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Marco Francesconi

Conversation with Johannes Cremerius

Summary:

In this conversation the late psychoanalyst Johannes Cremerius presents his autobiographical memories, including his escape to Italy to avoid conscription, a dramatic shipwreck while attempting to reach London and the beginnings of his psychoanalytical practice in a Germany finally free of Nazism. . He illustrates various features of his psychoanalytical methodology and practice and comments on aspects of psychoanalytical theory, as well as his approach to Freud which is often daringly critical. Cremerius attacks the compromises, exclusiveness and corruption of psychoanalytical societies and makes an impassioned defense of the importance of upholding the essential values of human life and the Enlightenment as a fundamentally impossible task which nevertheless is inherently worth undertaking.

“Psychoanalytical activity is difficult and demanding, it will not let itself be handled like a pair of glasses one puts on when reading or takes off to go for a walk. As a rule psychoanalysis either commits a doctor entirely or does not commit him at all”

(S. Freud, Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse)(2)

Autobiographical Note

It Moers in the Rhineland, at sunrise on the 16th of May 1918, the day of my birth, my young mother saw a blooming cherry-tree out of the window: a good omen.

My interest in human beings revealed itself early in life: at junior high school my favorite subjects were German, History, Philosophy and Religion. I later chose to study Medicine because I wanted to combine human science with the knowledge of the biological nature of human beings. I therefore specialized in Psychiatry-Neurology and Internal Medicine, to give psychoanalysis, already at the center of my interests, a solid clinical base.

My encounter with the Italian Renaissance-the great fortunate event of my life-was through Burkhardt, during my stay at the Ghislieri college in Pavia. Fate had taken me to Italy at the age of 21.

In 1946 I married a talented art photographer, who shared my passion for Italy and for psychoanalysis; indeed, our psychoanalytical formation proceeded side by side.

Parallel to my teaching activities, I held lessons on psychoanalysis and technical seminars for 34 years in Milan, where I taught with great passion. Together with Gaetano Benedetti, from Basel, I was involved, as teacher and supervisor, with the School of Psychoanalytic Psychotherapy and the Association of Psychoanalytical Studies, which I helped to found, in Milan. My privileged spheres of study have been the techniques of psychoanalytic treatment and the relationship between psychoanalysis and literature.

I founded the first Psychosomatic Medicine Department in the Internal Medicine University Clinic at Giessen in Germany and, twenty years later, I established the first Chair of Psychosomatic Medicine at the University of Freiburg, where I taught until 1986 and where I was director of the Clinical Department.

My daughter specializes in alternative medicine.

So, I can finally say with gratitude, life has given me a lot.

A Conversation with Johannes Cremerius
Milan, November 11, 1999

Marco Francesconi – When and why did you come to Italy for the first time?

Johannes Cremerius – That was in October 1939, because I wanted to avoid military service. My father was an anti-fascist. Someone helped me to find a room at the University College of Pavia [the Ghislieri College, editor's note], where I was in hiding and where I studied medicine. Then, when the Germans occupied Lombardy, and later the whole of Italy, someone in Milan let something out about there being a German in Pavia, so I was forced to leave. I didn't get shot, but they told me I would have to leave immediately for the Russian front, luckily as a medical doctor, so I wouldn't have to shoot anyone.

In previous years I had moved from one university to the other so that there would have been no trace of me: from Giessen to Lipsia, from Lipsia to Marburg, from Marburg to Giessen, from Giessen to Freiburg, always stopping for just one semester. If I had stayed longer, I would have been asked why I wasn't fulfilling my military duties.

I stayed in Freiburg for one year, until October 1944. During that time I met my future wife and fell in love with her. When I returned two years later, I told myself: "I'll try again, she might want to marry me". I approached her and proposed to her, just like that. Her answer was: "I'll think about it". In the end she said yes, and we got married in September of the following year.

Francesconi – And when did psychiatry and psychoanalysis come into your life?

Cremerius – I came back from the war in October 1945. Surrender, in my part of the front, Cologne, came on the 9th of May. Many ended up in prison. In Danzig there was a ship heading for Denmark and Northern Germany, where there were no Russians. It was an extremely large ship, and during the war it had acted as a Sperrbrecher: by means of a radar system it discharged bombs in the sea, so these would explode all around. At the time I'm speaking about, however, it was being used to carry two million people – women, elderly citizens, children, soldiers and the injured. On it I took the injured to a military hospital, where the commander said to me: "Doctor, you may stay with me, because I want to surrender to the English and enter into their service. My doctor has escaped and the English won't have me unless I have a full team, with commander, officer and doctor".

I replied that I would first have to go to an island where all the soldiers were to be gathered. I did go there. But I was terribly weak because of a serious infection, I had been losing blood for over a month. I found a colleague there and I asked him: "Do you have anything to cure me with?" He replied: "There's nothing here. We're in a no man's land. They have taken away our medicines and blankets, the only thing we're given is a bowl of soup". Then I asked him: "Will I die if I stay here?" He replied that I would.

So I went back to the ship, as it was huge and equipped with a hospital. There was plenty of food because the English had captured a provisions camp. There were 27,000 bottles of French red wine. I lay in bed, eating dry bread and drinking red wine so as to be able to take medicine. After a week my hemorrhage stopped, I recovered, and on the 16th of May we began to take the English ship from the German port towards London.

On the second of August a mine exploded right in the middle of the ship. We were going to sink. The commander said we would all have had to abandon ship. He and the technical staff were the only ones to stay on board, and together they managed to keep the ship in an inclined position, preventing it from sinking. Then they sent out an SOS. The life-boats had all been blown away, so the rest of us put on our life-jackets and jumped into the sea.

In water you have to wear as many clothes as possible. A very experienced soldier came up to me and said: "Keep calm, doctor. The most important thing is to stay warm. We're going into the water in fully dressed". We were wearing long underpants, socks, shirt, heavy navy pullover, jacket, boots, gloves, scarf and, on top of all that, a leather overcoat. Then I put on a kind of bag from the legs up, like you would with a parachute—that's how to jump; once in the water the life-jacket inflates and I took a shotgun loaded with two

rounds. After half an hour I had lost sight of the others, the movement of the sea was fast, I was at its mercy, but all those clothes were capable of holding in enough heat.

During my physiology studies I had learnt how you could die of cold. I took with me a supply of two kilos of powdered sugar and attached it to my uniform with some strings. I opened it with a knife and ate sugar and sea water, the most disgusting thing you could think of. But that's how I survived six hours in the water, which is bitterly cold in the North sea: fifty degrees Fahrenheit. It was night, so it was dark.

Six ships were mobilized as a result of the SOS; their strategy was to circumscribe a square area where it was supposed the shipwrecked would be. The ships moved in a space of 550-750 yards, first in one direction, then in another. They had very bright lights, so they were clearly visible. I did see one, but the ship didn't see me, I was so small in the waves... I fired once, then a second time, but the ship went on past me; finally-being caught up in the ship's propeller was a real risk-they found me. Once aboard I lost consciousness, but then I was treated well, with whisky and warmth. Out of one-hundred-and-twenty passengers only fifty-six of us survived.

