There is a tension which has been characteristic of psychoanalytic thought since the nineteen twenties, and which has increased in the last decades. This tension is not often discussed explicitly, and yet it is unmistakably there. It is manifested in the tone of papers and the narrative structure of case histories. It colours disputes about developmental theory, metapsychology and analytic technique, and it is, I believe, one of the strongest determinants in the heated emotional overtones in many of these disputes. I will call it the tension between the classic and the romantic vision of human reality.

The present paper is an attempt to grapple with the twilight zone of the psychoanalytic vision of human reality. It is a twilight zone because it is rarely addressed explicitly. The typical paper or book deals with clinical or theoretical problems. The overarching view of human reality which is an amalgam of metaphysics, values and an attitude, a stance which is not purely cognitive, is not often deemed to be a worthy topic for discussion. And yet—like the basic mood of a human being which colours all his experiences—this attitude towards human reality colours all manifestations of psychoanalysis, whether in the consulting room, in conferences or in academic journals.

The presentation of the classic and the romantic visions in psychoanalysis will have to proceed by creating ideal types in order to demonstrate the salient features of each of the visions. As we will see later on, there are reasons to think that the two visions are generally amalgamated in varying proportions. The dimensions as I want to use them are summarized by T. E. Hulme in his classic paper 'Romanticism and classicism' as follows:

Put shortly, these are the two views, then. One, that man is intrinsically good, spoilt by circumstance; and the other that he is intrinsically limited, but disciplined by order and tradition to something fairly decent. To the one party man's nature is like a well, to the other like a bucket. The view which regards man as a well, a reservoir full of possibilities I call the romantic; the one which regards him as a very finite and fixed creature, I call the classical (1924, p. 117).

I will first present this tension by showing how it expresses itself in the body of thought of psychoanalytic theory. Freud will serve as the embodiment of the classic attitude, Heinz Kohut as the most typical representative of the romantic stance.

This choice is easily motivated in the case of Freud, as his exposition of the tenets of the classic vision is eloquent, profound and relatively uncontaminated. Later developments of the classic vision can be found in psychoanalytic currents which are opposed to each other in many respects. Examples are American ego psychology as it developed around the work of Hartmann, Kris and Loewenstein, the work of Melanie Klein and her school and the French school of psychoanalysis—particularly as exemplified by Janine Chasseguet-Smirgel (e.g. 1984).

The romantic vision began to evolve in psychoanalysis with the ideas of Sandor Ferenczi. It was taken up by Michael Balint, who was also the first to see a tension between a classic and a romantic vision of cure in psychoanalysis (1935). It developed further in the British object-relations school, and particularly in the work of Donald Winnicott. Heinz Kohut's work is particularly suited to show the central features of the romantic approach because, at least since The Restoration of the Self (1977), he saw his theoretical and therapeutic approach as explicitly trying to change the central outlook of psychoanalysis.

After this exposition I will try to show that the tension between these attitudes is not primarily one between different theoretical positions. It is essential to the psychoanalytic endeavour as a whole, and indeed of the human condition in general. We will see that the patient and the analyst must at every moment find their way between the classic and the romantic attitude and that ultimately one
of the goals of analysis must be to find the right balance between the two.

The notion of a vision as it is used here is not quite easy to explain. Since the days of Gestalt psychology we know that sense perception is not the connexion of sensory atoms by association. The whole of a Gestalt is more than the sum of its parts. A Gestalt constitutes an overarching structure which has many properties which are not determined by its parts. In particular we know that the same visual stimulus can be perceived under different Gestalts depending on the background, the motivational state and knowledge of the perceiver and a host of other factors.

One of the central emphases of the Gestalt psychologists (cf especially Koehler, 1938) was that perception is value laden. We do not first perceive an object and then associate aesthetic qualities with it. Instead the value element of the perception is intrinsic to the percept itself. The laws of Gestalt are such that we try to organize percepts into 'good' Gestalts. The aesthetic properties are therefore as essential to the content of a percept as colour, size and form.

It is not easy to formulate the analogue to Gestalt in the intellectual and emotional domain. I will introduce the idea by an old joke: the optimist says 'this is the best of all possible worlds'. The pessimist says: 'yes indeed'. The point of this joke is that the cognitive content of the statements of the optimist and the pessimist is identical. Both think that the actual world is the best world conceivable. The optimist sees that the world could not be better, because it is the richest possible world, the one which includes most variety and ultimately most moral value. The pessimist thinks that the world could not be better and he adds with a sigh: 'this is the best possible world; look at how terrible, absurd and ridiculous it is. But if you think things could be better, you're profoundly wrong. At best they could be worse'.

Part of the difference between the optimist and the pessimist is the way they structure their thought about the world into figure and ground. The optimist sees a rich tapestry of phenomena, he focuses on the beauty of what he sees. For him the suffering, the inexplicabilities of the world are nothing but by-products of how the world must be if it is to be rich and beautiful. They are the ground on which the figure of the richness of the universe can be perceived. The pessimist structures his field of consciousness differently. For him the universe is a set of absurdities, moral outrages and needless suffering. He does not see how it could be different, but a rich tapestry of absurdities for him is still an absurdity.

We know the very same phenomenon of interpretation of reality under a particular vision from our patients. The depressed patient is not able to see any value in what he does and has. The narcissistically unstable patient sees the bad, the meaningless and the ugly in himself wherever he looks; when he sees something good, it evokes pain in him because of the tremendous envy it arouses. Patients with phallic-narcissistic traits often cannot help but see every interpersonal situation in terms of sexual seduction and competition. Other patients interpret every interpersonal encounter as a struggle between two persons, one of whom will end up being humiliated and the other one victorious. All of them stick rigidly to a certain type of interpretive categories and story lines in their understanding of themselves and others. That is, all of them tend to interpret the facts under one particular vision; they impose the same story line over and over again.

We know this phenomenon from our daily life and the changes of mood we undergo. In a joyful mood everything looks bright, what we encounter is interesting and difficulties are just minor obstacles to be overcome. When our mood

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is depressed everything looks meaningless, bothersome and like a burden; obstacles look like mountains which it takes terrible effort to climb only to find more obstacles afterwards.

In the intellectual domain we generally talk about Weltanschauung when we want to refer to the value-laden traits of a manner of experiencing and interpreting reality. The great philosophical systems are the paradigmatic embodiments of such visions. This is one of the main reasons why we deem philosophers such as Plato, Aristotle, Spinoza, Leibniz and Kant to be worth studying even though we do not agree with their factual assumptions. Beyond their claims about what the world consists of, they show us a way to look at and to experience our lives and the world. In what is to follow I will use the terms 'vision', 'mood', 'attitude' and 'stance' more or less interchangeably to denote the value-laden cognitive-affective mode of looking at human reality.

