Shrink Rap Radio #144, March 21st, 2008. Psychoanalysis from Both Sides of the Couch
(transcribed by Jason Howard)

Dr. David Van Nuys, aka “Dr. Dave” interviews Dr. Fern Cohen.

Excerpt:  I also think there’s been a huge shift in psychoanalysis itself which I’m sure the public doesn’t know about. Classical psychoanalysis, as it developed in this country -- not as Freud practiced it, and not as people practiced it in Europe or other countries -- became very antiseptic to the point that it really wasn’t a two-way process. There was the analyst, the patient lying on the couch, and the analyst interpreting the patient, his behavior, as if the analyst had nothing else to do but to make interpretations. Everybody nowadays, whether you’re a contemporary Freudian -- which I consider myself -- or a relational or interpersonal, acknowledges that the analyst being in the room with the patient -- having feelings, reactions, thoughts -- is a part of the process.

Introduction: That was the voice of my guest, Fern Cohen, Ph.D. Fern W. Cohen, Ph.D. is a psychoanalyst and psychotherapist in private practice in New York City and has long been committed to conveying in everyday language what the psychoanalytic process is about and how it works. She’s the author of the 2007 book, From Both Sides of the Couch: Reflections of a Psychoanalyst, Daughter, Tennis Player, and Other Selves. A graduate of Radcliff College, Dr. Cohen earned her Ph.D. in School Psychology from New York University and completed her analytic training at the NYU postdoctoral program in psychotherapy and psychoanalysis, as well as the Institute for Psychoanalytic Training and Research, of which she is a member. When she’s not playing tennis, hanging out with her grandchildren, or mastering music for two pianos, she’s practicing psychoanalysis in New York City. Now here’s the interview.

Dr. Dave: Dr. Fern Cohen, welcome to Shrink Rap Radio.
Cohen: Thank you. I’m delighted to be here.

Dr. Dave: Wonderful. First of all, allow me to congratulate you on writing such a personal, revealing and educational memoir. You pack a lot in 191 very readable and engaging pages.

Cohen: Well, thank you. It was not what I set out to write. In fact, when I first began to write in this voice and in this style, I had no idea that I was going to write a book.

Dr. Dave: What did you set out to write?
Cohen: Well, I was back in analysis. I had actually started it as psychotherapy to help me with some of the issues that were coming up in my work. I was just catapulted into this very intense experience and I began to write. I’ve always written to the extent that I learned to write papers; I write thank you notes; but I’ve never written autobiographical essays or anything that was internal propelled. After a period of keeping this intense journal, I just had this experience that a sentence
would come to mind, I’d write it down, and the next thing I knew I had a paragraph. The first piece I wrote in that thing was about our youngest child going off to college and the sense of loss and his coming home with a duffel of laundry, which I interpreted as an older version of a pink pillow he had as a small child. Then I ended up writing about a patient. Again, a very personal experience -- not so much about a theoretically driven paper. Then an essay about my piano teacher from my childhood. There was this essay which I called 40-Love: Reflections of a Tennis Player, Daughter, and Other Selves, which is still in the title of the book, but now as a subtitle. It was a long essay. A lot of the material in the essay was the same that ended up in the book. I sent a bunch of essays to an agent who suggested that I turn the tennis piece into a book. I didn’t know at that point that you don’t take an essay and expand it like an accordion and turn it into a book, which is what I did. That was about 15, maybe 18 years ago, and over the years I sent it out to some people. I had encouragement. I knew I needed an editor, and over time I finally found an editor. There were times when I would leave the book and I would think it was dead, and then I would discover that it was dormant, and I would get back to it while I was writing other things. I hooked up with an editor about 4 years ago whom I acknowledge in the book, a woman by the name of Cindy [Heidman], and we just clicked. I spent about two years editing and rewriting, and what had happened in the intervening years -- and this is where the connection to analysis as a freeing process -- is that instead of the first version, which had very much the voice of a daughter who could never really connect to her father and wanted him to know who she was, I had become an analyst. I had also become more confident about myself and who I was. So the voice of the book is really me speaking with more confidence about analysis and my work, and throwing that light also on the power of our earliest relationships, which in my case was somewhat shaped by a legendary father. That’s a long-winded answer but it really is the book it is now. -- which is so interesting to me, is how much of the material is the same, but the voice and the structure too, which just evolved with a lot of work, is quite different.