In August I also worked in a military hospital on the continent for a while, then I managed to escape and reach home. I found it still intact, heated, and supplied with things to eat.

At that point I asked myself: "What shall I do now?" I decided to begin with psychiatry. I specialized in psychiatry in Düsseldorf, where I lived with my parents in their house.

Did you know anything about psychiatry before you decided to undertake studying it?

Yes, in Pavia I was fascinated by a famous psychiatry professor, G. Berlucci. He was already rather old, very cultured, very human. I began work in his hospital. On the front I practiced surgery, realizing that the surgeon's life could never have become my life. That's when I thought: I'll take up psychiatry. But all the psychiatrists I had met until then had contributed to the elimination of mental illness sufferers for the "good" Hitler. It was quite a tough situation. But the director was very human; he chose me as his assistant for lessons too.

I then obtained my qualification and went to Munich, because I already understood that I didn't want to do only psychiatry. It was something I felt as too "scientific", too distant. So I opted for psychoanalysis. In Düsseldorf I had already gone to see Viktor von Weizsäcker (uncle of the German president appointed in 1996), a famous neurologist and psychiatrist, the first German professor to have already read Freud's works during the Nazi period. During the war he had opened a Psychosomatic Medicine department at the University of Heidelberg and had published an excellent book on psychosomatic psychoanalysis.

I arrived in Heidelberg with my uniform still on. The only thing I knew about von Weizsäcker was that he smoked a pipe and, since at the time tobacco was as valuable as gold, I bought him a bag of tobacco. So, I arrived at the Institute with my pipe and this small bag of tobacco. The Institute was in ruins. There was an underground entrance and I found him in the basement, working with his gloves and overcoat on because of the cold. When I met him I handed the tobacco over to him. He was extremely kind, very interested. He told me what path to follow to learn about psychoanalysis, what to read.

At the time there was one Institute in Berlin, traditional, and one in Munich, not as traditional, not as closed, somewhat eclectic. Adler, Jung and Freud had taught there. As I couldn't go to Berlin, because I couldn't find a job that paid well enough, my wife Annemarie waited for me in Munich, where I found an Internal Medicine clinic directed by someone who at the time was undergoing analysis, an old communist. When he heard my story he welcomed me and told me I could start work the following day. He wanted to introduce psychoanalysis to his clinic. We went there in the winter of '48 with 40 Deutschmarks each, all we had.

What about your training as a psychoanalyst?

Under the Nazis psychoanalysis had been banned; some time after their downfall, in 1950, a group of classical analysts was formed in Berlin. In '47 I got in touch with von Weizsäcker, and at the end of '48 I went to Munich to begin my training, and there I found an I.P.A. analyst with whom I began undergoing psychoanalysis as a trainee. At the same time I worked as an assistant in this Internal Medicine clinic, and in 1950 I was chosen, with a group of anti-fascists, to go to America for a Program of Re-education for Germans. The Americans had this strange idea of taking young German scholars from various faculties to

America to learn democracy but also to study their own subjects (in my case psychoanalysis, psychotherapy and psychiatry), to take all this back to Germany and to re-educate the Germans. I spent this half year or so in America pleasantly, going from one psychoanalytic-psychotherapeutical Institute to another, in clinics which already had a psychosomatic medicine department-but unfortunately without my wife. There I got acquainted with Franz Alexander, Helene Deutsch and her husband, Frieda von Reichmann, Küby, Rado. I was very impressed by Eissler. I wrote an obituary on him for *Setting* just recently.

When, in the fall of 1950, I came back from America, I was able to open a psychosomatic medicine department, a strictly analytic one, within the internal medicine clinic. The Americans gave me two hundred thousand dollars to set it up, buy the couch, some books, a bookcase. I was able to pay two trainee doctors and two psychologists, one full time and the other part time. I worked until 1960, when I failed my university teaching qualification test.

I participated with a paper on diabetes, the result of research which led us to discover that diabetics have a problem of specific object relation. Closed as they are in their system of syringes, they end up in a kind of symbiosis with their mothers, and this gives them relational difficulties. Medical theory at the time was that diabetic patients suffered from erectile impotence, a disorder of the hormonal system. During our research we asked these people who had complained of impotence how things went with masturbation. We found there were no difficulties there. That's what I wrote in my university qualification paper. As it had to go through the faculty before being accepted, the other internist who held the chair invited me to discuss my thesis, and told me: "My dear doctor, what you have done lacks any common decency. A well-mannered doctor does not ask such questions." The referring psychiatrist was outraged-he was hostile to psychoanalysis-and I was rejected.

At 42, after fifteen years of University, I had to leave. It was a tragedy, it seemed everything was over for me. It was partly my fault too: I had this missionary impulse-the "flag" of psychoanalysis against "inhuman" medicine – which the Faculty wouldn't allow. I hadn't been a realist in relating to the institution. With a touch of diplomacy, of strategy, things may have gone differently. But my way of doing things was already somewhat "Cremerius". In my life I've always had a "flag" to wave: anti-fascism, anti-medicine, today anti-institutionalized psychoanalysis-not against psychoanalysis but against the institution.

After this affair a friend told me that in Switzerland there was a mental asylum I could work in, because the director was an analyst, and I could carry out research on the analysis of serious psychotics. It had, and still has, a famous institute of psychoanalysis, with teachers like Morgenthal, Parin, and other great personalities. With an older analyst of the Swiss Association, Bally, I did a second analysis in order to work on this theme of the "flag": my own self-destruction, this trait of "going against" which I had assimilated from my father, and which had caused my family so much suffering.

I had really idealized this father of mine who seemed so strong, "one man against the rest of the world". I wanted to be big and strong like him. Mine had been a Protestant family since 1580, converted only 60 years after the Reformation. This had been my father's other "flag": our being "original Protestants", waving a flag against the Catholics. My elementary education was in an extremely Catholic school; there was no alternative to going to that school. The young teacher became very fond of me. Mine was a village of ignorant peasants who couldn't read, but I could already read and write before even attending school, because my mother had taught me.

The teacher couldn't believe that she finally had someone she could do something with. She gave me small portraits of saints and, as I felt I had a kind of "secret" relation with her, I kept them hidden because I felt she was my first love. One day my mother found them and said: "My God! You know this is horrible! They have saints, for us there is only Jesus Christ!" She spoke about it with my father. What was to be done? Leaving this school was impossible, so they told me to stop accepting these presents and to keep the flag flying high. But I was so much in love with this teacher! Seventy years have gone by and I can still remember her name, the clothes she wore, the perfume on her body. She carried on giving me these gifts. We had our own house in the garden-to have a bit of shade in the summer we built a sort of pavilion-that's where I hid these gifts away.