One of the few authors who have noticed the great importance of visions of reality in psychoanalysis is Roy Schafer. His *The psychoanalytic vision of reality* (1970) is an attempt to characterize psychoanalysis along the dimensions of the tragic, the comic, the romantic and the ironic. He shows how psychoanalysis is characterized primarily by an emphasis on the tragic and the ironic aspects of human reality. Drawing on Schafer, Messer & Winokur (1980) have argued that there are limits on the integration of psychoanalysis and behaviour therapy, since their visions of human reality are profoundly different. They have shown that the vision of human reality of a form of psychotherapy is no less essential to it than the particular techniques it uses.

The categorization of two visions in psychoanalysis I want to propose can be related to Schafer's taxonomy, but it is not identical with it. What I call the classic attitude roughly corresponds to a combination of the tragic and the ironic in his presentation; what I call
the romantic is not quite the same as he means by the same term.

The classic and romantic visions as I understand them can be placed historically. In the eighteenth century they are embodied in the conflict between the more rationalist streak of the enlightenment and the romantic reaction against it. The classic view is to be found most clearly in Kant's thought: man must strive towards autonomy and true autonomy is identical with the reign of reason. Reason is the ability to know the general, the lawful in reality. The fully rational man is able to submit his more idiosyncratic, subjective side to the voice of reason. If he succeeds in doing so, he will turn from being driven by his animal nature into a fully autonomous person.

Kant is profoundly suspicious of human nature to the extent that it is not governed by reason. Hence his ethics is purely rationalistic. To the extent that an act is purely rationally motivated, it is good. If it is not, it may happen to conform to the good, but this would be a pure coincidence. Man's emotions cannot be relied on: they are egotistic, antisocial, and not much is to be expected from them. Hence human nature needs constraints which are to be imposed by reason.

The value of human life is to be found in the specifically human ability to transcend the drivenness of our animal nature. Kant's ethos is one of freedom. Our ability to be self-directed turns us from insignificant specks in a vast universe into those beings who are truly valuable. The human activities which express this are science in the cognitive domain, the reign of the categorical imperative in morals, and in the aesthetic domain, the order playfully imposed on nature. The value of the individual does not reside in his uniqueness, but in the way he embodies the ability to transcend the individual and idiosyncratic by applying reason.

The romantic view was developed by Rousseau (particularly 1762) and came to its fullest flourishing in Goethe's work. The supreme value is the development of the individual. Each person is a unique self, with a unique perspective on the world. The fully developed individual is characterized by true spontaneity, by the richness of his subjective experience. He has ideals which provide the motive force of his life and these ideals are fuelled by his awareness that they express his own personality in its concrete, unique individuality.

Rousseau saw the foundations of ethics not in reason but in an emotion which he believed to be intrinsic to human nature: compassion. Identifying with the other and feeling his suffering and sorrow is as natural to man as sexual desire and hunger. Not only did Rousseau therefore not see the need for constraints on human nature; he thought that human nature unadulterated was intrinsically good. Whatever has gone wrong with man is a function of distortions on human nature which have been imposed artificially by society. The incarnation of Rousseau's view of human nature is epitomized in his idea of the noble savage.

The romantic and the classic vision in the eighteenth and nineteenth century have one value in common: that of autonomy. But their understanding of what autonomy consists of is profoundly different, as can be seen in later works as well. Hegel, the great representative of the classic vision in the nineteenth century, sees autonomy in the individual's recognition that he is but an aspect of the general structure of reality and the submission to the laws of the whole. As opposed to that, Kierkegaard, one of the great figures of the romantic view, considers autonomy in the individual's ability to attain his own subjective truth. When we now turn to psychoanalysis we will see how these varying ways of understanding human beings and freedom are expressed in theory and practice.

THE CLASSIC VISION IN FREUD

There is a theme which runs through Freud's writings starting with the 'Project for a scientific psychology' (1895) and ending with the posthumously published 'An outline of psychoanalysis' (1940). It is the dichotomy between the pleasure principle and the reality principle. It would be possible to organize much of Freud's thought—metapsychological and clinical—around this central dichotomy. It is reflected in many other conceptual polarities in his writings: primary v. secondary process, id and ego, symptom formation v. sublimation, fixation v. renunciation and ultimately neurosis v. mental health.

The neurotic, for Freud, is governed by the pleasure principle, and has therefore not really grown up. He has not been able to renounce infantile wishes, and where he cannot satisfy them in reality, he seeks substitutions in fantasy, neurotic symptoms and character traits. The motives for defence are rooted in the pleasure principle as well. Instead of facing unpleasurable aspects of inner and outer reality without distortion, the neurotic activates defences which prevent him from experiencing anxiety, guilt, shame and other unpleasurable affects.

The essence of personal maturation in Freud's vision consists in the gradual transition from the domination of the pleasure principle to a state in which the reality principle has a firm hold on the adult's mental functioning. The newborn infant is a pure pleasure ego, or—in Freud's later terminology—pure id. The infant wants nothing but pleasure and avoidance of unpleasure. The metaphor which describes this state is that of the infant hallucinating the breast to relieve a state of hunger immediately (Freud,
Human beings are always drawn back to the state in which they can disregard the nature of reality as it is, and hence the battle against the pleasure principle is never won for good.

Both in his attitude to the individual patient and to whole cultural phenomena, Freud takes the side of reason as opposed to the instinctual and infantile. In analysis the patient wants to enact his wishes, but Freud demands of him that he must understand and verbalize instead. Where the patient wants to make insight into an intellectual, one-time event, Freud patiently forces him to work through the manifold manifestations of his infantile wishes and fantasies. Where whole cultures want to perpetuate illusions, Freud exhorts them to achieve maturity and renounce the comforting distortions of reality (Freud, 1927).

Ultimately the whole setting of classical psychoanalysis is an expression of this attitude. The patient lies down and hence cannot discharge tension through motility. He must say everything which comes to his mind, but no wish—except for that of being understood—should be gratified by the analyst. Nothing but the truth can cure, since the essence of neurosis is the avoidance of reality. Freud tried to show to both his patients and his disbelieving contemporaries that this reality was more complex and less reassuring than they wanted to believe.

Freud is a cultural pessimist. The clash between man's instinctual nature and the demands of reality is unavoidable. Culture is and will always be founded on renunciation of instinctual aims, and hence man must learn how to master his inner nature. Whatever the degree of mastery of external nature, conflict and the demand for renunciation will remain essential to the human condition (Freud, 1930).

This cultural pessimism is combined with a passionate belief in the possibility of human autonomy and maturity. Freud denies his patients everything except insight by which they will come to know the truth about themselves. Even though Freud is a determinist he believes that persons can truly take responsibility for themselves. He refuses to accept the excuse 'that's just the way I am, this is my character' which human beings often use to disclaim responsibility for what they do and are. Freud always relates to the person as responsible for his character traits and symptoms. This is why he believes that change can only come from within. The person must acknowledge his wishes and fantasies, take responsibility for them and thus acquires the freedom to change.