Dr. Dave: Yes, at first when you started talking about it, I thought “oh, what an easy way to write a book,” (laughter) but as you’ve gone on I see it was quite a long and in some ways torturous process.

Cohen: Well, it was an odyssey. At some point in the last 5 years before I really began to work with an editor and have the sense that it was really going to become a book that I would want to have published, I used to refer to it as “the beast.”

Dr. Dave: (laughter) I can understand that.

Cohen: So it was definitely, for a while, a beast.

Dr. Dave: Yes, well I want to let our listeners in a little bit more about this book because I’ve read it and they haven’t -- or I’ve read quite a bit in it and they haven’t. Just to amplify a little bit of what you’ve already hinted at, you grew up with a father who, I guess, was an extremely successful and very well-known lawyer. This had a powerful imprint on your young psyche and in many ways the difficulties of that relationship got expressed in your tennis game -- and you’ve been a passionate tennis player all your life. The book has three major sections,
so maybe you can say a little bit more about the structure of the book and the focus of those three sections.

Cohen: OK. Just to backtrack a little bit, I call the first section Mostly About My Father. I do really try to capture the ways in which our earliest figures -- we call them in the trade “objects” which is such an inanimate term for such an important human relationship --

Dr. Dave: I’ve often just felt that it’s a shockingly bad term, but go ahead.

Cohen: It’s terrible.

Dr. Dave: Yes.

Cohen: It’s like “ego” translated from the German doesn’t capture any of what Freud meant when he talked about the self and even sometimes the soul.

Dr. Dave: Yes.

Cohen: I quite agree with you about “object,” but mine was my father and he was, you said a lawyer, and it’s true he was a lawyer, but he became a federal judge when I was in high school and that’s where the legend really began. He was always a workaholic. I remember as a child when he was working on a case, he wouldn’t come home until very late and it consumed him. That was a very important influence on me because, growing up, I felt that anything other than that was wrong. If you didn’t devote yourself 200% to whatever you were doing, it couldn’t be good and you couldn’t be good enough. So that shaped me, and the reason tennis became such a passion is my father had very few relaxations but tennis was one of them. When I was about six or seven he would take me up to the tennis courts when he played with a friend and between sets he’d pitch a few balls to me. That was when I got hooked. It was a link to him; it was something he loved, and I loved it and him and, of course, in the fantasy version, which I was not aware of at all, that could allow me to be close to him.

Dr. Dave: Yes.

Cohen: In truth, I never really played with him. He never took me to the courts to teach me. He played with a friend and I was sort of the pause between the sets. It did become my passion but it also became to me a playing field where I could play out a lot of conflicts that I had inherited from him. For instance, he used to say winning doesn’t matter, it’s important to do the best you can. While I think in many ways that is a very admirable goal, to do the best you can, it’s sort of amorphous, and if you’re doing the best you can but you’re losing, how do you justify the bad feelings that come with losing? I had plenty of bad feelings about losing, as people do, but they filled me with shame because in this ideal version, it shouldn’t matter. One wasn’t supposed to lose one’s temper or be aggressive and all the aggressive things that got stirred up in me playing when I was faced with loss always felt -- well, sinful is too strong a word, but they certainly made me feel ashamed of myself. A lot of the things that I inherited from this paragon of a man felt that I was wrong because I couldn’t handle them the way he did. He did live the way he spoke. Aside from the long work hours, he believed and I think he practiced -- which is something that makes me really miss him -- he felt that every case that he tried was important whether it was a small individual or a huge corporation or famous person, and he devoted the same time and energy and diligence to each case. He had a kind of integrity that I think is very rare in
general, but is certainly lacking in today’s society. I miss that about him, but I
Can feel that I was like that myself and I could live that way. The comparison
With him always made one feel lesser than and smaller.

