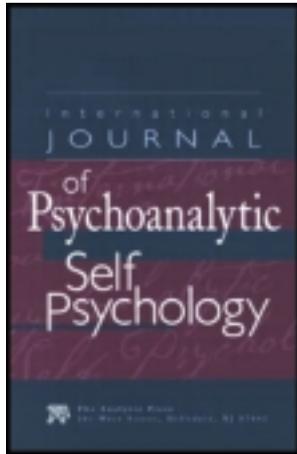


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Failure Has a Great Future: A Review of Arnold Goldberg's "The Analysis of Failure: An Investigation of Failed Cases in Psychoanalysis and Psychotherapy"

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FAILURE HAS A GREAT FUTURE: A REVIEW OF ARNOLD GOLDBERG'S "THE ANALYSIS OF FAILURE: AN INVESTIGATION OF FAILED CASES IN PSYCHOANALYSIS AND PSYCHOTHERAPY"

LOU AGOSTA, PH.D.

Failure is part of the development process in analysis and psychotherapy, and, by implication (and taken up a level), the study of failure in broad terms will be part of the development of the profession going forward. The analyst and therapist must give up the rescue fantasy, give up being right and justified, give up misplaced ambition, but also give up guilt, self-blame, and disappointment, and embrace an approach in which the interpretation of the pathogenic situation of early childhood (in which traumatic deidealization of the parent occurred), becomes inherently transformative. It reactivates the process of structure-building internalization. Learning to live within one's limitations invites a process of risk taking that sometimes results in failure and sometimes results in—redefining one's limitations outwards towards an endless horizon of progress in satisfaction and meaning making. Our thanks to Arnold Goldberg both for the journey and the end result.

Keywords: failure pure-and-simple; optimal failure; psychoanalysis; self structure; sustained empathy; transmuting internalization

Arnold Goldberg's book, *The Analysis of Failure: An Investigation of Failed Cases in Psychoanalysis and Psychotherapy* (2012), grows out of a continuous case conference at The Chicago Institute for Psychoanalysis on this difficult, fraught topic. However, more generally, this work continues Goldberg's lifelong trajectory of psychoanalytic accomplishment and innovation, expanding the distinctions of Heinz

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Kohut's self psychology and sustained empathy to the challenging subjects of narcissistic behavior disorders, perversions, the vertical split, and moral stealth, all of which evoke titles of his many books (1990, 1995, 1999, 2004, 2007, 2011). From another perspective, a book such as Goldberg's represents a response to the idea of *Psychoanalysis: The Impossible Profession* (Malcolm, 1980). One might not like Goldberg's suggestion that failure is a fact of life in the profession; but it does create possibility where possibility was not previously visible. In short, the possibility of failure provides access to an opening for success. Thus, Goldberg's latest raid on the inarticulate pushes back the boundaries of that which psychoanalysts and analytically-oriented therapists are reluctant to engage and question: What can we learn from failed psychoanalytic outcomes; how have we contributed to our less than optimal outcomes; and how can we improve our future results?

As to the question who is Arnold Goldberg, Goldberg is one of the innovators in self psychology, who worked directly with Kohut. Along with Michael Basch, the Ornsteins, the Tolpins, Robert Stolorow, David Termin, John Gedo, and Ernest Wolf, he is part of the founding generation of self psychologists, who have promoted and expanded on Kohut's ideas in the larger psychoanalytic world (see Strozier, 2001, p. 240f). I was introduced to Dr. Goldberg when I was a graduate student in the philosophy department of the University of Chicago, working on a Ph.D. dissertation on empathy and interpretation in phenomenology and hermeneutics, and approach his work with positive expectations. The following topics on psychoanalytic failure are engaged in this review: (1) the relationship (of analytic failure) to science; (2) the relationship to crash investigations and blame; (3) criteria of failure and what to do about it; (4) critique of the "Old Guard"; (5) the relationship to sustained empathy; (6) the relationship to humor; and (7) the future of failure. Note: this article will not continually say "psychoanalysis or dynamically oriented psychoanalytic psychotherapy," but just "psychoanalysis" or "analysis."