Freud's view of happiness is akin to the notion of eudaimonia in Greek, particularly stoic, philosophy (cf Copleston, 1946, p. 139). For the stoics the end of life is virtue which in turn is defined as the life according to nature. For the stoic, man's inner nature is reason. Virtue ultimately consists in the capacity of man to master his passions, and to lead his life according to his understanding of both internal and external nature. Both aspects of reality are considered to have a relatively immutable essence and hence happiness can only consist of the acknowledgment and acceptance of the inescapable complexities of life.

It may sound as if Freud's vision of what human life can be like at its best is rather grim, and there is some truth to that. Freud ends the 'Studies on hysteria' (1895, p. 305) by relating that he sometimes told his patients: 'much will be gained if we succeed in transforming your hysterical misery into common unhappiness. With a mental life that has been restored to health you will be better armed against that unhappiness'.

What, then, do we have to live for? Freud never questioned that sexual satisfaction and love are among the peaks of human experience. Nor did he deny that 'power, success and wealth' are what keeps men going, even though he does not think that these are the true values in life (1930, p. 64). He views these latter goals with the warm irony given to him through the wisdom that human nature is frail, and that theories should not create illusions about man's sublimeness. Freud had no sympathy for utopia, and he did not believe in the perfectibility of man, as shown in his assessment of Marxism as based on illusions about human nature (1933, pp. 180 ff.). Freud's real respect is reserved for those moments in which man overcomes his immediate, biologically based strivings and acts out of his deeper understanding of the nature of reality.

This ethos of truthfulness and striving for maturity is expressed most strikingly in the concluding paragraphs of Freud's paper 'On transference love' (1915). The main problem Freud discusses in this paper is how the sometimes passionate love of female patients for male analysts should be handled. He mentions all the subtle ways in which the analyst might defuse the complexity of the situation by denying the reality, intensity or genuineness of the feelings the woman patient experiences. He rejects all of them, and demands that the analyst faces the situation as it is: the patient's love is genuine, and the doctor might be strongly moved by the way in which 'a woman of high principles … confesses her passion' (1915, p. 170). Freud's final statement is worth quoting in full:

And yet it is quite out of the question for the analyst to give way. However highly he may prize love he must prize even more highly the opportunity for helping his patient over a decisive stage in her life. She has to learn from him to overcome the pleasure principle, to give up a satisfaction which lies to hand but is socially not acceptable, in favour of a more distant one, which is perhaps altogether uncertain, but which is both psychologically and socially unimpeachable ...

The analytic psychotherapist thus has a threefold battle to wage—in his own mind against the forces which seek to drag him
down from the analytic level; outside the analysis, against opponents who dispute the importance he attaches to the sexual 
ingstinctual forces and hinder him from making use of them in his scientific technique, and inside the analysis, against his 
patients, who at first behave like opponents but later on reveal the overvaluation of sexual life which dominates them, and 
who try to make him captive to their socially untamed passion (1915, p. 170).

In these paragraphs, Freud shows what he considers to be true human maturity. The

seductions and pressures of reality are manifold. Society presses the analyst to stop talking about the threatening realities which 
undermine its soothing and yet repressive official picture of what things are like. The patient wants the analysis to be the place where 
the forbidden and unacceptable can be lived, and the analyst himself is tempted by his own propensity to give in. Truthfulness and the 
ability to stick to what one knows to be right are the analyst's yardsticks. The consciousness of having stood up to the pressures and 
seductions, of having acted out of his moral and professional integrity, are the analyst's main reward.

The patient comes to the analysis and expects his fantasies to come true. The analyst firmly guides him on a process which will, if 
successful, lead to the point where the patient is willing and able to remain true to himself no matter whether his wishes are fulfilled or 
not. Dignity more than anything else is the reward the analysand is to gain from the process of re-education an analysis constitutes.

Freud quite often stressed that the goddess of fate is an irreducible force of human lives (e.g. 1930, p. 101). Psychoanalysis cannot 
bribe her; it can only help the patient to stand up to her in a dignified manner.

The philosopher Paul Ricoeur has described the attitude of psychoanalysis as a hermeneutics of suspicion (1970). Freud rarely 
accepts what the patient says at face value. In the interest of true maturity the patient must be helped to recognize and withstand the 
manifold ways in which the pleasure principle undermines his personality. Excessive altruism is often nothing but a reaction formation 
against sadistic wishes, shrill moralism a defence against threatening sexual desire. Too much of what looks sublime is really covert 
fulfilment of infantile wishes. Psychoanalysis for Freud is the relentless pursuit of the truth about ourselves, the penetration beyond 
appearances to reality which was once too threatening to face.

This is why Freud recommends the analyst to take the attitude of a surgeon towards the patient (1912). Freud has respect for true 
maturity, but he has no feelings for the unconscious part of the mind: his aim is to know the unconscious because it is the enemy of 
rationality. Freud expects no romantic secrets, no treasures to be found in the patient's unconscious. What will be discovered in the 
painstaking detective work of the analysis is another perverse wish, another infantile sexual theory and more murderous wishes 
towards those whom the patient consciously loves.

The analyst should have respect for the adult part of the patient. The mature part of his ego is the ally of the analyst in the battle 
against the darkness of irrationality. But the analyst must beware of feeling anything towards the patient. The patient's unconscious is 
always intent on seducing the analyst into gratifying his wishes. Hence the respect for the patient should be mitigated by the 
professional neutrality and suspicion of the patient's motives.

In the classical vision, the analyst's identity is a combination of the fearless, wise man who has no illusions about human nature 
and the patient detective. The analyst is not afraid of the dragons of the unconscious. No human perversion is repellent to him, no 
murderous wish arouses moral condemnation. But the analyst is also a tireless detective: he knows all the ways human beings try to 
hide their true motives, and no manifestation of the pleasure principle will evade his searching eye. Ultimately the analyst is the 
ambassador of human enlightenment who carries the banner of rationality into the darknesses of the unconscious.

Freud's mind is—as Philip Rieff's classic study shows (1959)—that of a moralist. But it is important to grasp the morality 
involved: it is one of maturity and dignity. The grimness of Freud's vision resides in his emphasis that humankind cannot achieve 
fulfilment at a low price. The dreams of childhood about a frictionless reality are seductions which ultimately lead to suffering rather 
than to happiness—a motif central to the French school of psychoanalysis as expressed in the work of Janine Chassegut-Smirgel 
(1984). The long road to mental health knows no shortcuts, and effortlessness of existence is not among the constituents of mental 
health. Only true adulthood can save us, and towards the end of his life, Freud (1937) was painfully aware about how precarious and 
vulnerable true adulthood is.