When I was ten we left the village because dad had found a job in a town that was half Catholic and half Protestant, which also had an extremely "pure" Protestant school. I went there for one year before joining a non-confessional high school in a nearby town. I graduated from there in 1937, with a strong preference for

German Language and Literature, History and Religion, whereas I felt Mathematics, Chemistry and Physics to be very distant from me.

And that's where that line which led me to find a contact with man on the level of thought began, whilst the modern tendency is to think of man as machine.

Did you get more from your analysis in Zurich with Bally or from the previous one?

Yes, it saved me. The first analyst had really ruined me: I felt full of hate, disturbed, and I had a deficiency in my relational ability.

How long did the first analysis last?

Three years, but in those days you only did two hours a week. In Switzerland I did three, and at the same time I repeated a complete training at the Institute of Psychoanalysis, a classic IPA Institute. I went to Zurich in 1960, and I published two or three essays on the psychoanalytic treatment of psychotics.

I then received an invitation from the University of Tübingen: here a psychiatrist wanted to found a psychoanalytical-psychosomatics department within psychiatry. I proposed myself, presenting a detailed report, and I was accepted. I liked being in the team. I was a guest in the psychiatrist's house, an orthodox Protestant. Before meals we stood up and prayed, and I gathered that he wanted an eclectic kind of psychoanalysis, one that would preserve the teachings of religion. I realized that I could not go along with it, because after the war, with my experiences with the various churches, I had abandoned religion. It had cost me a lot of pain, because my father's Protestantism had certainly given me a lot. The pope had signed the concordat with Hitler and the Protestant church had done the same. What's more, while I was a doctor in the infantry battalion I met a priest, a coward: he drank our wine, ate our food, and blessed our weapons against the Russians. He spoke of Hitler's great victory. I found him utterly disgusting. After the war, when I read up on the matter-the betrayal of the pope and the archbishops-I asked myself: "so, what's the point of the church?"

My development mainly followed the Kant, Hegel, Schopenhauer line, then the Enlightenment idea, which is difficult to reconcile with the Christian religion. For me Freud is one of the great Enlightenment thinkers. My father went through a lot of suffering because of this abjuration of mine, but eventually he understood it a little. However, it did represent a problem between the two of us until his death. After 400 years of flying the flag, the only remaining son-my brother died in Stalingrad, so I'm the last in Germany to bear my father's name-had abandoned the faith.

After the war I followed psychoanalysis not so much as a therapy, but more as an Enlightenment idea, an "enlightening idea". I never accepted the Tübingen offer because I felt we wouldn't have got along on the religious issue. At the same time an offer came from Richter for Giessen. He was looking for an analyst to do training analysis and supervision with assistants. My qualification was guaranteed. I accepted and in '63 I went to Giessen, where I became qualified in '67 with a study on changes in functional disorders in the absence of therapy. We were interested in understanding what becomes of these disorders if they aren't cured. By 1970 I had built up an intense publishing activity. I became famous in Germany and received a great many offers from Universities. Since 1960, by law, every medicine faculty had to have an autonomous tenure in psychosomatic medicine-not like in Italy, where this is subordinated to psychotherapy-a real clinic, with beds, surgery and an autonomous university chair. So, faculties were looking for people who could fulfil these roles, and between '60 and '70 nearly all these chairs were filled by psychoanalysts.

I accepted an offer from Freiburg, where my wife owned the house I had spent my childhood in, where we have been living ever since.

Do you see yourself as having an actual theoretical method of your own or do you refer more to the technical theoretical model, as you mention in your book *Limits and Possibilities of Psychoanalytic Technique (1991)*? Furthermore, can you see, in time, any "a posteriori" changes in these models, insofar as Freud intends *Nachträglichkeit*?

I am a psychoanalyst of the research current, and I think psychoanalysis can only be defined starting from its method. There are several theoretical paths: those of Freud, Ferenczi, Abraham, Jung-all interesting attempts. But psychoanalysis itself can only be defined starting from its method, in the same way as with the natural sciences. This therefore means that two people meet in a room, on the basis of specific fixed conditions that must remain the same: this is the setting. They usually stay there for one hour and meet regularly for a determined number of weekly sessions, not less than three, generally four, and with an open end.

For the patient it's a question of learning to accept the rules of the game, to learn that the analyst's position implies neutrality, because when the analyst speaks he is not speaking about himself, he is speaking of the patient's problems. We may define the basic interaction, not between people, otherwise we would be dealing with an "interpersonal" dimension, but rather with that which is equivalent to Übertragung, transference. Essentially this has to do with the interior object, and the analyst deals with the patient's interior world, the interior world that the patient transmits to the analyst during the session.

Psychoanalysis, therefore, is an operation on behalf of the analyst, who works using three technical means: interpretation, confrontation and construction. This is the basis. The rest is speculation or in-depth investigation, things that don't interest me. Everything, except method, is extremely speculative. Theories should not break into the session hour; all that's needed is to be perfectly awake, with eyes, ears and nose-I stress the nose too-paying careful attention to what's going on: how the patient comes in, says hello, lies or sits, whether he moves his arms or legs, how and when, if he speaks in a low or loud tone of voice, if he pauses, if there are long silences... All this is a re-enactment of an interior situation in the presence of the analyst. All that the patient says and does has to do with the "other". It's like when someone gets stopped at night on the motorway by a policeman: this someone immediately projects onto the policeman what this figure represents for him, such as punishment, justice, and therefore this person will be afraid, becomes a child once more and thinks: "I hope all goes well, I hope I haven't done anything wrong". The model is more or less the same.

Freud's assistants have stressed different aspects of his theoretical construction. Ferenczi, for example, interpreted it in a very original way, but I don't think he has really altered the Freudian model. All the representatives of the different tendencies-followers of Klein, Winnicott or Kohut-do in any case draw steadily on this model: the setting, the role of the analyst and the interpretation through three means: interpretation, confrontation and construction. Variations are significant only once you go beyond the borders set by Freud for treatment, i.e. when working with children, adolescents, drug addicts, criminals, alcoholics and borderline patients. In these cases the traditional setting cannot be kept; it is very likely that even the need to abandon total abstinence or neutrality will arise.

There are three types of therapy. I'm not talking of those who proclaim themselves as psychotherapists: those of us who practice have a degree in either medicine or psychology, have an academic title, because you cannot practice a profession without a specific training, just by guesswork. A profession can be practiced only on the basis of specific criteria, and the self-proclaimed psychotherapist is distinct from the "trained" professional insofar as he has no scientific criteria, because he just does what he fancies in that moment. Of course there are talented individuals, who have a certain feeling, an empathy, a "flair" for problems, but it's something that doesn't concern science.

A psychoanalyst is like a surgeon who needs a sterile operating theatre. He needs nurses, and they must be thoroughly disinfected and well aware of their specific tasks; when you walk into an operating theatre you have to know exactly what you're doing, and you're responsible for the success of the operation. This is my idea of the profession.