The debate about the scientific status of psychoanalysis continues in the book. It will not be definitely resolved in this review or by this book. Still, one must take a position, and Goldberg (2012) has expressed his preferences for the interpretive, hermeneutic approach to psychoanalysis (pp. 166–167; see also 2004, pp. 48–49, 113–115; Agosta, 2010). This approach posits that the analyst and analysand form a hermeneutic (interpretive) circle in discovering and even co-generating meaning. This is in contrast to the positivistic approach of a logical-deductive paradigm of natural science such as one might find in physics. Since some psychoanalysts and clinical psychologists continue to advocate for and suffer from a model of scientism called "physics envy," they may argue that, with Goldberg's engagement of analytic failure, the scientific pendulum swings back in the direction of an extended model of rigorous, if not narrowly positivistic, validation.

Consider two points. First, if a practice or method such as psychoanalysis cannot fail, then can it really succeed? If a practice such as psychoanalysis can fail and confront and integrate its failures, then it can also succeed and flourish. Such is the point of the celebrated philosopher of science, Karl Popper, in his exploration of positive science in *Conjectures and Refutations* (1963), and Goldberg advances the openness of

science to self-correction as a model for psychoanalysis. To those who are still skeptical of hermeneutics, narrative, and deconstruction, Goldberg points out that the natural sciences have advanced most dramatically by formulating and disproving hypotheses. Scientific knowledge advances by engaging and overcoming failures. Natural science is avowedly finite, fallible, and subject to revision, advancing most spectacularly within the paradigm of hypothesis and refutation by failing and picking itself up and pulling itself forward.

The *Analysis of Failure* is inspired by this lesson without engaging in the messy details of the history of science. Goldberg suggests that within the interpretive/hermeneutic paradigm, psychoanalysts, who pride themselves on the courageous exploration of patients' self-deceptions, blind spots, and self-defeating behavior, might well also engage in self-examination. "Physician heal thyself!" The professional ambivalence about taking a dose of one's own medicine upfront is a central focus in Goldberg's work on psychoanalytic failure. Goldberg avoids finger pointing while still insisting that therapists take responsibility for their therapeutic errors. There are a series of questions they might address: "What has gone wrong?" and "What's missing?" Such questions also belong in related areas of psychiatry, psychopharmacology, cognitive behavioral therapy (CBT), social work, clinical psychology, and so on. Goldberg's openness to alternative conceptions and frameworks along with his unexceptional knowledge of and commitment to psychoanalysis—and self psychology—is an inspiring and strong point of his work.

When an analytic case fails—indeed, determining what constitutes failure is a substantial part of the work—Goldberg looks for the sources of the selfobject rupture. He asks a series of questions to locate responsibility: What's wrong with the patient? What's wrong with the therapist? What's wrong with the treatment method(s)? What's wrong!? In engaging these questions Goldberg argues that they must be put in perspective, put in the context of the broader question of absence. That is, what is missing in the experience of failure, the presence of which would have made a difference? Goldberg's answer will often, but not exclusively, turn in the direction of a Kohut-inspired interpretation of sustained empathy.

This approach points to the definition and benefit of leadership: By getting out front with a continuous case conference on analytic failure, one may properly and legitimately make inquiry as to what can be learned from an equivalent exercise focusing on CBT or psychopharmacology. Or like the defensive analysts, who could not remember any failed cases and who are cited with devastating humor below by Goldberg, are practitioners of those methods also unable to think of any failed cases? The power of Goldberg's project is that it requires a healthy serving of humble pie all around. The authentically wise ask for seconds.