Before proceeding to the presentation of the romantic vision in psychoanalysis I should point out once again that I have tried to 
isolate one particular, albeit central, streak of Freud's

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thought. Freud has his romantic moments as well, but the emphasis of the presentation was on the classic essence of his vision which
is not mild and accommodating, but austere. As Rieff has pointed out, the use which has been made of Freud's *oeuvre* to support the utopia of an erotized culture (e.g. Marcuse, 1955), involves reading Freud against his grain.

The greatness of his intransigent demand for maturity and truthfulness resides in the perspective he opens towards a way of life governed by more integrity and less inner division. Freud never saw analytic therapy as geared towards the promise of happiness. The only road he saw for analysis was the road to health *qua* maturity. To what extent this health will lead to happiness, joy and fulfilment he did not deem to be the task of psychoanalysis to tell.

**THE ROMANTIC VISION IN KOHUT**

Heinz Kohut's later works are the strongest expression of the romantic vision in psychoanalysis, and I think that the intense controversies which have arisen around his ideas are probably at least as much a function of the vision, the ideology they embody, as they are reactions to their explicit theoretical content. Again the picture to be presented is somewhat purified in order to create the ideal type of the romantic vision in psychoanalysis.

For Heinz Kohut the newborn infant is not a pure pleasure ego, and the essence of mind is not to seek pleasure. The central striving of human beings is to achieve a sense of oneness, cohesiveness and purposefulness. The self is formed in a series of developmental steps: first the infant needs to acquire a sense of the unity of his body, then a sense of being at the centre of his own volitions. He then gradually acquires the sense of industry and competence and a grasp of what is good and valuable in life. The highest stage of development of the cohesive self is a structure which is composed of ideals which are experienced as intrinsically valuable and the ambition, the belief of the individual in his ability to realize his ideals.

The process by which the mature self develops is complex and hazardous. The child has no inner resources to maintain a sense of cohesiveness of his body. He needs the care and love of his parents who give him the feeling that his bodily presence is enjoyable. In this manner he can form a basic sense of his core self which is positive. Later on the child needs a sense of what it is like to do things which are meaningful and valuable. Again he does not have the resources to create this structure of ideals himself. This is why he needs his parents to provide the ideals which give him a sense of meaning and vitality.

In the classic view, idealization is either the result of immature cognition or a defence against aggression. In Kohut's view, idealization is an essential process in the child's development. If he cannot idealize his parents he will not acquire a sense of meaningfulness in his life. The idealized parental imago is the first experience of the child of something which is intrinsically valuable, something worth striving for which gives life meaning and direction.

The cohesive self is thus a bipolar structure: on one hand it includes the experience of oneself as loveable, worthy and capable and on the other hand it includes the values which give life direction and meaning. The first pole is called by Kohut the pole of ambition and exhibitionism, the second that of ideals and values. The healthy self is characterized by a steady stream of energy from the pole of ambitions to that of values. The person is drawn towards realizing the values he experiences as meaningful, and he feels that he has the ability and the intrinsic worth actually to realize them (Kohut, 1977, Ch. 4).

The parental figures which are so essential to the development of the self are called selfobjects by Kohut. This name reflects Kohut's idea that the infantile self is not an autonomous structure. Its survival and growth depends on the selfobject's ability to function adequately. The selfobject's function is twofold: by enjoying the child's existence in all its aspects, the child's self acquires the sense of being valuable. The second function is to let the child participate in the parent's own activities which enable the child to admire the parent. By internalizing this imago of the parent's sense of directedness, competence and being valuable, the child can form the rudiments of his own value structure (1977, Ch. 7).

If Freud's basic polarity is that between the pleasure principle and the reality principle,

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Kohut's basic polarity is that between joy and vitality on one hand and depletion and depression on the other hand. The vicissitudes of development largely hinge on the parental ability to sustain the two poles of ambition and ideals in the child's self.

If the parents are not able to enjoy the child's presence and be empathic to his developmental needs, the child will feel lifeless, empty and depressed. He feels that he is not valuable, not enjoyable and at worst feels not really alive. If the parents do not have a sense of their own worth and calling in life, the child will not be able to idealize them. The result will be a lack of ideals and values which make life worth living.

Kohut turns the Freudian theory of development upside down: for Freud, the instincts and the pleasure principle are the rock bottom on which everything else is built. The oral, anal and phallic phases with their instinctual aims are normal parts of development and must be outgrown in healthy development. Adult perversion and neurosis are the result of fixation to one of these stages. The
development of a mature personality is the result of renunciation and transformation of the original aims of the drives.

For Kohut, the most basic motivator is the formation and maintenance of a cohesive self. If a child is overly concerned with deriving pleasure from isolated bodily organs, Kohut sees this as the result of a failure of the selfobject. In optimal circumstances the child would not be preoccupied with his mouth, anus or his genitals. Instead he would enjoy his whole selfhood and be oriented towards life. The Freudian psychosexual theory, Kohut claims, is not a theory of normal development. It is a theory which shows the disintegration product of a self which could not maintain its cohesiveness.

Kohut even questions the sanctum of classical psychoanalytic theory: he believes that in normal development the oedipal phase is not characterized by the intense conflicts around sexual and murderous wishes, guilt and anxiety as Freudian theory assumed (1977, Ch. 5). He thinks that if the parents can accept and enjoy the oedipal child's competition and sensuality, the child will enjoy it himself. But if the child's sexual stirrings and his aggression arouse anxiety, defence and aggressiveness in the parent, they are not able to relate to the child as a whole: they identify him with his sexuality or aggression. The result is that the child experiences himself as fragmented. His sexuality and aggression are dissociated from his total self-experience and this creates the intense murderous rages and sexual obsessions of the classical picture of the oedipal stage.

Kohut's ethic is romantic: sheer rationality is not enough. Without enthusiasm and joy, life is not worth living. For him, the central developmental task is not overcoming the pleasure principle but the development of a cohesive self. And a cohesive self is a structure which includes the joy about one's own existence and the striving for ideals. The later Kohut came to the conclusion that idealized goals are essential to every stage of life and not only for the child.

One of the main differences between the classic and the romantic modes of the analytic attitude can be related to the notion of therapeutic suspicion. Freud knows that the patient's tendency to deceive himself and the analyst is ubiquitous. His developmental theory leads him to the assumption that the manifestations of polymorph perverse sexuality are to be sought behind the patient's symptoms and rigidified character traits. Hence the classical analyst is ready to question appearances at any moment, and to seek for the rock-bottom phenomena of infantile sexuality in the interest of increasing the patient's truthfulness towards himself.