So, there are three possible forms of therapy: pure psychoanalysis, analytic psychotherapy and focal analytic psychotherapy.

Pure analysis assumes that the patient has a certain degree of intelligence, enough to allow him to understand processes that may even be quite complex. Freud explained this very well: "they must come from a family of readers". If you read you are also able to talk about what you read. And what you read about is always the history of humans. There are no books that don't deal with relationships: between parents and children, between children, between mother and father, between lovers, between husband and wife, between one generation and another. Ever since people began to write-since the earliest writings, Mosaic or Egyptian-

there has been only one theme: the science of humans. And those who grow up reading learn psychology. But those who grow up in families of non-readers, where “human issues” are never discussed, will have difficulty in explaining things like why they cry, why they’re feeling sad, or why they can’t get enough sleep. Parents who never ask “what’s wrong?” limit the development of introspective or self-reflective abilities. In such situations you grow up in a world that you don’t learn to understand, an animal world, where drives, aggression, libido and needs dominate. In such cases-lacking the tools for thought-it may turn out that a “pure” analysis shouldn’t even be proposed.

First of all there are inhibitions (Hemmungen). To explain what I’m referring to I’ll mention an example. An assistant at a clinic was a very talented subject; however he couldn’t write, nor could he express his opinion in discussions-therefore no one could appreciate his abilities. The intelligence was there, but it could not be put to use. In cases like this psychoanalysis can help patients gain consciousness of the fact that, even if they are “internally intact”, a part of them prevents them from expressing themselves: it could be a question of fear, anxiety or something else. Usually, for Freudians, the relationship with the father is crucial; many young people can’t allow themselves to have any success, because it’s as if they feared that by having any they would be “castrating” their father. They are afraid of damaging their father’s image. This is what is meant by Hemmung.

After inhibitions there is psychic symptomatology: here individuals may not be able to do anything because they are afraid of something or have ideas of persecution or because they have some kind of disorder. There are vast spheres within which disorders may be generated in European culture, from perversions to common sexual disorders (difficulty in achieving orgasms or erections), or the inability to show fondness or affection, of establishing contact, the fear of proximity, in the sexual field as well as in more wide-ranging ways.

Then we get to psychosomatic disorders, and finally to psychosis, depression or even more serious pathologies. I’ve never dealt with cases of drug addiction or serious alcoholism. I don’t think there’s much point in intervening with fifty-year-olds who’ve been drinking for twenty years, who can no longer fulfill their profession, invalids... It’s another matter if the people asking for help are young and have been drinking for only one or two years, and you’re able to understand why they’re drinking: for example because they can’t achieve success, or because something is causing them a lot of suffering.

In the case of morphine or cocaine addicts, things are more difficult. It is usually required, as a condition, that the person involved remain three months in an institute to undergo treatment against drug addiction before attempting therapy. The difference between weaning and detoxification is that the latter is a biological process. The cells have got used to the substance, and while this situation persists, no type of psychoanalysis is possible. If after three months patients can still resist, then it is possible to deal with the psyche, with the reason why they need a drug to live. It is very important for patients of this kind to feel that they can no longer go on in this way, that they perceive the situation as a dead end, as the last resort. This type of patient must be desperately saying: “I must change, I can’t go on like this anymore”. This is something we all experience sooner or later, and in the most extreme cases it leads to suicide attempts, which in Europe is a “normal” idea: those who have never reached a point where suicide becomes a feasible perspective, an only solution, are simply insensitive.

Depression is more or less normal, but if someone tries to commit suicide once a year, he needs help. What’s important is for the patient to come in and say: “My marriage isn’t working anymore, we tried talking, but the only solution left is divorce. I’m 40 and haven’t been able to find a woman I can live with yet. I need one, and I need help. I cannot accept the life I’m leading”. The patient must explain to me, the analyst, that he needs help badly, at any cost. For example, yesterday I supervised for a case being followed a young lady colleague of mine who isn’t an expert yet. She presented me with the case of a female third year medical student who can no longer sit exams. She had begun analysis with this young woman, but this might not have been indicated, because it’s not a closed situation: there’s a difficult situation, she’s blocked, but apart from this she’s by no means psychotic, nor is she depressed. In cases like this you can concentrate on the hic et nunc of the problem.

Therefore, in pure analysis, what you say to the person is: “This is the method to adopt. It’s up to you whether you accept it or not. The question cannot be solved in two sessions”; and it’s no good if patient and analyst live too far away from each other, because regularity is a *conditio sine qua non*. In countries like Italy another condition is for patients to have the means to pay; they have to have some sort of bourgeois

stability, otherwise after six months or so they'll say: "I have to stop because I can't afford it anymore" or "I have to go abroad for several months". In these cases we find ourselves in the situation of the patient who, already on the operating couch, says "Not now".

So, there are two rules regarding both the situation and the method, as well as the disposition of your approach and the level of the patient's interior process.

Not every moment is ideal to begin...

Exactly. It is very important for the analyst to make clear that there are pre-established conditions to follow, of the spatial, temporal and economic kind. Furthermore, the situation needs to be stable enough to allow the operation to take place over two or three years.

Another important aspect is that psychoanalysis does not have an univocal objective. We do not work with the predetermined target of relieving someone's suffering, nor with that of healing anyone. The way is the aim and the purpose. You can hope for the patient to learn to discover himself, but it is not properly a concrete and predetermined target. I don't push anyone to follow any particular path, since it's up to the person to decide. It could be a doctor who decides to join the circus and be clown: that's fine as far as I'm concerned.. I make the effort not to have any particular objective.

In our culture parents from the upper classes have great ambitions for their offspring, "instead of" their offspring. We, on the other hand, are the type of parents who say: "You can do whatever you like, as long as it pleases you". This is a crucial point in Freud: "find your own path, even if it's outside this world, outside the bourgeoisie". There are many ways of being happy and healthy.

This is very romantic indeed: 'the aim is the journey'.

Yes, Freud is very romantic as far as this is concerned.

The second method is analytic psychotherapy. This may be chosen by those with a limited cultural level, who don't necessarily satisfy all the conditions-who can't come four times a week, who can't always pay, with whom it is possible to work only two or three times a week and with whom you have a limited objective. The aim there is not radical change. In these cases there are many more directions to follow compared to the psychoanalytical sphere. But the analyst does continue to keep a neutral position, without intervening in the patient's existence, only interpreting, comparing and reconstructing, only with a more active technique. What may even happen in an emergency-when the patient's life itself is in jeopardy-is that the analyst may talk with a close relative or anyone else who has a significant relationship with the patient. The third method is focal analytic psychotherapy, which would be ideal for the female medical student I'm following in supervision. In a case like this the analyst should say: "We'll meet for ten or fifteen hours and try to sort out why you can't sit exams." This particular type of psychotherapy aims at making the patient's interior fantasies come out only in relation to the symptom. Pure analysis is a very painful job: many, after beginning, would like to escape. Many find excuses, saying that their father and mother are against it, that there are too many difficulties, anything to avoid talking about the only important issue at the root of the symptom.