Dr. Dave: There’s something kind of archetypal there, isn’t there, for people who are
the children of parents who are famous or successful in a particular way. Often
there’s a struggle there to come to terms with that.

Cohen: I think very much so. When somebody has such high status in the public eye,
even if they’re different at home -- the odd thing was that my father wasn’t
different at home -- it makes the comparison… Especially when you’re small.
That’s when you form these feelings and sense of self. In the small moments and
in the daily interactions. So it’s very hard to feel that if you’re different, and not
famous, and not admired in that way, you could still be adequate or know
something. I think children of famous parents often do have that experience.
Although I think in the larger world my father certainly was not famous or well-
known, I think kids of really famous parents have a whole other dimension to
struggle with. He was admired in the legal world. The Chief Justice called him a
judge’s judge. It was legitimate but it was also awe-inspiring.

Dr. Dave: Yes. Well, you write beautifully and sometimes in minute detail -- not in
any way boringly minute detail, but really in an analytic way, appreciative of the
strong feelings that you had for him and the emotions you were struggling with
and how those expressed themselves in your game of tennis.

Cohen: Mmh.

Dr. Dave: How important it was for you to win, and how you felt when you lost.
You discovered that you couldn’t let yourself go all the way. There was
something that was holding you back at the same time.

Cohen: Right. Absolutely. Well, in some ways, that is the way one works as a
psychoanalyst. It’s the small details. The small omissions. The slip of the
tongue, to take a more obvious example. It’s the everyday things around us that
we invest with meaning, sometimes from our past, making them more powerful or
trying to avoid them. I’m happy if I’ve succeeded in showing that the way to
understand the world is in these small things, because that’s where the answers
really lie for us. I think ideas and convictions are important, but I think it’s the
everyday things that we are compelled to do, or that we are repelled to avoid, or
that we sink in order to repair -- it comes out in the tennis court. It comes out on
the job. It comes out all over the place if one knows how to pay attention.

Dr. Dave: Yes. The book is titled, From Both Sides of the Couch, and I think that’s
the beauty of it: you’re a psychoanalyst who went through your own
psychoanalysis. So it gives a person a kind of inside window into that experience
from both sides of the couch. We’ve touched upon the first part of the book
which is very much about your relationship with your father and how it affected
you throughout your life -- how it affected you, in particular, in relation to tennis.
Let’s talk about Parts 2 and 3 a bit. How would you characterize those for our
listeners?

Cohen: Part 2, the middle part. Maybe it will help to backtrack. I mentioned the structure
of the book, which changed. At some point, when I was in the homestretch, I
hadn’t quite worked out the structure. I had all this material but it was in different
places. I actually had an image of a figure eight on its side, if you can imagine an intersection in the middle. The middle, the first section, is about my father -- about my growing up, but certainly more about him. The intersection is about psychoanalysis. It’s about the process. Examples of how it helped me when I learned and how it actually works. I’m very specific. For example, the issue of frequency. The issue of who can be a psychoanalyst. The issue of training. I also give examples from my own work often to illustrate a similar point that I’ve made about myself. I think, in some ways, that’s your book that I’ve written for my father. My passion -- and I think I say this in the bio -- is really for the public to understand what psychoanalysis is, how it might benefit them, and of course not to dismiss it in the way that I think so many people do nowadays.

Dr. Dave: Yes. I want to get into that.

Cohen: But I think the original person for whom the book was written was my father. So, in telling people who I am, what I do, why I believe in psychoanalysis, I think a lot of what we do as adults has its roots in some person or some experience in our childhood. My father is the first person whom I would have wanted to read the book, and I hope he would have understood. I’m not sure.

Dr. Dave: He had already passed on by the time the book was --

Cohen: Yes. He died about 12 years ago now. It’s interesting that you say that. Somebody asked me not so long ago when I would have published the book if my father and mother were still alive, and particularly my father. You know, I’m not sure I would have. I hope he would understand the role that he played and how much he meant to me, but for me, that was the great loss: that he really couldn’t step out of rational mind. It made the seeds for me to want other people to know. Originally it was him. Now it’s the public, because I hate the fact that people are so clueless about a good psychotherapy or a good psychoanalysis, and dismiss it or make fun of it.

