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Title Are you considering psychoanalysis

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Are You Considering
Psychoanalysis?

Are You Considering --- Psychoanalysis? ---

Edited by KAREN HORNEY, M.D.



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Foreword

WHEN the Association for the Advancement of Psychoanalysis was founded in May, 1941, it defined community education in psychoanalysis as one of its aims. With that end in view, a group of interested laymen organized the Auxiliary Council for the Association in March, 1942.

Since that date, the Auxiliary Council has been sponsoring lectures in psychoanalysis for the laity. These lectures are conducted under the auspices of the Association and are given by recognized psychoanalysts all of whom are affiliated with the Association. The topics are chosen for their public interest and in response to a public need. One of these lecture series was entitled *Are You Considering Psychoanalysis?* The demand for this course, the audience attendance and response, and the numerous suggestions received that the lectures be made more generally available contributed to the decision to publish them in book form. At the suggestion of the contributors, it was agreed that royalties from this book

be utilized for the furtherance of the purpose for which the Auxiliary Council was organized.

The basic premises underlying the thinking of all the contributors are essentially the same. This has given the book a unity in its fundamental approach. However, it is natural that each contributor brings to his interpretation of the basic tenets of the psychology here developed his own particular individuality. As a result, there is variation not only as to details of interpretation but also as to points of emphasis and of style. The book thus possesses the dual advantages of unity of approach and diversity of presentation.

The first editing was done jointly; after each of us had read all the chapters, we all got together to discuss the content of each chapter. The prevailing spirit during these joint editorial meetings was so co-operative that they remain in our memory as an unusually good human experience.

Dr. Horney was willing to assume the responsibility of being our chief editor. To this task she brought the wealth of her psychoanalytic knowledge, the experience she gained from writing four major works on psychoanalysis, and the welding influence of her personality.

Miss Dorothea Oppenheimer was our literary editor. We want to take this opportunity to thank her for her effective and co-operative efforts.

The contributors' task was made easier and given zest by the interest and suggestions of W. W. Norton. His encouragement and backing gave us a most favorable and agreeable start.

THE CONTRIBUTORS

Introduction

PEOPLE of our time and civilization are increasingly in need of psychological help. Also to an increasing degree they are aware of their need. They seek therapeutic help from psychiatrists, psychologists, social workers, ministers, and from books. Or they turn to religious and ethical movements, the leaders of which, convinced they have found a way for a more satisfactory life, are eager to point it out to others.

In their search for help, more and more people are turning to psychoanalysis. Some, without knowing much about it, grasp at the promise analysis holds and are ready to plunge into it blindly. As a rule, this is not harmful. A conscientious analyst will not attempt therapy unless he sees a reasonable chance of helping the patient. And while being analyzed, the patient gradually learns what analysis means and what it involves.

But, while not actually harmful, such lack of preparation for analysis is not desirable. The patient should be sufficiently informed about the process itself; he should know what he may expect from it and what is expected of him. Finally, he should have some understanding of the deeper meaning and the goals of analysis. The main purpose of this book is to prepare the patient for the three stages of the therapeutic process—before, during, and after analysis.

What do people want to know and what should they know before they decide to be analyzed? The authors of this book have pooled their findings—specific information sought by patients before analysis, questions asked after lectures and experience in treatment.

In the first place the patient wants to know whether he can be analyzed with some chances of success. Can analysis really do something about his drinking, his depressions? Or does he really need analysis? He may feel that if it were not for his eating spells or his fear of heights, he would be quite all right. Is this difficulty important enough to warrant a lengthy and incisive therapy? Usually he feels still more concerned if he does not suffer from any such grossly visible symptoms, but has “merely” a pervasive dissatisfaction with life, feels tense or diffusely inhibited, has intangible difficulties with the other sex or with people in general. And so, on the one hand, he worries about whether analysis can help him—particularly if his disturbances are of long standing. On the other hand, he feels he is not really ill and hence not justified in asking for help.

Another patient may be fairly clear about needing and wanting an analysis but has fears and doubts about the procedure and wishes to discuss them. Will analysis make him introspective and selfish? Does it stand for moral license? Does it interfere with artistic faculties? Will it disturb his marriage or religion? Will it so upset him that he cannot carry on with his job? Will it make him dependent on the analyst?

Again others have already decided to be analyzed but feel at a loss as to how to go about it. To whom should they go? Is it important that the analyst be a man or a woman? Is it important that the patient likes him? Does it make any practical difference in therapy whether the analyst adheres to this or that school of thought?

Finally, the patient wants to be informed about such practical issues as expenses, time, length of analysis. The last question usually cannot be answered precisely. But the patient should know the criteria upon which the length of an analysis depends.

In many instances, without knowing it, the patient needs more than factual information about the issues mentioned. His questions, his worries, his concerns may be greatly determined by his personal neurotic problem, by his specific fears, expectations, demands on himself, claims for special prerogatives, by his pessimistic view of himself and of life in general. The preliminary interview, then, may turn into a piece of analysis. And he may need this help before getting started.

In this book we have tried to clarify these issues. We have tried to give factual information, and where there

was no clear-cut answer to a question we have indicated criteria which should enable a person to evaluate the question on his own. We have also attempted to point out those unconscious factors that may render certain questions and worries more poignant than they actually are.

As to the nature of analytical work, we found less guidance in the way of questions raised. People are apparently curious about it but their notions are perhaps too vague for concrete inquiries. However, our experience with patients during analysis showed us the factors about which they usually lack clarity. By and large we had to decide what we believe is relevant to know. First of all, most patients are not prepared for having real work to do in analysis, because they secretly hope that relieving insights will automatically be theirs. Even though emotional factors that interfere with the patient's work on himself will have to be analyzed as they emerge, he should realize clearly from the beginning how much the length and outcome of the analysis depend on his initiative, productivity, and co-operation. So we describe at some length what the patient is expected to do in analysis. But he should know, too, what the analyst does and what kind of help the analyst can reasonably expect from him.

Last but not least, we have tried to convey an understanding of the meaning and the goals of analysis by raising the question: what should be achieved when analysis is terminated? This question, to our knowledge, has never been satisfactorily answered. Our answer follows from our belief that analysis is essentially one of

the most valuable helps to our growth as human beings. This implies that analysis is not and cannot be limited to the time during which patient and analyst work together. It is a process that in the form of constructive scrutiny should go on as long as we live. Analysis does not aim at turning out a finished product. Rather, its purpose is achieved when the patient can proceed on his own. Methods of progress after analysis are indicated.

This book is mainly directed to those who consider analysis for themselves or for their friends or relatives. It will also, however, give to those who are seriously interested in analysis a clearer picture of its nature and its aim. We hope that it will help to dispel mysterious notions about analysis by removing unrealistic expectations of a magic cure. Many neurotic people may dislike having such hopes destroyed, but it is constructive for them to approach analysis in the sober spirit of expecting results only from actual labor done.

KAREN HORNEY

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