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Discussion of Gianni Guasto's Paper

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The gist of this paper is that Freud, after having developed a very powerful paradigm, based on unconscious mental processes, resistance and transference, then denied the reality of trauma and went on to create an authoritarian structure much like the Catholic Church, demanding obedience and condemning heretics. The author places at the center of his paper Jeffrey Masson's training experience, which proved to be highly traumatic. Guasto then presents Ferenczi's views as an alternative. According to Ferenczi, there should be no difference between a therapeutic and a training analysis. If anything, a training analysis should go even deeper, and should not amount to what Ferenczi calls “intropression”, namely the forced introjection of an authority. I agree with all of these points.

Here are some comments of my own.

1. As regards Ferenczi, I wish to observe that many points raised by Guasto had already been made by Fromm, in a 1935 paper which he published shortly after Ferenczi's death (Fromm, 1935).

2. Judging from Masson's experience, orthodox training could be regarded as the transgenerational transmission of relational trauma. What was Freud's original trauma? We can't tell for sure, but Bonomi has pointed out the traumatic nature of the Irma dream, the prototypical dream of psychoanalysis (Bonomi, 2011). I surmise that Freud's 1897 “disastrous volte-face”, as Bowlby (1988) puts it, was not only due to external factors, such as the icy reception of his 1896 paper on the seduction theory, but also to internal factors, such as some traumatic experience that Freud glimpsed in the self-analysis that he was carrying out at the same time. As Paul Roazen (1993) pointed out, whereas Freud spoke at length of his father, he was very reluctant to speak of his mother. If Freud dissociated some traumatic experience with his mother - maybe a cold and detached mother - the result was a detached attitude, with underlying despair. This is a combination which, according to the German family therapist Helm Stierlin (1977), may be the psychological component of a malignant tumor, such as Freud indeed developed. To quote the title of one of Alice Miller's books, “The Body Never Lies” (Miller, 2004). Miller discusses Freud's cancer of the jaw in *Banished Knowledge* (Miller, 1988). Another result may have been, through identification with the aggressor, the detached attitude in the therapeutic setting (the “cold surgeon”, the “opaque mirror”), which was then transmitted transgenerationally to all other analysts.



3. Therefore, I do not agree with Guasto's tolerance of the traditional setting, with the silent analyst and the couch. All basic experience takes place in the first year of life, when the baby's left hemisphere is still immature, the baby is preverbal and in constant face-to-face interaction with the mother. Also Fromm abandoned the traditional setting, as Marianne Horney Eckardt (2009) indicates in the title of a recent paper on her analysis with Fromm: "From Couch to Chair". If there was relational trauma in the first year of life - if the mother was not empathic, but detached and hostile - then the traditional setting is not therapeutic but, on the contrary, leads to re-traumatization.

4. Finally, what is the alternative for training? Here is one suggestion. As we know from biology, endogamy is to be avoided because it leads to an accumulation of harmful recessive genes. In order to apply a rule of exogamy to psychoanalytic training, a pluralistic setting of institutes is required, such as OPIFER in Italy and the IFPS at an international level. One's training should never take place entirely within one institute, but at least one supervision should be carried out in another institute, having a different approach.

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