

Goldberg, A. (1990). *The Prison House of Psychoanalysis*. Hillsdale, N.J.: Analytic Press.

Reviewed by J Schachter, to appear in Contemporary Psychoanalysis

Goldberg, virtually uniquely, asserts that the subject of psychoanalytic failure, largely ignored by its practitioners and academics, is a subject of critical significance to psychoanalysis. PEP, covering thousands of references, reveals only four references to “psychoanalytic failure” while “psychoanalytic theory” garners 648 references. How can psychoanalytic success be defined, without the counter definition of psychoanalytic failure? (Another book about “Failures in Psychoanalytic Treatment” edited by J. Reppen and M.A. Schulman, (2002) published ten years ago presented a large number of varied, illuminating clinical examples of analytic failures.)

Goldberg noted, “A surprisingly large number of cases in psychoanalysis seem to fit into this category (i.e., “the patient just quit”) (p. 206). He adds, “The tendency to ignore or deny the likelihood of failure is the greatest boon to its eventual emergence” (p. 211). Since Goldberg refers to both “therapists” and “analyst” I utilize observations about psychotherapy as well

as observations about psychoanalysis, since research data about psychotherapy are more abundant and they enhance our perspective and understanding of the problems. Furthermore, the controversies over whether psychotherapy and psychoanalysis are qualitatively different remains unresolved.

‘Studies indicate that 30-60% of psychotherapy patients drop-out of treatment (Bakelund and Lundwall, 1975). Further, 50% of drop-outs leave therapy within the first month (Elkin et al., 1999), or within the first eight sessions (Garfield and Bergin, 1986). Bakelund and Lundwall noted that in the long run it is the drop-out rather than the one who remains in treatment who is the typical patient. Less acknowledged than these data about psychotherapy drop-outs is the similarly high attrition among psychoanalytic patients. Published examples in the available literature span more than half a century; approximately 50% of psychoanalytic patients drop-out before reaching a mutually-agreed termination (Glover, 1955; Hamburg et al., 1967; Hendrick, 1967; Sashin et al., 1975; Erle, 1979; Erle and Goldberg, 1984; Weber et al., 1985a; Weber et al., 1985b; Novick, 1988; Kantrowiz, 1993.

In striking contrast, the data from *psychoanalyst-patients* indicate that approximately 80% of them remain in treatment whether with a training analyst or a non-training analyst until

reaching a mutually-agreed termination (Schachter et al. submitted to Contemporary Psychoanalysis). This investigated cohort of *psychoanalyst-patients* are all graduate analysts and therefore does not include those who dropped out of a training analysis. We do not have data about drop-outs from training analysis, though apparently very few have done so. We concur with Marmor's (1986) suggestion that this large reported difference in mutually-agreed termination of 80% for *psychoanalyst-patients* compared to 50% for non-psychoanalyst patients may be due to the *psychoanalyst-patients* greater positive professional stake in all psychoanalytic treatment based on a personal identification as psychoanalysts. For a *psychoanalyst-patient* to recognize a failed psychoanalytic treatment might shake the foundation of his/her chosen profession. I believe that the issues of failed psychoanalytic treatment for *psychoanalyst-patients* differ markedly from those for non-psychoanalyst patients.

Results suggest that some non-psychoanalyst patients who 'drop-out' of psychotherapy might also be seen as having 'dropped in' as part of shopping around for a therapy that suits them or in order to explore a particular therapeutic approach and the extent to which they can tolerate or benefit from it (Wilson and Sperlinger, 2004).

What enabled Goldberg to recognize and acknowledge the magnitude of this problem for psychoanalysis that 50% of non-psychoanalyst patients fail to reach a mutually-agreed termination? His qualities of honesty and humility emerge throughout his book, and these may have enabled him to recognize this reality about psychoanalytic treatment. Urging honesty and humility is a tough sell, one likely to be unpopular. Acknowledging how little we know about analytic failure – and analytic success – will hardly endear him to his readers, even though it might actually prove to be helpful.

When Goldberg submitted several papers about failure for publication he was ‘wisely’ advised to abandon the study of cases that *had* failed and, instead, to study ones that *would* fail. Many analysts, he found, “were too frightened to expose and subject their failed cases to a postmortem analysis” (p. 42). Failure, he believes, “drives the engine of improvement, and those who do not know failure or are very intent on banishing it, fail themselves” (p. 30).