Goldberg's requirement of self-scrutiny reminds me of the policy for airline pilots, who must report errors in procedures, operations, and maintenance. Yes, pilots are part of a complex system and "pilot error" does occur—sometimes with disastrous results for all—yet pilots are usually given more training, and, absent illegal or blatantly unethical conduct (e.g., drinking on the job), pilots are rarely blamed or punished. Goldberg calls for an ongoing, continuous case conference for psychoanalysts, inquiring into

failed cases, and thereby raising clinical thinking to a new level of professional rigor. Such scrutiny should encompass scientific objectivity that is consistent with diverse forms of talk therapy being a hermeneutic discipline. One might call it looking at the entire system—but not in the sense of family therapy—rather in the sense of the total professional-cultural-scientific milieu of addressing and combating human emotional and psychic suffering.

Goldberg's approach to dealing with failure differs decisively from that of celebrity physician Atul Gawande's *Check List Manifesto: How to Get Things Right* (2011). Of course, check lists are useful. Yet in the initial phase of inquiry into suffering, the number of unknown variables and their respective weights in fitting a prospective patient to a prospective treatment (whether analysis, psychopharm, CBT, etc.) are incalculable. It is simply impossible to reach an objective conclusion about the contributory factors in a successful therapeutic dyad or in a therapeutic failure. Therefore, for the foreseeable future, mental health professionals can be expected to continue to rely on their theoretical identifications. If a person knows Talk Therapy, then that is most often what is initially recommended. If that does not work, try CBT or medication – and vice versa. One suspects that “crashes” in the mental health area—in the form of self-harm and inexplicable, “insane” violence—are more common and deadly than “crashes” in the airline industry.

No one is saying that analytic failure should be investigated like a National Transportation Safety Board (NTSB) inquiry, which would be unworkable. What is being said is that failure may usefully be investigated in a non-finger-pointing and yet hard-hitting way. Goldberg's subtext for mental health professionals is that our relationship with failure is still a work in progress. What Goldberg does not articulate is that “continuing case conference” are code words for a “group process,” the explicit reflection on which has arguably not been a strong point of American psychoanalytic organizations. We are still learning to live with uncertainty even as we try to work as a team and organize case conferences, postmortems, and the equivalent of crash investigations that strive to look objectively at outcomes without blame and without omniscient rescue fantasies. This is all intended in the service of healing and professional development.

In some thirty cases that were reviewed by Goldberg, using the method of expert evaluation and feedback by the participants in the local case conference, the definition of failure included cases that never get off the ground; cases that are interrupted and so felt to be unfinished by the therapist or analyst; cases that suddenly go bad, characterized by a negative eruption whereas previously analysis was perceived to be going well (think: “negative therapeutic response”); cases that go on-and-on without improvement (think: the pessimism of Freud's “Analysis Terminable and Interminable”); cases that disappoint because the initial goal is not attained, has been modified beyond recognition, or has been lost all together.

One category of failure, actionable but missing from *The Analysis of Failure*, is the example of a treatment that arguably leaves the person worse off psychologically. What about someone who did *not* seek treatment because he/she experienced impotence, writer's block, lack of vitality, an abundance of melancholy, hysterical sneezing, and so on, but developed these conditions after entering psychoanalysis? What about compliance,

double binds, and placating behavior, a significant risk in the case of candidates for analytic training (Goldberg 1990)? What about regression in service of treatment that was initiated within the empathic context of the therapeutic alliance, but then resulted in significant breakdown or fragmentation? Goldberg describes such a case in which the therapist's attempt to contain the fragmentation was at first minimally successful after which the patient fled from the therapy. Was this an illusory "flight into health" or a statement that in effect said "Let me out of here for my own good!"

To his credit, Goldberg identifies "a patient who was getting worse off" (p. 162), but leaves the matter unconnected to regression mishandled or any other psychodynamic explanation. It is possible that such a scenario is already encompassed in the category of "cases that go bad," at least implicitly, but in an otherwise thorough review of possibilities, this iatrogenic explanation was conspicuous by its absence. Also worthy of consideration as factors in "things going bad," but untouched in the book, are the variety of enactments committed by psychoanalysts in the face of looming real or imagined failure such as the prescribing of psychotropic medications. Such tactics may indeed relieve the patient's immediate suffering and symptoms—or temptation to bolt—while, unfortunately, also suppressing access to the underlying dynamics and pathology. Naturally, enactments are not restricted to writing prescriptions (or referrals for such) or refusing to do so instead of investigating meaning but are arguably high on the list.