Kohut's patient comes to therapy because of feelings of depression and emptiness. He often has slight perverse symptoms like masochistic masturbation fantasies, and he believes that he is empty and perverse. Kohut's attitude towards the patient is that these perverse wishes are not rock-bottom phenomena which are to be taken at face value. He looks for the human core behind them. His conviction is that he will find that these perverse fantasies and activities are attempts which the child developed to overcome a feeling of lifelessness. The child's original striving was to grow into a cohesive, strong, joyous self, but his parents could not sustain this growth because of their own psychopathology.

Kohut places much weight on the analyst's empathic function. He thinks that many of the distortions in the patient's functioning cannot be resolved by approaching them in a confrontative manner. The classical analyst is often distrustful of the patient's accusations of his environment and looks for the patient's unconscious wishes and fantasies instead. Kohut tries to understand the patient's inner world as a function of the external environment he grew up in. His case histories often show that he tries to help the patient to realize that his parents failed him, and that much of his self-hatred and self-deprecation is the result of the inability of his parents to enjoy him as a whole human being.

THE TENSION BETWEEN THE CLASSIC AND THE ROMANTIC VIEW

I could have exemplified the tension between the classic and the romantic view with other authors as well, e.g. by juxtaposition of Melanie Klein and Donald Winnicott. Melanie Klein believes that ultimately intrapsychic processes largely determine development. In her clinical work she focuses almost exclusively on the patient's fantasies. Her theory of development assumes that ultimately it is the congenital balance between love and hate, envy and gratitude which makes all the difference between mental health and mental illness (1957). Her attitude towards the patient is strictly interpretive, and she believes that only the analysis of the patient's distortions of reality will cure him, and her approach is therefore a clear embodiment of the classic vision.

Winnicott (1965) believes that development is a function of the extent to which the facilitating environment fosters the maturational processes. The crucial factor is the presence or absence of the good-enough mother, and the infant's experience is a reflection of the actual interaction between mother and child. His attitude towards the patient is that the patient at times needs the analyst as a real object in order to take up developmental processes where they have been thwarted. His goal is to allow the patient to live his true self, a typical motif of the romantic vision.

The theme of the classic versus the romantic view of human reality in psychoanalysis could be traced in more detail and through
the works of more authors. But I think that it is time to pause and to ask what these two views or moods are. Let me first juxtapose them in a schematic manner:

The classic view sees man as governed by the pleasure principle and the development towards maturity is that towards the predominance of the reality principle. Neurosis is the result of the covert influence of the pleasure principle. The analyst's attitude towards the patient is a combination of respect and suspicion and the analyst takes the side of the reality principle. The ethic is stoic: maturity and mental health depend on the extent to which a person can acknowledge reality as it is and be rational and wise.

The romantic view sees man as striving towards becoming a cohesive self. Development aims at a self which consists of a continuous flow from ambitions to ideals, from a sense of vitality towards goals which are experienced as intrinsically valuable. Mental suffering is the result of the failure of the environment to fulfil the selfobject function and the patient's symptoms are the desperate attempt to fill the vacuum in his depleted self. The analyst's attitude towards the patient is one of trust in his humanity and the analyst takes the side of joy and vitality. The ethic is romantic: maturity and mental health consist in the ability to sustain enthusiasm and a sense of meaning.


THE TENSION BETWEEN CLASSIC AND ROMANTIC IN CLINICAL WORK

The vision or attitude of psychoanalysis is not just of theoretical importance. In clinical work we influence our patient by far more than the cognitive content of our interpretations. In fact there is growing empirical evidence that the human relationship between therapist and patient is far more influential than classical analysis previously thought (e.g. Garfield & Bergin, 1978, Ch. 7). What the patient internalizes is not just a set of interpretations. It is no less an attitude towards life and towards himself. This has, in fact, been recognized by those analytic authors who have claimed that an important aspect of the analytic process is the internalization of the analyst by the patient, i.e. the acquisition of a new introject.

As in the internalization of the parents by the child, the internalization of the analyst by the patient does not just include what the analyst says. The old idea of the analyst as a pure, undistorted mirror of the patient's unconscious has lost much of its appeal.

The patient internalizes, among other things, the analyst's basic attitude towards himself and human beings in general. And there is a great difference if what the patient internalizes is the classic or the romantic attitude. The classical attitude contains an element of detachment, a certain irony which at its best is not biting and reductive, but wise and accepting. To take the classical attitude is to be willing to see the self-defeating and immature aspects of human action and character. It is the willingness not to be deceived by appearances, to be sceptical of human motivation in all its manifestations. It is to believe that a rich life can only be led in the light of truth and without illusions.

The romantic attitude is centred around the belief that enthusiasm and the search for full subjectivity are essential for human development. The emphasis is less on the extent to which man achieves a rationally based adaptation to his environment. Instead the focus is on the extent to which the individual could develop his individual essence and the intensity of his ability to experience.

It would be profoundly wrong to believe that the patient does not internalize such basic attitudes from his analyst at least as much as the explicit content of his interpretation. Actually the opposite is probably true: the analyst's basic stance towards life colours all his interventions: beginning with the slightest 'mhmm' (which incidentally is a therapeutic tool of first rate order which has not received much attention); and ending with the longest interpretation.

This leads me to a major point: I have presented the tension between the classic and the romantic attitude in psychoanalysis and a distinction between different theories. This is in a sense misleading, although it is true that each of these attitudes has found paradigmatic expression in one of the theoretical frameworks I have presented above. I think that this tension is to be found in the daily clinical work of almost every analytic therapist.

The tension manifests itself in particular technical problems which can be exemplified briefly. A patient talks about the meaninglessness of his life, his lack of satisfaction and directedness. Should I express empathy for his suffering, for the dreadfulness of a life without joy? Or should I point out to the patient how he uses the lamentation about his depression to give me the feeling that nothing he ever gets—including the therapy—is good enough for him? Another patient talks loudly and quickly about all the situations she had gone through in the last days in which she felt that she was torn between sexual desire and a need to control and protect herself. Should I express empathy for her longstanding experience of her own sexuality as alien to her and the suffering which goes along with the disunity of her self? Or should I point out to her how she not only refuses to acknowledge her sexual urges as truly her own, but also vents her anger at me by flooding me with a lot of details in a loud voice?

One answer would be: this depends on the context, if we had more context we could determine what the meaning of these
patients' material was. This is true to a certain extent. But it would be wrong to believe that any amount of context would always settle the issue beyond any doubt. The idea that the material of the patient lends itself to only one interpretation, if we look at it in a sufficiently close manner, is illusory. In fact, even classic psychoanalytic theory has recognized this through Waelder's concept of multiple function (1930). Every type of behaviour, every utterance of the patient can always be considered from a variety of points of view. Waelder focused on the ways conflict arises between the agencies of ego, id, and superego and the external world. Every action and utterance of a patient can be seen as a function of all these interactions.