In answer to a question her analyst put to her, this particular student replied: "I can't manage any relationship, any sort of contact with a patient's body; therefore I cannot become a doctor". After a statement of this kind, in focal therapy, one could put psychology aside and remain at the level of elements of reality. You could also simply say: "This is not a problem. There are many ways of being a doctor without being forced to touch a body: you could become a forensic doctor, a doctor for insurance companies, a psychotherapist, a radiologist, a doctor in a laboratory". If, at the end of the slice of work on the symptom, the patient says, in reference to the therapeutic alternatives suggested by the therapy: "Ah, that's true", then the issue has been solved. But if the reaction is: "No, that wouldn't work either", then it becomes clear that the problem isn't the exams. The point where the neurosis appears conceals a deeper problem. What this student should then be told is: "I can see that the problem doesn't merely consist in the difficulty of manipulating a patient's body. There must be something else hiding beneath this, something you could try to understand". In most cases the patient shifts the conversation onto something else, because there always is

something else. This particular girl, for example, said she had a boyfriend but didn't know whether she wanted to continue being a woman or not. She couldn't let herself have any physical contact with him. What was therefore said to her was: "Alright, let's do a therapy that will allow us to get to the bottom of these things". If the patient accepts, focal therapy can lead to analysis.

For all mono-symptomatic neuroses a brief therapy should be offered at first, a focal therapy. This should focus on a single and acute symptom-for example, a person who has been suffering from asthma for ten years.

There is then a sub-group of the third method, i.e. for people who were damaged as young children, who didn't have normal experiences from a human point of view in the first three years of their lives. A paradigmatic case in this sense is that of a female patient whose mother put her in playpen every morning for the first three years of her life and then went to work and came back in the evening. Those who have suffered similar damage are very disturbed, and the central problem is represented by object relations. These cases usually involve personalities with strong autistic connotations, and they try to solve their problems by resorting to dissociation. They make use of schisms and lies to survive society. At times they dissociate themselves so much as to behave differently according to the situation. As long as they are conscious of their dissociation, everything is fine. In Protestant countries there is more freedom: in America you can say what you like, whilst in Catholic countries you have to turn to falsification to avoid suffering punishment. In these cases the analyst has to make use of a very flexible technique, and it's important for him not to defend neutrality too strictly. This is where he must act. If it is a very young person suffering from this disorder, then the parents, or whoever else may live in close contact with the patient, must be involved too and co-operate, with the patient's consent. There are also conditions to be made, and these must be filled with content. The patient may also be asked to carry out specific tasks. It's almost like a re-education. This is the technique for borderline cases as defined by Kernberg.

We have learnt something from Kohut or Winnicott; theirs are in-depth studies at the core of the issue, which is fine for Freudians. For Kleinians things are a little different, they represent the world in a different way. But as far as method is concerned, Klein is exactly like Freud: being an analyst she has to set herself in a "mental" way towards her patients. The Kleinians simply have more precise goals: they want something well-defined-regression-and are prepared to achieve it with analyses that may last 1,000 or 1,500 hours. They don't deal with reality, but only with how reality is interpreted-while if my patients talk about reality, I listen and try to integrate what they say. But they are basically linked to method too. They're extremely romantic;;; they believe that there is an order for all things and that everything has a beginning. They remind me of Germany in 1820. The paintings of romanticism also portray a lost, confused man, gazing towards the night or the sea, gazing towards something infinite, towards darkness, which doesn't have a face.

What role did Anna Freud and Balint play in Freud's thinking?

That's difficult to say. Anna just systemized Ego theory in her famous 1937 book *The Ego and Defence Mechanism*, and Freud accepted this book of his daughter's. But generally she did little other than protecting her father's theory.

One of her innovative aspects is the adaptation of her father's theory to child therapy. This is the core of her work. As far as theory is concerned, Anna formalized and systemized Ego theory, but at that stage there wasn't much left to say;; her father had already stated that there are drives and defenses, and Freud's second theory, after World War I, addressed the Ego more than drives. By 1918 it was important for patients to gain consciousness of their drives and to accept them: but who does the accepting? It must be a cognitive instance, capable of understanding, that does that. It must be an Ego that does that; and what is this "Ego"? How is it formed starting from childhood?

At the point when cognitive processes have been accomplished, between the ages of four and six, more well-defined structures take shape. Even though they are already sketched out, they are not yet final. The choices the cognitive Ego makes at four or five years of age are decisive, as is the choice of stable forms taken on by neurotic characters: the fearful character, the depressed, the coercive, the neurotic. These all have their own structure.

There is then a second aspect that concerns the Ego: why can't I speak freely and accept any thought or

drive? Because there's a third factor represented by bourgeois society, by the interiorized world of morals, of standards. There is, therefore, a Super-Ego and Anna completed and diversified this second theory of Freud's. Hers is a wonderful book, a very clear one that can be read without difficulties.

With Balint it's a more difficult matter. I worked with him for three years, so my saying that may sound strange. He was a pupil of Ferenczi's, who understood that the defective relation—pre-Oedipal “deficits” between mother and son—causes certain disorders. Ferenczi was an adventurer; he enjoyed experimenting. He had discovered that in certain cases classical techniques failed to work as therapy; in particular, the total neutrality of the analyst failed to work. That's why he began trying to give patients the love they hadn't received from their mothers, a form of compensation. He would let patients sit on his knees, and he would stroke and kiss them. When Freud found out, he was furious. He said “If you kiss a patient, that's the end of psychoanalysis”. But, basically, like all geniuses who always make some kind of mistake, he, apart from this blunder, had discovered something extremely important: that pre-Oedipal defects do exist.

Balint drew on this discovery and developed his own technique with no kissing or embracing; this was a shrewd move of his. For him the mother too must be represented in transference, and in the initial phase of an analysis—a phase that can be quite long—the analyst must be loving. For Winnicott this means “being the mother, acting as the mother”. But Balint is a Freudian; to him this means rather “carrying out the role of mother”, therefore creating, through words, a world that the patient is capable of understanding. In this case the analyst remains set aside, and the stress is always put on the patient's defect. I completely agree with his thinking. Today what Balint said is considered absolutely normal and belongs to the analyst's most fascinating tasks: if it's a male analyst he has to develop his feminine side, in the same way as a female analyst has to develop her masculinity. Perhaps it would be more appropriate to talk of a sense of fatherhood and motherhood. It is necessary for each sex to possess both aspects: a man who is only a husband or a father will never be able to truly love his wife; it is necessary to have the possibility to be other, to be different.

Can the analyst judge a patient? Or must he do so? Freud once suggested to Weiss not to take on a patient because he was ‘a rogue’.