The book itself is Goldberg's answer to the question, given that failure occurs, what do we do about it? The short answer is that we engage in a bootstrap operation. We inquire, define our terms, organize the rich clinical data, identify diverse variables, take the risk of making judgments about possible, probable, and nearly certain reasons, causes, and learn from our failures, pulling ourselves up by our professional boot straps in an operation that seems impossible until it succeeds. Lack of sustained empathy, unrecognized counter-transference, rescue fantasies, disappointments, uncontrolled hopes and fears, partially analyzed grandiosity (on the part of the therapist), lack of knowledge of alternative approaches to analysis, are all towards the top of a long (and growing) list of issues to be engaged in the classification of causes for and remediation of failure.

The turning point of Goldberg's argument occurs in his chapter on "How Does Analysis Fail?" This is an obvious allusion to Kohut's celebrated work on *How Does Analysis Cure?* (1984). Once again, failure is a deeply ambiguous term, and Goldberg's incisive, ironic edge is that, in contrast to an analysis gone bad where the patient leaves in a huff with symptoms unresolved, a successful self psychology analysis proceeds step-by-step by tactical, non-traumatic *failures* of empathy. Such failures are interpreted and used to promote the development of self structure. According to Goldberg, analysis cures through stepwise, incremental, non-traumatic breakdowns—for example, failures—of empathy, which are interpreted in the analytic context and result in the restarting of the building and firming of psychic structure of the self. In turn, these transformations promote integration of the self and result in the enhanced character strengths called out by Kohut (1959, 1971, 1977, 1984) such as creativity, humor, appreciation of art, wisdom, and expanded empathy in the analysis.

The entertaining and even heartwarming reflections on Goldberg's relationships with his teachers and mentors, Max Gitelson and Charles Kligerman, betrayed (at least to

this reviewer) a significant critique of the “Old Guard.” These role models, in many ways inspiring but in many ways just plain scary, come off as being resolutely defended against the possibility of any personal failure. Their theoretical positions protected them from the risk of being wrong: psychoanalysis is about improving the patient’s self-understanding, not about transforming his life. According to this position, the reduction of suffering and symptom relief is a “nice to have” but inessential component of the outcome. Analysis is a rite of passage into an exclusive club, where you are just plain different than the untransformed masses. Although Goldberg at all times maintains credible deniability of a debunking approach, the reduction to absurdity of the description of the Old Guard makes classical and ego psychology sound a tad like the *est* Training from the human potential movement of the late 1970s. The client either “gets it” or doesn’t. In either case, the leader/analyst cannot fail because the leader/analyst is not an active part of the therapeutic model. Failure is indeed not a possibility because it is excluded by definition from the system of variables at the onset, thus, also excluding many meaningful forms of success. In short, many things are missing from the approach of the Old Guard, especially sustained empathy, which, in turn, becomes the focus of the analysis of failure in the remainder of the book.

The net result of the compelling chapters on “Empathy and Failure,” “Rethinking Empathy,” and “Self Psychology and Failure,” is to challenge the analyst to deploy sustained empathy in the service of structural transformation. There are many cases along a spectrum of engagements but the really tough ones are empathizing with behaviors that are ethically and legally problematic such as doctors having sex with their patients and other asymmetrical relations of power where one individual uses his or her position to perpetrate a non-trivial boundary violation and dominate the other. There is a high bar for most people, including analysts, in the cases of empathizing with the child molester or Nazi, who have used a form of empathy (arguably a deviant one) to increase his domination of the victim. This remains a challenge to our empathy as well as to our commitment to treating a spectrum of behavior disorders, boundary violations of substantial proportion, and moral morasses that are significantly upsetting and hard to handle on the part of most mental health professionals. In addressing troubling ethical and moral situations, Goldberg has made a life-long contribution to psychoanalytic thought (1995, 1999, 2007). His contributions have challenged the profession to love the sinner but hate the sin.

