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THE SCHISM BETWEEN “DRIVE” AND “RELATIONAL” ANALYSIS

A BRIEF HISTORICAL OVERVIEW

Abstract: A brief historical overview of the initial schism between the American Psychoanalytic Association and the William Alanson White Institute and the subsequent dichotomizing and polarization of “drive” and “Relational” psychoanalysis are presented. The conference panel at which the contributions in this issue were first presented illuminated the current ecumenism that allowed for a productive exchange of ideas.

Keywords: ecumenism, psychoanalytic politics, White Institute, psychotherapy, psychoanalysis.

IN 1950, WHEN I FIRST ENTERED THE FIELD, it was all a lot simpler. According to the American Psychoanalytic Association, there was only one *echt* psychoanalysis. Simple as that! You either were or were not an analyst. It was a pragmatic, if rather fey, application of Popper’s (1962) principle of falsifiability—that is, you can’t say what a thing is if you can’t say what it isn’t. Psychoanalysts defined themselves by declaring who wasn’t¹.

We at the White Institute were anathematized. In 1952, a certifying committee from the American Psychoanalytic Association refused the early group of Interpersonalists admission (for, among other shortcomings, not conforming to the four-to-five day/couch rule). Merton Gill was a member of that committee and tried valiantly, but to no avail, to mediate.² Later, in an act of no small moral courage, he became our greatest

¹ This is not to say that, within the ostensibly monolithic organization, there were not bitter and hard-fought schisms. See Kirsner (2000) for a meticulously documented overview.

² I have this information from Milt Zaphiropolous M.D., the William Alanson White’s historian.

champion, ultimately moving toward an Interpersonalism of his own and accepting an honorary membership in the White Society.

In 1983, Greenberg and Mitchell published their seminal *Object Relations in Psychoanalytic Theory*, bifurcating psychoanalysis into drive and Relational models. “Relational” managed conveniently to subsume under its rubric virtually the entire psychoanalysis spectrum outside of the Freudians: that is, interpersonalists, British Object Relations (Winnicott, Guntrip, Fairbairn), Klein, Hartmann, even Kernberg and Kohut who, it was said, along with Sandler, had opted for a “mixed model” solution. Although one might question the ubiquity of this drive–Relational dichotomy (a deficit–conflict dichotomy might well be as relevant), their book was immensely coherent and codifying; and, one could hardly fault its political impact. It covered the landscape and left the Freudians well and truly outflanked, at a time when they were lagging badly in their own cohort and in the general culture, where the adulation of all things psychoanalytic was coming to an end. Ultimately, they were pressured into participating in an ecumenical movement that may have had—at least at that time—as much to do with pragmatics (loss of prestige, patients, income—and an incipient lawsuit) as any genuine substantive synthesis. That said, there was and certainly is now a burgeoning group of analysts at the American genuinely interested in dialogue.

Happily, our current climate of ecumenism allows for multiple versions of psychoanalysis, some of which admittedly may strain one’s definition of the process. But at least we now talk to each other. Some of us might caution that, although we are ostensibly ecumenically intended, agreeing to disagree amicably, psychoanalysis is still split into what Arnold Cooper (2008) called a “growing plurality of orthodoxies,” adamant, entrenched, and highly politicized—a sort of “return of the repressed” (p. 235). Yet, surely we may agree that everyone, from Freudian to Relational therapist, is on to something, has grasped some aspect of our proverbial elephant, the nature of mind and the mystery of consciousness.

It is these controversies that we address here. Some of the issues confronted are the Relational and drive positions “incommensurable” as Greenberg and Mitchell (1983, (p. 404) said; the confusing overlap of terminology (transference, countertransference, enactment); issues of self-disclosure; use of the self; changes over the years in contract, nature of patients, clinical expectations; changing concepts of mind and consciousness; and neurobiological contributions.

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