

## NEW HEADS FOR FREUD'S HYDRA: PSYCHOANALYSIS IN LOS ANGELES

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This paper describes the transplantation of psychoanalysis from Europe to Los Angeles and the similarities and differences in followers, cultural attitudes, institutional organization, and patient symptoms. Psychoanalysis in both places attracted psychiatrists, psychologists, social workers, artists, writers, and movie people, all committed to "modernism" and cultural change. But special American conditions created greater institutional rigidity, medicalization, and a more diffuse patient symptomatology centered on the maternal relationship. Such conditions also fostered bitter disputes over modifications of psychoanalytic theory and practice which have only recently become less acute as the status of psychoanalysis has declined in America. © 2001 John Wiley & Sons, Inc.

Eight months before Freud's death on 23 September 1939, his sense of humor intact, he wrote to his old friend and colleague Ernst Simmel that he was pleased that the psychoanalytic hydra had grown new heads in California after the cruel mutilations of the recent past (Freud, 1939). The hydra was that many-headed monster in Greek mythology, which, when one of its heads was lopped off, instantly grew a new one. The Nazis had done their lopping well. The psychoanalytic movement in Germany and Austria had been reduced to a collaborating rump and psychoanalysts had emigrated to England, France, and the United States. This final destination was made possible by a generous flood of affidavits by psychoanalytic supporters in America, many of them from Los Angeles (Hale, 1995).

Simmel, a medical analyst in Berlin, already suspect to the Nazis as a Jew and a socialist, in 1933 was asked by a small psychoanalytic study group in Los Angeles to move there in order to begin a program of training. He arrived with his family a year later, after harrowing vicissitudes that included imprisonment and a period of languishing in Holland for his entry visa. A short, expansive, friendly man, he hoped to reproduce his successes in Berlin in the City of Angels. After four years of energetic recruiting and training, in 1938 he proposed a new Los Angeles sanitarium to be named for Freud, a new institute, and a new society of psychoanalysts. He had been active in establishing all three in Berlin in the 1920s (Simmel, 1938).

In his new American environment, Simmel's fond hopes were partly realized and partly frustrated. To pursue the fate of Simmel's plans is to pursue a fascinating problem: how did this exotic new psychoanalytic theory and profession, which had flourished in post-Hapsburg Austria and in inflation-ridden, chaotic Weimar Germany become transplanted to of all places, Los Angeles, then the home of a burgeoning movie industry, oil wells, receding orange groves, and the start of its manufacturing base.<sup>1</sup> One of the city's first analysts recalled that

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1. For an international perspective on these issues, see Kurzweil (1989) and Roudenescu & Plon (1997); for the United States, see Burnham (1958, 1967), Hale (1971, 1995), and Matthews (1957).

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around 1928 the city ended far from its present boundaries; then there were open fields and Wilshire Boulevard did not yet extend as far as Beverly Hills (Munk 1963, p. 6).

#### COMMON ELEMENTS: BERLIN AND LOS ANGELES

Common elements linked the psychoanalytic communities in Berlin and in Los Angeles, but there also were equally remarkable differences between them. First, the common factors: psychoanalysis in both places shared a theory and technique encoded in the written words of Freud himself and his disciples, an already vast body of writing, much of it in German, but a surprising amount already in English. Freud's major works had just become particularly accessible to Americans in the Modern Library's fat volume of A. A. Brill's translations, published in 1938—the first collection of Freud's writings to reach a wide American audience (Brill, 1938). Thus the common written word, whatever one may say about problems of translation and interpretation, was an already available link.

In addition to the texts, a second common characteristic was an avid interest among lay people that in both places exceeded the initial interest among physicians, although that, too, despite considerable hostility among some neurologists and psychiatrists, was growing (Greenson, 1962, pp. 11–12; Lachenbruch, 1963, p. 2; Sperling, 1963, pp. 5–6). Psychoanalysts in Berlin and in Los Angeles quickly developed close ties to social reformers, intellectuals, educators, artists, writers—and last but not least, movie people (Munk, 1963, pp. 5–7; Tidd, 1962, p. 1; interview of Hildi Greenson by the author, Los Angeles, 4 June 1985). Ernst Simmel, for instance, knew the great stage director Max Reinhardt in Berlin and invited him to his house years later in Los Angeles (Lippett, 1984, p. 47). Theater and movie people in Berlin knew something about Freud's new science, and in the 1920s the Berlin analysts Hanns Sachs and Karl Abraham had been consulted about the first psychoanalytic movie, *Secrets of a Soul* (Ries, 1995). It is possible that a *Berlin on the Couch* might have revealed connections as fascinating as those recently described in *Hollywood on the Couch* (Farber & Green 1993). And indeed, some of the first interested lay persons in Los Angeles were movie people. King Vidor, the Hollywood director, was one of Simmel's backers, and at least one of the immigrant German actors was among a budding analyst's first patients. Simmel treated George Gershwin, the composer, and reportedly was the first to diagnose Gershwin's blinding headaches as a brain tumor, which neurologists at first thought were functional (Greenson, 1962, p. 13; Rangell, 1984, pp. 58–59).