Dr. Dave: I love the phrase you just used. “Step out of rational mind.” The ability to step out of rational mind. That sounds like a phrase that’s pregnant with meaning.

Cohen: Well, we have two modes of thinking. We have many modes of thinking, but you know, when we’re very small, we don’t really think in rational mind. We think in images and feelings even before we have words to put to them. Acquiring what we call a primary process which is where there are fantasies. There are wishes. The small child’s anger which becomes a thought -- “I hate you, I wish you were dead” to a parent -- becomes very frightening because they don’t distinguish between the thought and the deed. In that sense very Catholic with a capital “C.” My father couldn’t enter the world of the un rational. He was reasonable. He felt not only do you do the best you can, if you have a problem, you just struggle with it -- but there was no room for the imaginative leap or the panic of “I’m scared, I can’t do this,” and understanding that it might be coming from somewhere else. It was his great limitation because he couldn’t enter the mind of a child or really relate to childish anxieties or fears. It was what I experienced. I didn’t know that that was something that I was missing until I went to college. I really grew up idealizing him, thinking that his way was the way I should be when I was an adult. I really didn’t discover that there were other forces inside me as well as in everybody else until I got to college and I fell apart.
Dr. Dave: Mhm. Yeah. Let me have you touch on Part 3 of the book and then I’ll come back and we’ll talk about psychoanalysis some more.

Cohen: Well, Part 3 is actually more back to me. It’s still also about psychoanalysis. Actually psychoanalysis runs through the entire book even though the focus is different in the different parts. That one goes even further back to my childhood and some of the experiences that I remember that I think capture what was wrong and what was missing. It also brings the reader up to date -- post-analysis, anyway -- post my first analysis after I was in college -- that I was freed up enough to find and marry a very different kind of man from my father. I really knew by that time, I didn’t want to be excluded from the important part of my husband’s life. In my father’s case, it was his work. I didn’t want to become a lawyer which would have been a way to join my father. I knew that I wanted to be married to somebody who put family before work. I was very lucky in that regard. Some of the story in Part 3 is actually about a happy ending. I consider myself very lucky to have had enough tools from analysis to be able to separate from choosing somebody like my father. It also goes back to another crucial missing ingredient of my childhood. That was the emotional unavailability of my mother. If children don’t have that, then they’re missing something that’s even more important than what a father has to offer, which is often an opportunity to separate from a mother. A good mother is hard to give up. I mean, why should we? They take care of us. They love us. So one of the tasks of growing up is to have the experience of being understood and being taken care of and then starting to be able to separate to do it on one’s own. I think it’s what made my father so much more important to me. She was attractive. She was pleasant. She could be very charming. But when it came to really tuning in to children, or being available in that sense, it just wasn’t there.

Dr. Dave: Yes.

Cohen: It was a lot about that and the importance of certain aspects of mothering that, in the best of all possible words, children can get, because it helps them have a very good foundation about themselves and who they are.

Dr. Dave: Yes. Now clearly, psychoanalysis -- as you’ve indicated -- has played a major role in your life. In the course of reading it, I have the impression that you went through three different psychoanalyses yourself, and then you became an analyst yourself. Yet both Freud and psychoanalysis get a very bad rap on most university and college campuses these days. Why do you think that is?