My contention is that one such important point of view is linked to the tension between the classic and the romantic visions. We can look at every utterance, every action of the patient under the perspective of how truthful he is. To what extent is he able and willing to accept reality—in inner and outer—without distorting it? To what extent does he take responsibility for who he is and what he does? This is to take the classic perspective, and it entails that we listen for the inconsistencies, the hidden meanings which are disregarded. It means that we must listen with a certain amount of suspicion, must always question the face value of what we hear.

We can also listen from the romantic point of view. We will then listen for the thwarted attempts to feel wholesome and alive, to feel enthusiasm and love behind the self-destructive, perverse and unintelligible aspects of the patient's actions and words. We will try to understand why his development has been deflected from the path to true selfhood and why his natural strivings took the twisted turns he enacts in life and in the therapeutic relation.

When taking the classic attitude, we tend to listen to the ways in which the patient's wishes and fantasies colour his perception of his reality, past and present. The woman who complains of the seductiveness of her father may not admit the extent to which she wanted to be seduced. The man who complains of the competitiveness of others at work may not want to see the extent to which his behaviour emanates from phallic exhibitionism. We tend to focus on the ways the pleasure principle acts both by creating unwillingness to abandon old wishes and by distorting the patient's perception through defence and fantasy.

In the romantic stance the opposite may often be the case. A patient is deeply convinced that his unhappiness is due to his basically disgusting essence. We may listen for evidence that the patient tries to protect his parents who failed him as a child and takes the guilt about his misdevelopment on to himself. A woman patient feels that she is just crazy because of her constant sexual preoccupation. We may listen for the ways in which her environment created unbearable tension in her which she could only contain by sexualizing it. We try to look for the healthy striving for wholeness and psychic survival behind what the patient experiences as irredeemably repulsive or perverse.

The decision between the two attitudes will be influenced by a variety of factors. One of them is the countertransference. This does not imply that the decision is purely subjective, as the countertransference is likely to be indicative of the patient's unconscious intention and feeling state. And the therapist should of course not act immediately on this countertransference but integrate it into a more general understanding of what is going on within the patient and between the patient and himself.

But there is no doubt that the analyst's personality will also play a role in the stance he takes. Detachment, irony and the emphasis on rationality and wisdom on one hand and an emphasis on joy, the belief in the importance of ideals and an emphasis on full subjectivity on the other hand can be character traits no less than theoretical positions. The analyst's basic orientation towards life, his temperament and personality will influence his choice of general orientation and of particular strategies and tactics at every juncture of his therapeutic work.

Before, I simplified by presenting the classic and the romantic attitudes as aspects of different theoretical frameworks. Until now I have simplified again by saying that therapeutic interventions are either guided by the romantic or by the classic attitude. In point of fact the issue is more complicated again. The choice between the two visions is not an either-or matter. It would be more precise to say that every therapeutic intervention is characterized by the extent to which it is expressive of either attitude.

The French saying c'est le ton qui fait la musique captures a point which is of importance here. The same interpretation can be uttered in two entirely different ways. Take the simple intervention, 'You are very angry with me for cancelling the next session'. The tone in which it is spoken can imply: 'You are very angry with me, but you are not willing to experience your anger because you are afraid I won't tolerate it. But actually you are too sure that I cannot accept anger and ultimately you are harmed by your reluctance to feel and express anger consciously'. It can also imply: 'You are angry with me. It has been so terrible for you in the past when you felt rejected that you were filled with uncontrollable rage. You could not allow yourself to feel this rage because it made you feel like a monster, and your parents were not able to relieve your profound experience of yourself as monstrous. Therefore you cannot allow yourself to feel your anger with me consciously'.

The way the interpretation is uttered can imply a combination of the two elaborations. It will not only be the tone which...
being overly vulnerable to small insults beyond what she considered reasonable. In the course of the therapy some aspects of her
history which had had great impact on her development became clear. Her mother had been a very active woman, who was intolerant
often criticized for both her moodiness and sensitivity, and her successes which were based on an artistic gift which was to flourish
out- and easy-going girl than the patient herself, and her mother related to the sister more easily than to the patient. The patient was
of weakness and sensitivity on the physical and mental level both within herself and others. The patient's younger sister was a more
clinical work all the time. Of course the alternatives as they present themselves are not formulated in terms of classicism and
romanticism. They are encountered in questions of whether to focus on defensive structures and the element of disclaimed action
which Schafer (1976) has put into the centre of attention, or whether to listen for the affective constellations and self-experience
underlying the patient's mode of action.

A woman patient came to therapy because she felt diffuse anxieties she could not relate to anything, and because of a feeling of
being overly vulnerable to small insults beyond what she considered reasonable. In the course of the therapy some aspects of her
history which had had great impact on her development became clear. Her mother had been a very active woman, who was intolerant
of weakness and sensitivity on the physical and mental level both within herself and others. The patient's younger sister was a more
out- and easy-going girl than the patient herself, and her mother related to the sister more easily than to the patient. The patient was
often criticized for both her moodiness and sensitivity, and her successes which were based on an artistic gift which was to flourish
later in her life went unappreciated.

The patient's way to deal with the constant psychic pain generated by this situation was to develop the fantasy that she had
something very special within herself which other people could not perceive, but of which she herself could be very sure. This fantasy
nourished her development as a creative artist, but it also perpetuated her feeling of being basically lonely and the anxieties associated
with this loneliness. In addition it did not allow her to understand her vulnerability which had lost its intelligibility behind the fantasy
of uniqueness.

In the therapy, this constellation expressed itself in a persistent very subtle devaluation of whatever I said. One function of this
mode of action was that the patient thus reversed the relationship with her mother by constantly evaluating my interventions without
ever letting them resonate. On another level it helped her to perpetuate the fantasy that her inner world was too delicate and special to
be captured by words, and certainly not by words which were appropriate for the feelings of people less creative than herself. But
finally it also protected her from the unbearable intrusive criticism which she ultimately expected to be implied by any of my
interventions.

The main work of the therapy consisted in gradually resolving the deadlock which this constellation created. The point pertinent
for the present context was that I was faced with a constant need to oscillate between two perspectives on the patient's material. For a
while I took an attitude primarily directed by the romantic vision and tried to be primarily in empathic touch with the unbearable pain
of generally not receiving positive mirroring and being constantly criticized instead, and the corresponding need to protect herself. It
took me a while to understand that the patient did not make use of this empathy because she subtly made it irrelevant by concerning
herself with the evaluation of whether I was right or wrong in what I said.