When someone's a liar, analysis becomes impossible. The same goes for a criminal. Honesty and sincerity are indispensable premises on which to work. When patients lie, manipulate, or fail to pay their fees, or when they don't come to sessions regularly, then the indispensable premises of the relationship are no longer there. It's not a question of judgement, it's a question of instructions: the same goes for when a patient needs an operation, but suffers from a heart disorder. In such cases the operation cannot be carried out.

For me ethics is an upright professionalism: I am responsible for the profession I have chosen. For me there is no other ethics aside from the profession. I have no religious, bourgeois or national ethics. I am solely responsible for the profession I practice, in the same way as surgeons are: when these are required to carry out an operation they are no longer Christians, bourgeois or nationals. They are solely responsible for the profession they practice. For them, therefore, there is only one thing that's important: to carry out the operation optimally. For example, they can't drink alcohol before an operation. When I worked, I never once went to a party the night before, getting drunk until two in the morning. That would have been impossible, because I had sessions the next day and needed to be absolutely sober.

Ethics, in any profession, means a sense of responsibility for what you have to do. I never judge any of the patient wishes.

Is it sometimes difficult? Are you never faced with dilemmas?

Yes, from time to time. But in these cases the problem is mine. I find it very difficult, for example, to bear a patient who tells me how he mistreats his four-year-old daughter; but I have to understand and work on why they need to do that. If I consider this an aspect of a pathology, then I have to succeed in treating it as such and not from any moral standpoint. Occasionally you find yourself in situations that are hard to bear, but this is part of the profession too: training, personal analysis, should prepare us to distinguish between pathology and judgement.

But if, after a period of analysis, I realize that a patient is a criminal, I may naturally have to interrupt the sessions. If, for example, they say that they steal, that they're going to kill someone or anything of the kind, I may be obliged to say: "We have to interrupt our analysis". When patients commit actions that endanger themselves or society, their analyst has to understand them, and this can create the conditions for carrying on with the treatment, but also for putting a stop to it.

In the end tolerance is the decisive point. This is a tolerance that may shock the bourgeois world—it is difficult to be tolerant when faced with particular perversions. For example, I have never taken cases like these into analysis, because I couldn't have stood them. Fortunately when you're financially independent you can choose who to take into care. Sadly not all analysts enjoy this financial independence. Usually analysts live off their patients, but when you're employed by the State—as in my case, when I earned a salary from the University—then you don't need your patients' money. I, for example, could use it to make some extra purchases or to travel, but I didn't need it to live on. This condition has always allowed me to choose who to take on. Apart from the early years, when I was a beginner and a young assistant — then I couldn't choose. That was a difficult period.

For some pathologies I said: "they're not my type of thing". These were, for example, pathologies with aggressive manifestations towards other people, or perversions. Another disorder I couldn't deal with effectively was masochism—women who let someone beat them like dogs. I never wanted such cases. The more you grow, the better you realize what kind of cases that make up your "field of action". Then you only choose patients you feel you can work with, the ones you perceive a kind of rapport with, as well as those who give you the feeling you can come to a solution. For three, four, five years... every day... this type of therapy fills a huge portion of the analyst's life and, as life is short and precious, I've always thought: "in these years I can't only give; I also need to receive". So the patient has to interest me, and I have to feel that something can develop.

There has to be a light at the end of the tunnel; if I don't see it, I don't take on the job. It would be slave labor otherwise. I'm not a masochist. I live according to the pleasure principle. I have discovered that analysis is a creative process for the analyst, and to be creative you have to feel well. It's essential for the analyst to feel joy. A patient, for example, has to be charming, lively, interesting, or he has to have an interesting problem from a scientific point of view. He could also be a subject that I perceive as interesting for the journey he may take in the future: in these cases, I will happily accompany them.

It's exactly the same for a painter who cannot paint a picture if he is not inspired by the subject.

What about writing? We spoke of the creative process, and of your creativity in writing.

I have been very interested above all in the technical problems: what to do, and when to do it, with a particular type of patient; or when patients don't talk, or when they talk too much or when they say "I can't think of anything"; when they turn up late, when they can't lie down. Young inexperienced analysts lose themselves in the simplest things: if, for example, a patient always turns up twenty minutes late, you have to be able to change the situation.

Another thing I've always been interested in is how to conduct an analytic process so that the analyst will feel joy and the patient will get the impression of understanding more as time passes.

At one point I understood that the Psychoanalytic Association doesn't live according to the rules of psychoanalytic doctrine. This is something I've always fought against with a certain degree of anger. I've written several aggressive articles against my Psychoanalytic Association. If analysts follow an analytical training, this must be inspired by the criteria of our philosophy of truth, correctness, sense of responsibility, and guided by the principles of the Enlightenment. I can do analysis only if I continually have self-enlightenment as a unique principle. Therefore I cannot in any way support a society, nor be part of a society, that sells self-enlightenment for a few pennies or one that is prepared to come to agreements in order to preserve its power.

Always, since the earliest days of the Christian communities, when a church was founded, Gomorra began too: the search for power. With the earliest popes corruption began too. When you organize something, the desire for power always arises along with it. The same happened for psychoanalysis. After the Second World War there were 40 psychoanalysts in Germany: they all knew each other, they spoke among themselves, and

there was no organization of any kind. Towards the end of 1929 there was a larger group of analysts in Berlin, and these were basically high intellectuals. There were none of the power struggles we find today, at least not until the analytic institution was set up, and with it corruption came in. At the same time two classes were created, one taking advantage of the other. If you earned more money than the others, you held more power. There was an interest in having as many analysts as possible in an Institute: more aspiring analysts also meant more power. You had your own clan. I threw light on this, and thus became the black sheep of the association..

And when you write, how do you go about that?

These were the contents of my writings: history, the way Freud worked, my article From Freud's Shoulders(3), for example.

Freud was a pioneer, like the early radiologists who lost their fingers through exposure to rays. All pioneers bear their sacrifice. Freud sacrificed himself, at times he didn't manage particular patients well, he did make mistakes, but the radiologists, through their mistakes, realized how dangerous rays were, by paying with their own skin. I cannot criticize Freud. Love and honor. Darwin, Marx and Freud were the three great personalities to come after Kant. This has been Freud's century, just like the nineteenth century was that of Darwin and Marx. Our century is Darwinist too: no one at this moment in history can be non-Darwinist, just as you cannot be non-Christian. I'm an agnostic, but I cannot be a stranger to Christianity, because all of my education is a part of me. Christianity provided me with a way of thinking: the theory of love. And the analyst cannot set the theory of love aside.

As far as the way I write is concerned, I'm interested in historical aspects, and I want to explain how psychoanalytic theory and how the psychoanalytic movement and Association evolved, how Freud worked. I'm interested in the technique and, finally, the critique of the institutions. These are the three issues I've dealt with, as well as psychosomatics, of course, but that was never a passion of mine. My passion has always been pure psychoanalytical technique. I delight in criticizing, my adrenaline levels rise considerably, I feel intense, angry and very much alive when I can attack.