Cohen: That’s a really hard question. The first answer that comes to mind -- and I think this is also very cultural -- we do live in the era of the quick fix. Celebrity hype. Psychoanalysis and intensive psychotherapy is very labor-intensive. It can be very expensive. I think there are ways, if people know what it is and want it, that people can have a psychoanalysis and not have to pay the expenses. I think that certainly is part of it. People want a quicker fix. I think we live in an era when -- in my perspective -- we’re in an epidemic of medication and overmedication. People go to their internist and say, “I’m depressed,” and they give them some Prozac. They don’t even bother going to a psychopharmacologist. They go to a psychopharmacologist and they say, “I’m sad” or “I’m depressed.” I’m not saying this is true of the really thoughtful, competent ones, but I think the
majority just dole out pills. It doesn’t solve whatever it is that’s precipitating the particular feeling. Of course, the crisis in health care. We have insurance companies that determine the frequency of treatments that they will reimburse, or the number of sessions per year, and working on something that’s an old deep-seated source of anxiety or poor self-esteem isn’t going to get better in 52 sessions. It could take three years, four years, two years. So there are a lot of external things that are certainly a part of it. I also think there’s been a huge shift in psychoanalysis itself that I’m sure the public doesn’t know about. Classical psychoanalysis -- and I do write about this in the book -- as it developed in this country -- not as Freud practiced it, and not as people practiced it in Europe or other countries -- became very antiseptic to the point that it really wasn’t a two-way process. There was the analyst, the patient lying on the couch, and the analyst interpreting the patient, his behavior, as if the analyst had nothing else to do but to make interpretations. Everybody nowadays, whether you’re a contemporary Freudian -- which I consider myself -- or a relational or interpersonal, acknowledges that the analyst being in the room with the patient -- having feelings, reactions, thoughts -- is a part of the process. I think for people who don’t know about that shift, thinking about the antiseptic Woody Allen model that went on forever and ever, it’s not a very desirable process to think about, I would think. Those are the two things that are probably contributing.

Dr. Dave: In the book, in particular, you comment on the contributions of Melanie Klein and also D.W. Winnicott. Maybe you could briefly comment on their contributions.

Cohen: Well, both of them -- Melanie Klein, who was actually in competition with Anna Freud -- the two daughters after Freud died -- really brought psychoanalysis back to what we call the pre-oedipal period. Freud really focused on the Oedipal conflict which he thought began around four or five and came to its height at six -- the end of the Oedipal period being when the boy is in love with his mother and competes with his father. This also sounds so -- sort of corny. It does happen except not so blatantly. The boy has to renounce his mother and identify with his father. I mean, there’s a lot more to that. Freud acknowledged the importance of the mother, but he didn’t pay a lot of attention to what went on between mother and baby, how babies develop a sense of self, and what happens to the drives that he postulated. One of the things Melanie Klein did was turn the spotlight on the mind of the infant which she hypothesized had very aggressive, destructive fantasies towards the mother, envying the mother, and what happens to the mind of the infant. Things like what she calls splitting, where the infant had the image of a good mother and a bad mother, but somehow couldn’t integrate the way mothers really are. They have a little good stuff and a little bad stuff, and we might have angry feelings, but they’re still a good enough mother. I think it was a very important shift, because in bringing the mother in, and the relations between the two, she also created a sense of a dyadic process. In many ways that is what happens in psychoanalysis. It is a dyadic process. Although the patient or analysand is still the center of the process, acknowledging that the analyst has a role to either receive or hold or contain is very different from the early practice of psychoanalysis. Winnicott took it further. He said, without a baby you don’t
have a mother, and without a mother you can’t have a baby. So he implied the
dyadic element from the very beginning. I think a lot of that is what has helped
the shift in analysts perception of what goes on between analyst and analysand. I
say some place in my book -- and this is a more general way of describing some
of what I just touched on -- that it’s an opportunity to be re-parented in a
benevolent way. I go on to clarify it. I don’t mean re-parented as if the analyst
becomes a parent, because you’re not the parent, and you shouldn’t try to replace
the parent. But the emotional feelings that get stirred up or have gone awry have
an opportunity to come out in the process and to be repaired. I don’t know
whether that clarifies it, but it’s a much more emotionally intense experience than
it could have been in the earlier model when the analyst was really quite removed.
For me, in my first analysis, the analyst was the authority who of course became
the person of my father in the transference.

Dr. Dave: Yes. There’s a lot of good discussion in your book about the older “blank
screen” model. I guess in contemporary practice the analyst is somewhat more
available. There’s a recognition that nobody can be a truly blank screen.

Cohen: Nor should be. Yeah.

Dr. Dave: Yeah.

Cohen: Which is different from being neutral. You said we’re going to save discussions
about the treatment perhaps for another conversation.

