ego was ostensibly concerned with virtue, which was often opposed to pleasurable aims. With his introduction of the death drive, Freud finally integrated Aristotle’s ethics into his (Freud’s) drive model so that the pursuit of the good now includes virtue. They’re no longer opposed. While Aristotle’s and Freud’s formulations aren’t entirely interchangeable—after all, Aristotle lacked a conception of the unconscious—Aristotle’s views about the limits of pleasure approximate an uncanny resemblance to Freud’s conception of Thanatos. In turn, the cultivation of virtue is consistent with Freud’s conception of Eros when it serves the highest aim of all: the love of truth.

This is why honesty is so vital to psychoanalysis. A capacity for honesty—in fact, a *love* for honesty and truth—is essential for anyone who aspires to change his or her manner of being. Without it, the intrigues that occasion pathogenic conflict only increase, prompted further by the paranoid fear of being found out. Freud’s conception of Eros finally offered a theory of the personality that justified his technique, the basis of which is *fidelity to revelation*. The fundamental aim in life—in the face of interminable suffering—is to feel good by *being* good; by endeavoring to be truthful and accepting realities. Psychoanalysis may indeed relieve
suffering, but only in Zen-like fashion: not by trying to suffer less, but by
submitting to what life is about. This partially explains Freud's somewhat
cautious tone in "Analysis Terminable and Interminable." The skill of
analysts is important, but only insofar as they understand the nature of
their role and are capable of serving it. The rest is up to their patients and
the aims they feel compelled to serve.

And what if those aims endeavor to serve the "negative therapeutic
reaction," whose purpose, after all, is "death"? First, it's important to
remember that neurotic conflict isn't actually caused by the death drive.
The neurosis itself is independent of it. Yet, neurotic conflict compels us
to avoid the anxieties we experience when disappointed by reality. We
perceive reality—"life"—as dangerous and withdraw into phantasy. The
neurosis is comprised of a conflict between phantasy and reality. We can't
accept reality for what it is. What, then, epitomizes the realities we're
unable to accept? Basically, it comes down to feeling unloved. Consequ-
ently, we deny that we need the love we feel without and twist reality
accordingly. But this is untenable, because we still desire what we insist
we don't. In fact, the persistence of desire is the basis of neurotic conflict.
Though we employ repression in order to ease suffering, it's because we
can't help but desire that we eventually need help. When the knot that
we're in is, in turn, analyzed, the analyst meets our resistance. Most of
these resistances are employed against knowing and telling; knowing
more about our experience and admitting what we already know about it.
But there's another kind of resistance that comes from our nature, that is
opposed to the life that we're living. This resistance isn't actually a pro-
duct of neurotic conflict. Like transference, it is ready to hand and becomes
abducted by the neurosis when it needs to insure its survival. When the
weight of frustration is unbearable, the relief from suffering may become
a resistance to the treatment, even competing with it. The death drive,
always at the ready in times of hardship, becomes an agent provocateur,
offering asylum from one's suffering by deadening the lust for life itself
(Thompson 1985).