Then, when I write, the thing I enjoy the most is making the sentence: subject, object, verb. I struggle endlessly to achieve a sentence. At high school my Latin teacher would always say: "Cremerius! despite your Latin name, your Latin is absolutely awful! You must learn to understand the Latin phrase!" Twenty years later these words came back to me and I understood that the ideal is to make a sentence as the Latins would have made it, with that clarity that remains unmatched still today.

You need a huge amount of strength to make a sentence, everyone who writes knows that. This was my greatest pleasure, but in the last two or three years I have no longer had the strength to do it, and it causes me great suffering.

What about literature? Has it helped you, or inspired you in any way?

Yes. I like the great writers, who have a clear, concise style and who can talk about human beings in a way that is never banal. Flaubert, Conrad: what power that Pole had! Everything he wrote was in English, a second language for him. For me his was a truly special style; it could be compared to Proust, Thomas Mann or Flaubert's Madame Bovary: what a book!

I love it when I feel that an author gives us insight, when an author dares to approach something forbidden, not tolerated. Remember that Flaubert was accused of having dared too much, like the real pioneers, who put their lives in jeopardy for the sake of writing.

Freud's life too was one of persecution: he never became a permanent professor, nor could he give regular University lessons. The pioneers were often mad geniuses, with a few of their disciples, with no rules or training, who came from impoverished Jewish families, from countries like Rumania: adventurers like Ferenczi, someone of surprising genius. These are the kinds of people who have opened the way to important discoveries-often recognized, as in Ferenczi's case, only many years later. Einstein was surrounded by people like this. The only one who was definitely more normal was Darwin: he came from a wealthy family and made his discoveries in a totally quiet and relaxed environment; he didn't have to go

through great suffering when the church complained about him. He felt tremendously safe because of his Protestant family. He founded no International of any kind, something that Marx and Freud did do-both had a great fear of caducity, something Darwin had never been afraid of. He had the following conviction: "I've made a great discover that will continue existing after my death. I don't need an international organization to defend my ideas". Freud was always afraid of a "hereafter". His being the philosophy of a Jew, it could have been persecuted and thwarted like that of so many of his race.

So, was it this need not to be forgotten that led Freud to set up such a fideistic structure? And how can the reality of Psychoanalytical Societies be managed today?

They have to change, otherwise they will soon end. In Germany the Societies are nearing their end, because they practice a kind of "monotherapy". The type of therapy they do is no longer carried out according to the principles of analysis: it's more of a psychotherapy. Above all they have abandoned the idea that Freudian analysis is a philosophy as well as a technique. Freud always said that you can use philosophy to do therapy, but to "cure" was not his main objective. He found the enlightening function of psychoanalysis to be essential, and enlightenment is only possible when it is hidden-because no one wants to be enlightened-a Society doesn't want to be enlightened, it only wants to be founded, recognized and accepted. Whoever says "this is not the way it should work" is attacked. This was the case for Kant, Marx and Freud. In his time Kant was seen as a rebel, because his idea of the moral obligation of knowledge was revolutionary thinking. Until Kant the ideas of the Christian religion were not to be investigated. Then this little man from Königsberg came along and said: "it is possible to discuss anything, to investigate anything".

Freud did something even worse: he explored the field of sexuality, which is extremely delicate, because no one is free from some kind of sexual problem, either "technical" or moral (fears, feelings of guilt). Freud knew that by delving into this field he would have the whole of society against him: but there was no alternative. If you uphold certain ideas you're also aware of the fact that you'll be making lots of enemies... it's inevitable. Psychoanalysts gave up on this enlightening and revolutionary aspect long ago; today they feel they've "achieved success". They've come a long way: in Germany they've become government officials, they receive their wages every three months, so much for each patient. But in exchange for this they have to love the state, they can't attack it, and they accept things as they are, so that they'll have money and power. Therefore psychoanalysis is no longer visible in society. In Germany anyone who has undergone psychoanalytical training can call himself a "psychoanalyst". And on the nameplate on any door of a Jungian, Kleinian, Adlerite or neo-analyst, you read: Psychoanalyst.

On the other hand, only those who have penetrated Freudian philosophy have a right to be recognized as analysts: therefore those who have struggled for freedom, who have fought anti-Semitism or the oppression of the weak, who have fought for the rights of children, of women.

University professors don't want women to become full professors: "why have these stupid females?", they say. Someone who fights for these causes is therefore not well-accepted. I have enjoyed this role of the black sheep, but I've never suffered because of it.

My wife has always agreed with me. I've had friends who've fought alongside me-few, because money is important, everyone has a family to support. So, many are often willing to betray Freud and the philosophy of emancipation. In the church it's the same thing: this pope goes to South America and says: "the church forbids the use of condoms", so women there have to undergo an abortion once a year. It's disgusting to use the theory of love to kill women.

During fascism, in Germany, every Sunday priests prayed for the well-being of Hitler, for the victory of the fascist armies. So, I just said to myself: "these churches no longer represent Christianity". I have my own Christianity, but the church now accepts any compromise to preserve its power and riches. In Germany priests are paid by the state, with a life-long salary of three-thousand dollars a month, and they also have a free house and car as well as free health care. When you accept all this, you can't fight the state. They all prayed for Hitler. If every Sunday every priest had said: "I cannot pray for an inhuman system", then Hitler would definitely have had an early downfall, because Germany still had and still has the Protestant tradition. My father fought the system and my family lived in total isolation until 1945. When I returned to Germany in 1943, I visited my parents. In Protestant families you pray standing behind your chair; the father of the

house says his prayer addressing God with the informal “Du”: “My God, I thank you for this day, because you have let us wake in health, because you have given us our daily bread”. And every morning, throughout the war, my father would say: “I pray for the victory of the Allies”. During nazism my mother was depressed, and she cried continuously; my father had a stomach illness and could no longer eat. Some youths in the streets even attacked him. But he never stopped praying for an allied victory. This mental attitude is part of my life, and because I am a Freudian, I am against the Psychoanalytical Association with its lies and compromises.

What’s the best way to train and select analysts?

The main change should occur in training: instead of doing training analysis during training, you should do a personal analysis before training. In I.P.A. Societies you do “training analysis” during training: it can’t be a true analysis, because the training analyst is an analyst and at the same time he holds a powerful position as a member of the Institute. Therefore it is faked. Anna Freud had said so: this is not analysis.

So, for 20 years I went round Germany like John in the desert asking for there to be a reform of the system, the core of which should have been: personal analysis before training, thus a separation of personal training, with total freedom, and a free choice of analyst-“this guy is someone I feel I can trust, I’m sure it can work between us”. For two or three years 200 young people in Germany fought with me, but then they realized that if they had carried on following me on my road they would never have got to the top, because the Society says: “do things your own way if you really want to, but we’ll never give you a certificate”. So they all went back to the fold on their knees, and now they are good analysts who accept all the compromises you would care to imagine.