Dr. Dave: Yes.

Cohen: But that’s one way that that Paul the therapist, from my perspective, leans too far
in the other direction. He has a lot of self-disclosure. Last night, in the session
with Sophie -- which I think are the best ones in the whole series -- Sophie talks
about a nightmare she has. Instead of staying with her and the nightmare, he tells
her about his recurring nightmare when he was a child. I couldn’t quite see the
point of it.

Dr. Dave: Yeah.

Cohen: She was already getting on with it, and he then picked up the threads and got back
to her, but it seemed to me that was an intrusion and totally unnecessary.

Dr. Dave: I do want to have that conversation with you. I’m going to postpone it,
because there’s so much we can talk about there, and there’s so much that it
illustrates about analysis and other approaches to psychotherapy that I think we
can have a very rich conversation about that. I’m going to table it for now. I had
originally planned that we would talk about In Treatment, but there’s so much
else for us to focus on, so you’ve kindly consented to a follow-up interview,
which we will definitely do. So bringing us back to the couch…

Cohen: (laughter) I said to you earlier I’m always happy to expand.

Dr. Dave: Yeah.

Cohen: You have to remember I was a kid in the bedroom who never got to talk. So…

Dr. Dave: OK. You just mentioned Sophie’s nightmare. What’s the role of dreams
in your particular approach? I’m particularly interested in dreams. Some people
put more emphasis on them and others less. What role do dreams play for you?

Cohen: I always have this guilty sense that I should let them play more, but for me, I’m
not as comfortable with dreams as other means of picking up clues. Obviously, I
do analyze them when patients bring them. I think this gets us to an interesting
point about psychoanalysis and psychoanalysts and therapists. This was very hard for me to learn about myself and accept. I think analysts have different styles and temperaments. I know analysts -- some of my friends -- who are really into dreams and get very excited when a dream comes up. They see it as Freud did, originally, as the royal road to the unconscious. But there are many roads to the unconscious. I think that’s one of the amazing things about the process: you can get to the unconscious in a variety of ways, and it depends on the particular patient as well as the particular analyst. I think in a good treatment someone will get to all the issues that he or she needs to deal with, but even the gender of the therapist might determine which issues come up first and which come up later.

Dr. Dave: Ideally it will all come out in the wash, though.
Cohen: Ideally it will always come out in the wash, although I think there are always little pockets that one may not get to.

Dr. Dave: Yes. And you illustrate that in your book. With the three different therapists that you went to, you discovered that there were pockets that had been left.
Cohen: Yeah. Big pockets.

Dr. Dave: Big pockets. (laughter)

Cohen: As I say in the book, I really consider the first two analyses the same in my mind and I sort of telescope them together. When I was in college, which really grew out of my having fallen apart, and a bout with anorexia and it really introduced me to why I had fallen apart. That I had an unconscious. I ended it too soon. I think in those days analyses were much shorter. I didn’t want to end it. I got a job in New York and my analyst thought I was ready to terminate the analysis. It was very clear, after about a year and a half, that I had left stuff undone. I ended up in another one, but I think, in some ways, I have tended to think of them as my first analyses.

Dr. Dave: Yeah. As we begin to wind things down here, let me come back to the question: who is analysis good for? I agree with you that insurance companies are insisting upon and driving us towards the quick fix. On the other hand, it’s understandable that they wouldn’t want to pay for four or five years of analysis. So who is psychoanalysis good for? It is expensive and time-consuming. It’s valuable but is it a bit of a luxury, maybe?