Toward the end of his life Freud emphasized those resistances he
believed emanated from drives—from desire. Unlike so many analysts
today, he gradually distanced himself from a preoccupation with—and
technically, an analysis of—defense. He doubted that defense mechanisms
could explain the prevalence of moral masochism, unconscious guilt, and
the negative therapeutic reactions manifested by some of the patients he
treated. He suspected that many failed analyses could be attributed to a deep-seated wish to circumvent the pain of living, even at the cost of living any kind of life at all. In effect, we withdraw from life itself. We’re so sick of suffering we’ll do anything to escape it. The treatment, which aims to examine one’s suffering, becomes an instrument of the suffering we seek to disavow. Since our intolerance of suffering can’t actually be “diagnosed,” it can’t be treated. This seemingly radical assessment, however, wasn’t especially new to Freud’s way of thinking. As early as 1905 (Freud 1953c) he believed that “poor character” shouldn’t be confused with psychopathology. Some people are simply “good for nothing.” They haven’t the moral fiber to bear suffering. Just because we suffer doesn’t mean we can always be “diagnosed” and “treated.” Nor does the successful treatment of a neurotic conflict necessarily improve one’s character, though it sometimes helps. The disposition toward self-concealment doesn’t always foster the kind of moral conflicts that psychoanalysis was intended to resolve. If we deceive, but do not experience any conflict because of it, all the analysis in the world can’t impose a solution on something that we can’t acknowledge is amiss. Like Aristotle, Freud believed that character has to be cultivated and developed. One doesn’t build character by devising ways of relieving suffering, but as a consequence of coming to terms with it. This makes the goal of analysis, at the very least, ambiguous. That’s because the kind of suffering analysis is intended to relieve isn’t pain, specifically. It can only help us surmount the alienation we feel when we live in anticipation of disappointment. Our ability to overcome this fear, by learning to accommodate it, relieves our alienation—but not suffering itself. This—perhaps unsettling—dimension to the aims and capacities of analysis was also exploited by Winnicott. He linked the fear of suffering and our wish to abolish it to omnipotence, whose demands merely distance us even further from actual living:

If we are successful we enable the patient to abandon invulnerability and to become a sufferer. If we succeed life becomes precarious to one who was beginning to know a kind of stability and a freedom from pain, even if this meant non-participation in life and perhaps mental defect. (1989, 199; emphasis in original)

In other words, life without suffering is an illusion. Neurotics, to the degree they can’t tolerate the anguish that life imposes, hope to circumvent it. That’s because their capacity for anguish simply isn’t equal to their reach.
Why does life elicit more anguish in some than in others? This was one of the questions Freud pondered after his analysis of Dora. Most analysts today attribute the abrupt termination of her treatment to Freud's handling of the transference. Freud himself acknowledged this oversight, but never attributed this to the failure of her analysis. Why? Though he didn't know it then, Dora's unexpected decision to stop the treatment when she did is a perfect example of a "negative therapeutic reaction." Though the work was progressing, Dora wasn't. The way that she terminated—an act of vengeance against Freud's influence—was symptomatic of her aggression against her father and Mr. K. But that doesn't explain why she terminated when she did. If all she wanted was to punish Freud, why leave? There were other, perhaps more effective ways of achieving that goal. Nor was her sudden departure a consequence of erotic transference. There was little, if any, evidence she was attracted to Freud, nor did she appear to feel rejected by him. She abandoned the treatment because it threatened to make her well. It manifested in her a "negative therapeutic reaction." Dora's symptoms were treasures she wasn't about to relinquish—as Felix Deutsch (1985), years later, confirmed. She was so masochistically attached to them that nothing—not even pleasure—could compete with the feeling of triumph, omnipotent to be sure, they provided. Whether we follow Freud in his speculations about a propensity toward self-destructiveness or reject it—and we know most analysts have chosen the latter—the efficacy of the negative therapeutic reaction as a concept still retains its value. In fact, the term is commonly used even by those analysts who dismiss the notion of a death drive. The term is now commonly used to characterize a reaction against the treatment whenever one had anticipated progress. Since this reaction is elicited by the analysis itself, it is construed as an act against the treatment. As a technical term, it simply alerts us to those reactions we sometimes elicit from our patients precisely because the treatment is proceeding satisfactorily.

Perhaps this was why Freud, by today's standards, didn't believe in lengthy analyses. The Wolf Man, whose analysis and reanalysis lasted some five and a half years, was an exception to the rule. In fact, the prolongation of his analysis—which, unfortunately, we can't pursue more thoroughly—proved futile. Freud believed that even one year was a long time to stay in treatment. Ten years—not uncommon nowadays—was unthinkable. Perhaps we avoid termination by allowing analyses to go on
as long as they do, hoping for some sign of “recovery.” In his later years, Freud frequently set a limit to the duration of a treatment at the beginning of the analysis, typically six months or a year. Though this was more usual in his “didactic” analyses, this practice was in stark contrast with the custom today, when even training analyses are often interminable.