When I started to interpret this pattern consistently, taking a stance more akin to the classic vision, I began to feel that we were
going out of the deadlock. Instead I was at times struck by her sudden pleas that I should understand how terribly exposed and
vulnerable she felt at moments in which I was unaware of how naked and fragile she felt. The therapeutic process at that point could
only be kept going by striking a careful balance between keeping the patient conscious of her ways of making the therapeutic work
useless and constant monitoring of the patient's self-state in order to alleviate her dread of being intruded upon and at the same time
give her the experience of not being in total isolation in her pain.

The difference between the classic and the romantic attitude is often a matter of degree. In this particular case the main difference
in taking one or the other stance was primarily a matter of where to place the emphasis: what I called the more classical approach
focused on the way she was dealing with the therapeutic relation. In terms of the classical theory of technique this was analysis of
resistance and character analysis. Here the main emphasis was on making her conscious of a subtle but pervasive character trait,
namely her ways of not letting people get too close to her, in order to protect herself from the expected unbearable intrusive criticisms.

The interventions guided primarily by the romantic approach focused on her self state. It consisted in trying to find words for the
sense of loneliness, rage and humiliation she experienced when her mother reacted to her first artistic attempts with a dry wholesale
dismissal, and the sense of impotence she experienced when her sister was able to receive mother's praise easily whereas she herself
felt that all ways were closed to her.

In terms of an ideal type characterization the classic approach tries to make the patient maximally conscious of his ways of acting in order to allow him to take more responsibility for himself. The romantic approach focuses on factors in the patient's environment during his development which did not allow him to flourish, thus trying to mobilize frozen intrapsychic constellations which developed as a result of these intrusions.

Many good interpretations are combinations of the two attitudes. They confront the patient with what he does, desires, believes and how he distorts his perception of himself and others. This helps the patient to improve on his reality testing, and it opens new options to understand and experience himself and others. But they also enable him to see that there has not been another way for him to deal with particular aspects of internal and external reality, they help him to see the human core behind what has seemed irreducibly perverse and revolting to him. This enhances the patient's empathy for the disavowed aspects of his self. Ideally, interpretations both allow the patient to step back and understand his feelings and behaviour from a more objective point of view and allow him to come closer to aspects of himself which were experienced as intolerable before.

In the case mentioned above, such an interpretation would sound something like: 'you keep anything I say away from you by busying yourself with assessing its plausibility, and thus subtly devalue it. You cannot help doing so because you are so convinced that my interpretations are just ways to point to your defects and show you what you are supposed to be. This is because you experienced your mother as unable to appreciate anything in you, and you felt that she could only point out to you in what respects you were supposed to be different'.

I do not want to imply, though, that there is a golden mean which can be taken as a measure at all times. Depending on the patient and the particular state he is in, differential emphasis on the classic and the romantic attitude may be in order. At times patients will be helped most by a firm insistence on the truth about themselves, including the ways they have to evade this truth. At other times the best way to help the patient to grow is to take their perspective from within to a higher extent than they do themselves, e.g. if they overly identify with a sharply critical voice they have internalized. But experience shows that it is difficult to reach agreement in every case what the right attitude is.

There may be many practitioners who feel that they try to strike this balance intuitively, and that therefore the point I am making is moot. And in fact I believe that most analytic therapists do deal with the dialectic between the classic and the romantic attitude even though they will not call it that. But it seems to me that several of the central disputes in present day psychoanalysis are really expressions of the tension between the classic and the romantic vision. The most prominent current example is the issue between Kernberg's approach to narcissistic personality disorders (1975), (1976)—a paradigmatic embodiment of the classic attitude—and Kohut's (1977), (1984), which exemplifies the romantic stance in its purest form.

The controversy between Kohut and Kernberg has, I think, to some extent been obscured by the fact that they largely mean different types of patients when they speak of narcissistic personality disorders. In my experience there are patients with a more quiet, introvert type of pathology who tend to develop the kind of idealizing transference Kohut has described (cf, e.g. Strenger, forthcoming, Ch. 5), and there are those in whom the dialectic between narcissistic injury, rage, devaluation and idealization described by Kernberg is more prominent.

Beyond this it is clear that they advocate

1 It is remarkable how difficult it is to give the real flavour of what interpretations sound like in writing—I could not find a formulation which does not sound stilted. Most real life interpretations use the private language which has evolved in that particular therapy, and thus sound elliptical and almost unintelligible if given without context.

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impaired the patient's development. Kohut does not try to weaken the impact of grandiose fantasies and idealization by interpreting them. His hypothesis is that they will disappear when the patient's ability to have a fuller flow from the pole of ambition to that of ideals will be restored. That is, the improvement in the reality testing is seen as epiphenomenal to the process of growth of self-structures.

The difference between the two approaches seems to me to derive largely from the general vision they presuppose: Kernberg's assumption is more classical in that he thinks that the prime mover of development and therapeutic change is the mutual interaction between drive maturation and the development of the ego. Therefore his well-known and widely used diagnostic scheme (1975) of three levels of pathology emphasizes structural considerations. As opposed to this, Kohut sees the development of a sense of being alive and having something valuable to strive for, the bipolar self, as the core of development. This romantic view leads him to focus on the cohesiveness of the self as the crucial determinant in diagnosis (1984, Ch. 1).

In an important paper, Wallerstein (1988) has argued that what unifies psychoanalysis is the empirically testable clinical theory, whereas the value-laden metaphors of the developmental views are not to be seen as part of the necessary core of psychoanalysis. The present reflections imply that the state of affairs is more complicated: the Gestalts of the classic and the romantic visions have important repercussions both on specific questions of technique and on the whole question 'how psychoanalysis cures' (Kohut, 1984). At the present point there are strong disagreements not only about aetiological hypotheses and the type of metaphors to be used, but also about the very nature of the psychoanalytic process. It seems to me that even in this respect there is a great deal of conceptual and empirical work to be done, and that at the present stage we are in the dark about many crucial questions in clinical psychoanalysis (cf, Strenger, forthcoming).

THE TENSION AS A BASIC FEATURE OF HUMAN LIVES

Is the tension between the classic and the romantic attitude to be resolved somehow? Is it possible to show the superiority of either the classic or the romantic vision? Or is it possible to provide a decision algorithm telling us when to adopt which of the attitudes?

Such questions assume that the tension between the classic and the romantic vision is a technical problem which can be resolved by technical means. I think that it is important to see that the tension between the classic and the romantic stance is not a purely technical problem. It cannot be resolved through amassing more knowledge about curative factors in psychotherapy. We are faced with it not only as psychoanalytic therapists and theorists, but as human beings.

The essence of the tension between the classic and the romantic attitude is ultimately the tension between identification with one's own perspective and the detachment from it. It is the expression of the fact that as human beings we have the ability to experience ourselves from within and to reflect about ourselves from without.