While the material in the book is significant and serious, a large part of Goldberg’s argument features his customary, thought-provoking irony and humor. For example, having announced a continuous case conference on failure and invited all levels of colleagues, Goldberg (2012) reports the uncomfortable, casual laughter of many colleagues as they announced that they had no failed cases and so could not be helpful. “One person agreed to present but the following day he yelled across a long hall that he could not and quickly walked away” (p. 41). The list of excuses goes on and on, producing in Goldberg’s deft writing a humorous narrative that illustrates just how shame-generating and difficult confronting the whole issue of analytic failure really is.

Less humorous and more problematic are issues of power in case conferences. What happens, for example, when a candidate reportedly does exactly what the group consultants recommend, and the case still comes to grief? That consultants might know

what a perfect intervention might be in someone else's treatment is, of course, a dubious proposition; but the point here is that power dynamics do loom large in all groups and require awareness and sensitive negotiation (cf., Goldberg, 1990).

In a concluding rhetorical flourish, Goldberg (2012) claims that the book is a failure. The prospective reader—a very wide audience if I am any judge of the matter—may see the many complimentary remarks that properly disagree with this self-deprecating rhetoric printed on the back cover or in the promotional blurb. Then, in a further ironic and richly semantic double reverse in the title of the final chapter, Goldberg states that “failure has a great future.” This is especially so when failure is scaled down from a global, narcissistic blind-spot on the psyche of the analyst (where the study of failure remains a valid research commitment) to an expanded tactical approach in the form of “optimal frustration . . . disappointment being real, tolerable, and structure building” (p. 200).

The concluding message is an admirably nuanced clarion cry for further study rather than condemnation, finger pointing, or blame of some particular therapeutic modality such as Talk Therapy versus CBT. The concluding message is a sustained reflection on de-idealization. The assignment is the difficult process of taking responsibility for the inevitability of one's lack of omnipotence and the similar lack on the part of one's parents, teachers, and mentors. But even if omnipotence is in short supply in the market, a widening semi-circle of expanding empathy and competence is the order of the day. Failure is part of the development process in analysis, and, by implication (and taken up a level), the study of failure in broad terms will be part of the development of the profession going forward. The analyst must give up the rescue fantasy, give up being right and justified, give up misplaced ambition, but also give up guilt, self-blame, disappointment, and finger-pointing. Strictly speaking, one can and should analyze psychoanalytic failure without necessarily being a self psychologist. The enemy is mental illness and human suffering, not ego psychologists, self psychologists, Kleinians, fellow travelers in intersubjectivity, or even practitioners of Alexander's corrective emotional experience. Self psychology is, of course, Goldberg's strength, and he plays to it with the expected finesse and subtlety of the master teacher. His recommendation is to apply sustained empathy as the tip of the lance in transforming suffering into psychic structure. Temporary, non-traumatic failures of empathy—whether as optimal frustration or responsiveness—become a bootstrap operation. The analyst and analysand pull themselves up out of the suffering morass of fragmentation, lethargy, or risky behavior to transformative structure that potentially benefits oneself, family, and community. Learning to live within one's limitations invites a process of risk taking that sometimes results in failure and sometimes results in redefining and expanding one's limitations outwards towards the forward edge of a seemingly endless horizon of progress in satisfaction and meaning making. Our thanks to Arnold Goldberg both for the journey and the end result.