The ambiguous tone of Freud’s comments about termination is especially puzzling to those who still conceptualize analysis as a medical treatment for psychiatric illness. Many believe that Freud didn’t allow the vast majority of his patients sufficient time to achieve a more lasting benefit from their treatment. Was Freud constitutionally incapable of conducting lengthy analyses? Was he too impatient to tolerate the seemingly endless detours that most analytic treatments require? In fact, Freud believed that the prolongation of analysis is frequently a consequence of countertransference, when it violates the rule against therapeutic ambition. Therapeutic ambition, a form of countertransference, is difficult to recognize. When we commit it, it’s usually because we only want to help. On a narcissistic note, we may simply be too eager to “cure” every patient we treat. Sometimes, using Freud’s analogy, surgeons need to sew up the wounds and let go, knowing they’ve done all they can. This was one of the reasons Freud believed all therapists should submit to analysis themselves, to help them to endure and understand the unique pressures of analytic practice. He never thought, however, that it should be as thorough as the analysis to which one’s patients are typically subjected. His reasoning was simple. Analysts shouldn’t be sick (i.e., uncommonly conflicted) in the first place, so why should they require a lengthy treatment? Instead, Freud emphasized character, the personality traits that analysts happen to possess when entering this profession. Which character traits did Freud value the most? What qualifications did he believe each analyst should possess?

He must possess some kind of superiority, so that in certain analytic situations he can act as a model for his patient and in others as a teacher. And finally he must not forget that the analytic relationship is based on a love of truth—that is, on a recognition of reality—and that it precludes any kind of sham or deceit. (1964a, 248)

All the analysis in the world won’t make people more honest than they were capable of being at the beginning of treatment. This is just as true for future analysts as it is for the patients they analyze. If anything, the
lengthier one's training analysis, the more likely it will serve as a standard for that analyst's future patients; and the more "interminable" those analyses will be, in turn. Given the nature of analysis—its limitations, the unpredictable nature of life, and the possibility for future outbreak of neurotic conflict—Freud advocated periodic "reanalyses" as a resource when one's personal life (or one's patients) become overwhelming. Freud expected this would happen and was loathe to attribute its efficacy to a failed, or "incomplete," analysis. Generally, this advice has been ignored.

What, then, are we "treating" if so much of our suffering and the ambivalence we succumb to because of it can't be attributed to psychopathology, specifically? Psychopathology is rooted in a peculiar form of conflict, not in suffering itself. Yet, we shouldn't confuse this form of conflict with our intrinsic ambivalence about good and evil, life and death, love and hate. Melanie Klein, who adopted and even championed Freud's "death drive," misunderstood this. Unlike Freud, who believed our innate ambivalence is axiomatic, Klein based her entire conception of psychopathology on the conflict between these primal forces (Klein 1937). Consequently, there is no clear distinction in her theories between pathology and health, between sanity and madness. Though neurotic conflict, in a manner of speaking, is "internalized," it is a consequence of our conflict with reality, the nature of which isn't that easy to determine. In fact, psychopathology is a flight from suffering. That's why it can't be reduced, strictly speaking, to pain alone. Unlike psychiatry, whose goal is the unadulterated relief of suffering, psychoanalysis is a medium through which we strive to repair our relationship with reality. Hence, our experience—or nonexperience—of reality assumes precedence over our intolerance of suffering.