I suggested also to open up the ghetto of I.P.A. Institutes; they are closed to the world, they make no contact with the other human sciences, and they don’t have the guts to integrate themselves in the Universities and discuss their issues there. Psychoanalysis has many issues that are still open, regarding, for example, the need for explanations as regards terminology: there are still many concepts that can be understood at an intuitive level but that haven’t yet been explained at a scientific level. It would be much better to do this job together with philosophers, sociologists, pedagogists, instead of staying inside the ghetto where a single paranoid language is spoken and where everyone just worries about one thing, that the sacred image of Freud isn’t touched. It’s just like in the Church.

We made an attempt in Milan, Bologna and Paris: we struggled for years, then the whole thing died out, because you need to be very independent, above all financially. If in a city you get patients through the Association, then you’re tied up, no longer independent. In addition, during training you’re bound to obtaining your Diploma and then most want to be training analysts, because these earn 40% more than others; and the training analysts also have guaranteed patients on their couches for years. With analysts who have no training tasks, patients come and go; they interrupt analysis for long periods or give up altogether, they’re difficult to deal with, and they attack the analyst. Moreover trainee candidates-the patients of the training analyst-are sheepish, they always have more or less realistic fears, because they’re tied up; if they want their certificate, it is risky to attack their analysts. Anna Freud had already described all this before the Second World War, but no one cared to listen.

With personal analysis, and the opening up of the Institutes to the human sciences and Universities, training analysts would cease to exist, and there would no longer be a caste, but rather a scientific society, people who do the same thing together and ask the same questions, without anyone necessarily being worth more than anyone else. Even in an association of chemists there are those who hold particular positions: you can be a professor and then the chairman for three years, but basically they are all equal. It could be that one knows more and has a better understanding: but in this case what distinguishes him is a scientific criterion, not one of power. In the Psychoanalytical Association, on the other hand, there are two classes: those who have power and those who don’t.

Furthermore, there must be the freedom to ask anything, even when it may appear to be questioning Freud himself. Some colleagues and myself, for example, analyzed three of his cases. These three Freud’s cases should not be used as models during training, because they are three failures: Dora, The Wolfman and The Ratman. What should then be done for these accounts to be appropriate for training? They may be used to

learn to understand what shouldn't be done. Only then will it ever be possible to understand what happens when mistakes are made. But after the Second World War they were presented to us as ideal teachings; we've been trained on the basis of erroneous didactic material, simply because they don't want to study Freud in a critical way.

So for me the important points are the German sentence, the Latin sentence, my passion for the sentence, my passion for criticism, and my criticism of the system.

At the root of all this we find the Enlightenment, Kant, Freud and Protestantism as linked to my personal history. Luther was an Enlightenment thinker, as was my father, but this tradition never stopped me from reading Kant and Freud critically. Today I can even look at my father critically.

What is the future of psychoanalysis?

Reform of the institutions, of training, opening up to Universities, to the sciences: dialogue, from a methodological point of view. A return to Enlightenment sciences, the courage to speak the truth, to criticize society-to say, for example, that the war in Kosovo was intolerable, that it is outrageous that the victims of fascism haven't been compensated yet; that gypsies, for example, haven't yet been refunded for what they suffered. We are not given the opportunity to criticize our system of government, as the voting system is such that it is almost impossible to influence the government. In Germany we don't have the Swiss system of referenda.

We analysts could be the only ones capable of helping others and understanding why they need this system, or why no one is capable of protecting children, or why no one wants women to occupy superior posts. We're the only ones who could criticize and help to understand. Communists only criticized, since they just needed another religion to replace the existing one: communism.

We want to help to understand why we behave as we do, or why we can't manage certain things. Why are men afraid of women? No one can understand this without psychoanalysis. Why in Germany do the rich become richer and the poor ever increasingly poor? It is also possible to explain why people need money, and if someone realizes that the money he has is too much for him, then he may ask himself why he needs it: is it because he doesn't know how to enjoy anything else? Then perhaps we could come to a change of society. This person might understand that his life with his partner is miserable, because he only thinks about money and has no time for his wife and kids.

We should also ask ourselves what will become of the family if no one reads books anymore. My father would read out aloud every evening, when I still couldn't read very well. And there was no radio: Protestants couldn't have a radio. So, after dinner we would read a book and talk about it. But who does that nowadays? Couples are doing badly. It must be said that the monogamous couple is humanly impossible. If after all we want it and defend it, that's because it's the only form by which human beings can develop-I have to admit to that after 54 years of marriage. My own marriage hasn't been a piece of cake: we've had our share of contrasts, quarrels, arguments. But basically marriage is the only form man and woman can produce, if they're sincere, and this implies the defense of a pact. If I go away and pick up another woman, I won't learn anything, I won't be able to understand the problems that can arise between men and women. If you say that you don't want to try and understand, then you split up. The same goes for having children. Who wants to take on such a responsibility?

It must be constantly admitted that being married or having children is an impossible task, but all great tasks are impossible. It's impossible to be a great surgeon, a good analyst, a good teacher. I've held my lessons for a lifetime with the feeling that they weren't quite what they should have been; I should have better formulated my explanations in order to be really understood. Everything is impossible in the end and is never perfect, and you have to try reformulating pleasure, the enjoyment of life, again and again, otherwise you're already underground at the age of 19.

The Enlightenment failed because in 1933 Europe lost all reason, not only in Germany. The French too collaborated. We all became guilty. It was the defeat of the Enlightenment, but nothing is perfect. The idea of Christ's love is violated every day too, even if it should be understood how wonderful it is to try to love each other, to create something as a couple, to have happy children, a family nucleus open to other people. One ought to be a model in a politically corrupt society that is destroying itself.

Every time I struggle for the Enlightenment I'm told: "But just look: it's been a total defeat!" I reply: "I

don't give a damn!" Everything suffers its defeats, and if the Enlightenment had had no defeats it wouldn't have been the Enlightenment. If the Christian religion hadn't had its defeats, then the theory of love couldn't be defended and supported, and it would just be an orthodoxy. The Enlightenment has to be a risk; otherwise it would become a habit. Habit is the enemy of our life. You see, I'm passionate about the Enlightenment, and I can handle defeat. My life too has had its defeats.

References:

Cremerius, J. (1990) "Freuds Sterben – Die Identität von Denken, Leben und Sterben" ("The Death of Freud. The Identity of Thought, Life and Death"), *Jahrbuch der Psychoanalyse*, vol. 24, 1989, pp. 97-108.

Notes:

1 Material collected by Stefania Valanzano and Laura Gobbi.

2 1932, SE, 22, p. 152.

3 "Freud bei der Arbeit über die Schulter geschaut. Seine Technik im Spiegel von Schülern und Patienten", *Jb Psychoanal.* Pp. 123-158, 1980.