Cohen: Yes, it is a luxury. As I’ve said in my book, it could be a luxury, but also, its soul is to clap its hands and sing -- quoting from Yeats. What comes to mind -- and this is in the book, too -- is a young man I worked with who came in crisis. He had been married for a year and separated from his wife because he felt he had married a version of his mother and found it unbearable. He had married a version of his mother: a very dependent, helpless woman. As we began to work, it was quite clear how impaired his self-esteem was. He was very functional. He had a tough job in a very competitive industry. His relationships were very shallow and he was terrified of any in-depth connection. That residual had to do with his mother being suicidal and depressed. He felt that he was the cause of the depression and her being suicidal. He was resentful of having to take care of her, but at the same time, he thought he was too dangerous. That kind of old history takes a lot of therapeutic work. I wish there were a faster way. He ended the
treatment after about three years, partly because the insurance company stopped paying, and the adjuster had said, “Well, he’s one of the walking wounded. We don’t reimburse for that.” His capacity to have an in-depth, intimate relationship had not yet grown, and I am doubtful that it would. So, from one perspective, you’re right. It’s a luxury because he is a very functional human being. But I think there are many functional human beings who have all kinds of injuries and self-destructive tendencies. I mean, look at Eliot Spitzer to pick the most current example.

Dr. Dave: Yes.
Cohen: I don’t understand what makes him tick but I think people have demons. They can function very well in the world, but this doesn’t mean they couldn’t live more gratifying lives, and also, not do so much damage to the people with whom they’re involved. To me it’s not an answerable question. For me it’s about trying to encourage people to know of the possibility and that there are ways to try to find treatment at the same time that I agree with you. It’s expensive and time consuming...

Dr. Dave: You did allude to the possibility that there are ways to do it more affordably. I think you were alluding to that.
Cohen: Well, the one thing. There are training institutes, but this is only in the big cities. I mean, New York is not a good example, because New York has so many training institutes. But the other coast, Michigan. There are places in the country like Kansas. I do think people can get affordable treatment by going to somebody who is in training at an institute. What has started to happen more -- and there’s a lot of debate about it -- is that sometimes people have been having phone sessions. If there’s some kind of a connection with the therapist, it’s not impossible to have phone sessions, though it’s not ideal -- but a lot of things aren’t. I think it’s always important for people, wherever they are, to ask about training, because to spend time in therapy with someone who isn’t trained could be harmful. I have a couple of instances of patients who are in treatment with just outrageous therapists who spent a lot of years undoing damage before they could begin to pick up where they might have started before.

Dr. Dave: Mhm. To provide a little bit more context for listeners, I should mention that you’re pretty clear in your book that when you talk about analysis, distinguishing it from what might be called psychoanalytically-oriented psychotherapy, a “real analysis” you say is three times a week, minimally, and ideally five-times a week.
Cohen: Yes. The five times a week, as you can imagine, is increasingly rare, and three times a week, from my perspective, is a compromise. However there are many contemporary analysts for whom three times a week is fine. I don’t consider once a week or twice a week an analysis because the transference to the analyst can’t develop that intensely with twice a week. There is something about the frequency that facilitates the attachment. That’s what you want because you want to become the object of their love as well as their hate. People always joke about falling in love with the analyst, but they don’t remember that they are often the object of the hate, which is the right place for it to get worked through.
Dr. Dave: That takes me back to In Treatment, because we really get to see that piece of it illustrated in In Treatment quite a bit. But we’ll save that for our next conversation. I should probably close it off here, although I’m reluctant to do so, because I had more topics that were stimulated by your book that I wanted to discuss with you.

Cohen: Can I have a minute?

Dr. Dave: Yes. Yes.

Cohen: When I said “labor intensive,” it reminded me. We have a house in the country in the western foothills of the Catskills. A number of years ago, a neighbor came to us and said, “My buddy is giving away his maple syrup equipment. Could we tap your trees and boil the syrup on your property?” So we ended up with this maple syrup project. We, of course, didn’t really do the labor because we were only up on the weekends. I don’t know if you know anything about maple syrup. It takes 40 gallons of sap to make one gallon of maple syrup. It is the most labor intensive process that I know of except for an analysis. The maple syrup that you get is sublime. I’m not sure I could take the parallel quite that far, but it is labor intensive, there’s no question about it. However, that doesn’t mean it’s not worthwhile trying or thinking that one might want to try that for oneself.

Dr. Dave: OK. Dr. Fern Cohen, I want to thank you so much for being my guest today on Shrink Rap Radio, and I’m looking forward to talking with you again soon.

Cohen: Well, I am too, and I thank you so much for the opportunity. I do think it’s an opportunity, and thank you.