What, then, is reality, basically? This is a big question. It's like asking, "What is the meaning of life?" It is such a huge question that some people think it's inappropriate to ask it. Freud didn't ask this question, but his conception of psychopathology presupposes a definite view of its nature. He assumed that all of us are fundamentally concerned with reality. He painstakingly explored the variety of ways that he and his patients came up against it in their lives. Sometimes, he spoke of reality as "necessity": that which must be accepted. Reality is what we have to reckon with. It's what we can't, with any honesty, deny. This dimension of reality—its irrefutability—gives rise to the harshness that we sometimes associate with it, because it's something we can't manipulate or control. We never
really "understand" reality. We come to know it through our encounter with it. That doesn't mean, however, that reality is necessarily harsh. Freud realized how seductive the world of phantasy—of pretense—can be when reality becomes so frightening that we do what we must to avoid it. Yet, he never reduced reality to necessity. It also has the power to compel. If it didn't, we'd probably have very little to do with it. This dimension of reality—its attraction—explains how psychoanalysis comes into its own. It draws us in and helps us experience things as they are. Reality isn't simply "external"; it invites me to belong to what's separate and to make it a dimension of my life.

Freud believed that subsequent to termination we may need, from time to time, to resume analysis again. This is because he never envisioned termination as a cessation. And even if analysis is never formally resumed, termination never entails a categorical "end" to one's experience of it. Every analysis lives on, if only in our minds. Some analysts depict termination as a transformation from a psychoanalysis to self-analysis. But this can be misleading because it implies that one has effectively "graduated" from the relationship with one's analyst to one of independence. Although this idea has a certain appeal, it confuses the termination of psychoanalysis with the completion of an education. Nor does it characterize Freud's conception of it which, if anything, was the opposite. When analysis is over we continue to think about what happened in the course of it. We try to understand and make use of the things that eluded us at the time. We mine the material and conversations for the sense we might make of it, long after the analysis has ended. We may eventually opt to resume analysis, or not. But like a child who's left home, we take with us what was essential. We take care to protect what we kept from danger. We keep it alive. We couldn't leave it behind if we tried, because it's fostered our way of thinking, our manner of being in the world. Because it's given us our history—in fact, it's opened that history up—it shows the way to the future. Some have attributed this aspect of analysis—its permanence—to the internalization or introjection of the analyst into the patient's unconscious. I'm not especially drawn to this way of seeing it. It sounds excessively "psychological." Freud implied that the survival of the analyst's influence can be attributed to the depth of love one happens to feel for the analyst. Perhaps this only happens when we manage to leave the treatment without rancor.

Freud knew that the potentially therapeutic effects of a psychoanalysis
aren't axiomatic. Termination guarantees nothing. In the end, we choose whatever importance we permit analysis to have. The risk every analysis entails and the impossibility of foretelling its impact epitomize its inherently existential nature. Its "end" is simply a new beginning. This was demonstrated in a remarkable exchange that the Wolf Man had with Freud while he was still in analysis with him. It concerned the potential effects of termination (Obholzer 1982). The Wolf Man asked if he would be restored to psychic health once the dynamics of his childhood history became known. Freud replied that the answer to his question wasn't that simple:

Freud said that when one has gone through psychoanalysis, one can become well. But one must also want to become well. It's like a ticket one buys. The ticket gives one the possibility to travel. But I am not obliged to travel. It depends on me, on my decision. (43; emphasis added)

The Wolf Man realized that this characterization of termination effectively refuted the common assumption that Freud believed in determinism. If our unconscious motives are said to determine our conscious decisions, what determines our unconscious? The line between the two isn't so easy to define. Surely, each determines the other. Our conscious choices help determine what becomes unconscious as well. The termination of analysis confronts each of us with a choice. Will we, in effect, use the "ticket" it gives us, or will we neglect it or, worse, lose it without a trace? We may use it initially but neglect it as time goes by. Fate, too, plays a hand. We may find that the future occasions fresh challenges that simply overwhelm our previously effective efforts. If that happens, we'll have to decide what to do about those unforeseen consequences, whether to seek help or persist in our folly. Whatever we choose, whether that choice inhibits or transforms, we will have to wait and see.