To facilitate and expand his understanding Goldberg initiated a trusting mixed group of analysts, analytic candidates and psychotherapists providing a forum for case presentations that the presenting analyst or therapist considered a failure. Most analysts, he notes, avoid discussing what failure means to them,

“and make great efforts to make lemonade from a bunch of lemons” (p. 13). There is little in the conduct of analysis, outside of a successful suicide that lends itself to clear-cut decision about what qualifies as a bona fide failure. We have even fewer markers for what is a universal sign of success. Since I believe that there is no consensually-agreed definition either of psychoanalysis or of psychoanalytic process, that stacks the deck against Goldberg and his group reaching any agreed-upon definition of psychoanalytic failure.

He characterizes several categories of analytic failure:

1. Cases that never get off the ground or never seem to start.
2. Cases that are interrupted and so felt to be unfinished by the therapist or analyst.
3. Cases that go bad.
4. Cases that go on and on without obvious improvement – losing one’s patience.
5. Cases that disappoint.

About the cases that go on and on without obvious improvement, he wonders whether there may be a subcategory of analysands who perhaps need a never-ending treatment (PEP lists 29 references to “Analysis interminable”).

We do the type of treatment with which we are comfortable, and “explain both success and failure on the basis of

the theoretical approach that is most congenial to us" (p. 106). He adds that "it may well be the case that one's effectiveness as an analyst or therapist depends upon and needs a sense of conviction that one is indeed doing what is right along with the feeling that others are merely misguided" (p. 115). He notes further, "Today's pluralism reflects the insularity of schools of theory and technique that does not allow for analysts or therapists to become expert in alternative efforts" (p. 116). He adds, "We lose patients not only because of incompetence or mere bad luck, but also because of our being locked into what we take to be universal truths" (p. 117). "It may well be the case," he muses, "that many if not most cases of psychoanalytic failures are due to mistakes committed by the analyst" (p.144). He elaborates, "At best, the analytic institute and psychotherapy training programs that strive to present these alternative techniques are quite unable to determine the matching of patient pathology and preferable treatment" (p. 116).

Goldberg speculated that "the bulk of cases that we lose may not have been lost with another approach, not merely another analyst or therapist but another set of ideas" (p. 117). This statement stimulated my fantasy that if institutes were structured like universities with different theoretical departments each with their own expert faculty, that a graduate

might have developed expertise and confidence in perhaps three different psychoanalytic theories and techniques. This would enable testing the clinical effectiveness of several theories because the same analyst could conduct analytic treatment utilizing different theories with different patients; the effect of the analyst's personality would be controlled.

At the end, Goldberg discusses Kohut's conviction that the establishment of meaningful self-object relationships or the opening of empathic connections between persons is the foundation of analytic cure. Goldberg's theory is that "the ensuing moments of disappointment and recognition of parental limitations do not by any means lead to a break with the parents but allow an internalization of the parent in the form of appropriate goals and aims" (p.197). In relation to treatment, "the analyst or therapist must acknowledge the failure, not apologize for the failure, nor attempt to explain the failure away, but rather allow the failure to be. (p. 200). He observes wryly, "It is difficult to be neutral about being incompetent" (p. 201).

Although Goldberg talks about the matching of patient's pathology and the analyst's theory and technique, he doesn't mention another kind of matching or "fit" between patient and analyst in which each feels comfortable with the personality of the other, and with the way they interact with each other. I think

this is different from the empathic connection he and Kohut emphasize. That this personal matching or “fit” is important is attested by numerous studies that have reported a significant, positive association between “fit” and satisfaction with the outcome of treatment (Shapiro, 1976; Kantrowitz et al., 1989; Kantrowitz et al., 1990; Kantrowitz, 1993; Leuzinger-Bohleber, 2002; Tessman, 2003; Carr, 2006; Bush and Meehan, 2011; Schachter et al.).

I suspect, too, that the analyst’s capacity to be deeply caring about, to have loving feelings toward the patient (Stone, 1961) plays an important role in analytic success or failure. While this is related to the analyst’s empathy, which refers to the analyst’s capacity to share emotionally in a patient’s experience of distress and discomfort, whether empathy is identical with caring deeply about the patient is not clear to me. That analysts do care deeply about their patients is reflected in the numerous reports that analysts themselves react to “termination” with feelings of loss, sadness and mourning.

Goldberg closes the book in typical wry style, “There can be no doubt that this book is a failure. It has failed at the effort to clearly define failure.” (p.215). On the contrary, it is a striking success in single-handedly helping us recognize and acknowledge

that failure of analytic treatment is a fundamental issue for psychoanalysis that we comfortably have ignored.

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Comment HK:

See also Wolman, B. B. (Ed.). (1972). *Success and failure in psychoanalysis and psychotherapy*. New York: Macmillan.