On one hand we are able to take a distanced, ironic stance towards all our values and motives. At any moment we can ask ourselves: 'is this really valuable?' or we can reflect 'is this really what I want, or am I fooling myself?'. Such questions are the expression of our ability for self-reflection, and this ability is essential to our humanity. What makes us different from other animals is self-consciousness, the ability to take a reflective stance towards ourselves. We are not just what we are at any given moment, but we are self-reflexive, and this ontological split within ourselves cannot be closed. We always have the possibility to question and take an objective stance towards ourselves.

On the other hand, we cannot be in a constant state of self-reflection. Perpetual self-questioning and self-evaluation would leave us with nothing to live for. If we only step back and watch ourselves from outside, nothing can ever acquire value and meaning. Reflection is essential to the critical evaluation of who we are and what we do, but it cannot lead to the creation of value and meaning. Critical reflection can create knowledge and correct biases, inconsistencies and incoherences in our desires and values, but its activity must be based on basic desires which are not of rational origin.

We have a profound need to take ourselves, our values and our desires seriously, and to live them rather than to think about them. Only if we can experience certain activities and goals as intrinsically valuable, do we have a sense of meaning in our lives. As human beings we can and must identify with our perspective from within, we must be able to let our selves thrive—as the romantic tradition has always emphasized. But if we never question ourselves we become insensitive, non-reflective and often harm ourselves and others. An essential process in maturation is the development of the ability to step back from our immediate perspective, reflect and evaluate.

As the philosopher Thomas Nagel (1971), (1986) has emphasized, this tension between the perspective from within and the perspective from without cannot be resolved, it is part of the human condition. And it is also at the core of the psychoanalytic endeavour: on one hand our patients are not willing to step back and look at what they are doing. They want to continue their pursuit
of infantile wishes without reflection and without renunciation and thus perpetuate the same self-destructive patterns blindly. On the other hand patients distrust their own motives and their desires completely, they maintain a constant detachment from and control of themselves and are therefore unable to live a fulfilled life.

It is possible to place different pathologies on this spectrum from complete impulsivity to total self-detachment. At one end we have the impulsive, hysterical and borderline, at the other end the schizoid and obsessive personalities. But most patients show a constant oscillation between over-identification with their own perspective and excessive distrust and detachment from themselves and their desires and values.

I think that it is one of the permanent tasks of the analyst to listen to the dialectic of unwillingness for self-reflection and inability for full and direct experience. The choice between the classic and the romantic attitude is not to be made once and for all. It must depend at every moment on an assessment of where the patient is in this respect.

If the patient is locked into a perspective on himself and others which he is not willing to question, the analyst's classic attitude will lead him to self-reflection. If the patient experiences all human relations as dangerous competition or mutual exploitation, every enjoyment as the return to a nourishing breast and work as the proof of his phallic integrity, he must be helped to recognize this tendency such as to enhance his freedom to create optional modes of experience.

If the patient is not able to take any of his motives and feelings seriously, if he is not able to sense and feel fully because of a basic distrust of his own nature, the analyst's taking the romantic attitude will gradually allow him to come closer to himself. He will start to understand how a reductive and critical stance of the significant others in his life led him to distrust himself, made it impossible for him to experience himself as valuable and to develop a sense of vitality and joy.

I do not propose therefore to make an exclusive commitment to either the classic or the romantic attitude. Some of the great authors of the psychoanalytic tradition have painted their vision of human reality exclusively from one of these two perspectives. It is the nature of great thinkers to push ideas to their utmost consequences, and this enables us to see where these ideas lead. But we should not feel ourselves compelled to embrace one of the visions in its totality.

It is our task as analytic therapists no less than as human beings to bear the tension between the perspectives on ourselves from within and without, and hence between the classic and the romantic attitude. Many of the moral problems which we are faced with in life stem from the tension between our subjective point of view and the taking into account of other perspectives as well. A famous case exemplifying this tension was Gauguin's decision to leave his family and to devote himself to painting by going to Tahiti (cf Williams, 1981, Ch. 2). Was his decision right or wrong? The romantic vision will emphasize that his decision was the only way he could actualize his selfhood completely. The classic vision will point out that he did not stand up to the responsibility he had taken upon himself when he had created a family, and that he failed to transcend the narrow viewpoint of his own subjective desires.

In morals the point is that real dilemmas exist, i.e. situations in which there are conflicting sources of value which make demands on us. Often these conflicting sources are the perspective of our own needs and desires and a more detached, objective point of view. These are the points at which choices must be made, and at times we cannot hide behind some theory which tells us what is right. Our choices will define what type of human beings we are.

Psychoanalysis is, in this respect, part of what the British philosophical tradition used to call the moral sciences. It is an illusion to think that the analytic therapist can be neutral in the sense of not taking any stance. He is taking an attitude by the very fact that he sets emphases in his interpretations, and that he indicates a point of view by his tone. Any attempt to avoid this will of necessity end up in a paradox—or worse: in artificial aloofness.

This is not to deny that one of Freud's major achievements was that of formulating the idea of the analytic attitude and analytic neutrality, and there is much work to be done in rethinking the idea of analytic neutrality (cf Schafer, 1983, for a sustained attempt to do so). One of the contentions of this paper is that analytic neutrality cannot possibly mean neutrality tout court, i.e. neutrality in every respect. The tension between the classic and the romantic attitude is but one of the many choices to be made within the analytic attitude, albeit a crucial one.

The fact that there is no algorithmic decision procedure to decide what stance to take at every given moment certainly means that there will always be a certain room for subjective judgement. But this is not all that surprising: psychoanalysis is an activity performed by human beings who must use their own humanity in their work. One of the central goals of analytic training is to arrive at a disciplined use of subjectivity. The more conscious we are of the constant necessity to choose between the two attitudes towards our patients, the more likely we are to make decisions which—even though not right in any absolute sense—will reflect more than just the
mood of a moment or an unconscious character trait of the therapist.

The same holds true for the choice of one's vision in theory. One of the claims of this paper is that the classic and the romantic visions are not just empirical theories. They are ways of looking at and experiencing human reality. As such they cannot be simply true or false. They can, rather, be more or less rich, useful, complex and embracing. The classic and the romantic vision each enable us to see an aspect of the human condition more clearly. Embracing one of them exclusively might make things easier, but such a choice will blind us to the richness of the interplay between the classic insistence on rationality and maturity and the romantic emphasis on joy and ideals.

**SUMMARY**

Psychoanalysis is characterized by a tension to be found in intellectual history at least since the eighteenth century. The classic vision of man is that of distrust of the idiosyncratic and subjective and the emphasis on the need for objectivity and rationality. In psychoanalysis this is reflected in the attitude of benevolent suspicion which seeks the traces of the pleasure principle in order to allow maturation. It is exemplified here through Freud's work. The romantic vision sees man as essentially striving for full selfhood, and mental suffering is the result of the thwarting influence of the

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