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TRANSLATIONS OF ABSTRACT

Fallar es parte del proceso de desarrollo en análisis y psicoterapia, y, implícitamente (mirándolo con más profundidad), el estudio del fallar en términos generales formará parte del desarrollo del progreso de la profesión. Analista y terapeuta deben abandonar la fantasía salvadora, abandonar el querer tener razón y estar justificado, abandonar la ambición inapropiada, aunque también abandonar la culpa, el auto-culparse y la decepción, y aceptar el abordaje en el cual lo que resulta inherentemente transformativo es la interpretación de la situación patógena de la infancia cuando se dio la desidealización traumática de los padres. Así se reactiva el proceso de interiorización de la construcción de la estructura. Aprender a vivir dentro de las propias limitaciones implica un proceso de toma de riesgos que a veces termina en fracaso y que a veces da lugar a la redefinición de las propias limitaciones externas hacia un horizonte sin fin de progreso en los procesos de satisfacción y de dar sentido. Nuestro agradecimiento a Arnold Goldberg tanto por el resultado final como por el camino hacia el mismo.

L'échec est inhérent au processus analytique et psychothérapeutique et il est plus que probable que son étude fera partie du développement à venir de la profession. L'analyste et le thérapeute doivent renoncer au fantasme du sauveur, renoncer à avoir raison et à se justifier, répudier une ambition mal placée, mais aussi se défaire du sentiment de culpabilité, de l'autodépréciation et de la déconfiture. Ils doivent embrasser une approche où l'interprétation de la situation pathogène de la petite enfance, dans laquelle la dés-idéalisation traumatique du parent est survenue, soit en elle-même formatrice. La voie proposée réactive le processus d'intériorisation structurante. Apprendre à vivre avec ses limites dispose à la prise de risques, qui parfois tourne à l'échec, mais qui peut aussi permettre une redéfinition des limites, celle-ci dégageant un horizon

d'avancées possibles aussi satisfaisantes que significatives. Toute notre gratitude à Arnold Goldberg autant pour le processus que pour le point d'arrivée.

Il fallimento è parte del processo evolutivo in analisi e in psicoterapia, e questo implica (assumendo tale livello) che lo studio del fallimento a largo raggio, costituisca parte di uno sviluppo progressivo della professione. L'analista e il terapeuta devono abbandonare la fantasia di salvezza, rinunciare ad essere giusti e giustificati, liberarsi da ambizioni mal riposte, ma anche di colpe, auto-accuse, delusioni per abbracciare un approccio in cui l'interpretazione della situazione patogenetica della prima infanzia in cui è avvenuta una de-idealizzazione traumatica del genitore, diventa intrinsecamente trasformativa. Essa riattiva il processo di internalizzazione che crea struttura. Imparare a vivere con i propri limiti apre un processo di assunzione del rischio che a volte porta all'insuccesso e a volte apre attraverso la ridefinizione esplicita dei propri limiti un orizzonte infinito di progresso nell'appagamento e nella costruzione di senso. I nostri ringraziamenti ad Arnold Goldberg sia per il viaggio che per il risultato finale.

Fehler sind Teil des Entwicklungsprozesses in der Psychoanalyse und der Psychotherapie und dementsprechend (und auf einer höheren Ebene) ist die Untersuchung von Fehlern Teil der sich weiter entwickelnden Profession. Analytiker und Therapeut müssen einiges aufgeben - die Rettungsphantasie; die Annahme, dass sie immer Recht hätten; falsche Ambitionen; aber auch Schuld und Selbstbeichtigungen - und die Vorstellung annehmen, dass die Deutung der pathogenen Situationen in der Kindheit, in denen eine traumatische De-Idealisierung der Eltern geschah, in sich schon transformativ wirkt. Sie reaktiviert den Prozess der Struktur-aufbauenden Internalisierung. Zu lernen, wie man mit seinen Begrenzungen leben kann, lädt zu einem Prozess ein, der manchmal zum Versagen führt und manchmal zu einer Neu-Definition der Grenzen außerhalb seiner selbst hin zu einem weiter gespannten unendlichen Horizont des Fortschrittes in Bezug auf Befriedigung und Sinnstiftung. Wir danken Arnold Goldberg für die Reise und ihr Endergebnis.