Psychoanalysts in both Los Angeles and Berlin developed ties to liberal social and political reformers. Social workers, teachers, and policemen had attended courses at the Berlin Institute. The European Left was far more radical than its American counterpart; Wilhelm Reich, for instance, had been active in the Communist Party and Otto Fenichel was a dedicated theoretical Marxist (Jaccoby, 1983). The American equivalents were the reformers in the tradition of progressivism, who like their European counterparts were left-of-center advocates of political, stylistic, and social change, of sex education, divorce, birth control, and progressive education, in a period when all these were radical causes in the American context. The American advocates of these causes were particularly interested in psychoanalysis, although it already had been denounced as a bourgeois corruption by the most doctrinaire of the American communists.

According to the oral histories collected by the Los Angeles Institute, the very first semi-trained analyst in Los Angeles, Margaret Munk's first husband, Thomas Libbin, had worked at the famous social settlement in Chicago, Jane Adams' Hull House. Through Miss Adams's friend and wealthy backer, Ethel Dummer, he had met Miriam Van Waters, then a referee at

the Los Angeles Juvenile Court, who sent the Libbins some youngsters as patients (Munk 1963, p. 5). Van Waters was famous for her mid-1920s book denouncing traditional child raising and provocatively titled *Parents on Probation* (Van Waters, 1927). In Vienna, Margaret Libbin had made clinic rounds with August Aichorn, perhaps the first psychoanalytic expert on juvenile delinquency. After the Libbins moved to Los Angeles in 1927 and started the first informal psychoanalytic study group, they found that the woman in charge of social work at the Los Angeles Child Guidance clinic had been a patient of Otto Rank's. Indeed, she threw a cocktail party for Rank on one of his visits to the west coast (Tidd, 1962, p. 1). Social workers, members of the Los Angeles school board, and a few academic psychologists at UCLA and Cal Tech were already interested in psychoanalysis before there were fully trained analysts to teach them. Interest was growing sufficiently for Simmel to give a course of lectures in the extension division of the University of Southern California in 1938 (Brunswick, 1963, pp. 8–9; Greenson, 1962, p. 12; Munk, 1963, p. 6).

In both Berlin and Los Angeles, a few progressive psychiatrists also were intrigued by psychoanalysis. Karl Abraham had lectured to German physicians, and at Compton State Hospital outside Los Angeles as at the Charite in Berlin, there were a few physicians who were familiar with Freud's theories and wanted to learn more. Simmel began to train some of these young Americans. Several psychoanalysts recalled that they were treated with hostility by the more conservative Los Angeles psychiatric community, as they had been by conservative psychiatrists in Germany (Abraham & Freud, pp. 300, 305, 314, 316; Greenson, 1962, pp. 11–12; Sperling, 1963, p. 6). Thus, the cultural and social mix was not so very different in Berlin and Los Angeles. The same kinds of people were interested, some of them passionately: a few psychiatrists, and a larger group of social workers, teachers, artists and writers, movie people. They shared a general liberal, modernist outlook (Burnham, 1958, 1967).

Another shared characteristic of Berlin and Los Angeles was the relative informality of the psychoanalytic community in the 1920s and 1930s despite an increasingly systematic organization of training. The published letters of Alix Strachey (Meisel & Kendrick 1985), the English lay analyst and wife of James Strachey, translator of the Standard Edition, are particularly revealing. She was analyzed by both Freud and Abraham, and judging from her letters and from memoirs and biographies of Berlin analysts, there were many informal contacts between analysts and trainees and analysts and patients. They seem to have attended the same parties, and Therese Benedek recalled reading psychoanalytic texts with candidates in her own home, a proceeding frowned on later in some puritanical American analytic circles (Benedek, 1969). Indeed, perhaps because of more crowded housing in Europe, patients might even run into each other outside the analyst's consulting room, a contact usually avoided in America. One early Los Angeles analyst recalled that in Vienna, she had just brushed by a man with bulging eyes who had emerged from her analyst's office. She asked her analyst, Herman Nunberg, who he was, and Nunberg replied, "That's someone I've just saved from going crazy." She added that this brief encounter and revelation had not harmed her analysis (Lachenbruch 1963, p. 5).

One final common element was enthusiasm. Many American trainees, for instance, left Berlin with a sense of excited loyalty to their new profession. In Los Angeles, there was a feeling that new discoveries were just around the corner and people vied to present papers both to the informal study group and to the later Institute (Greenson, 1962, p. 9; Leonard, 1984, p. 38). The first analysts in Los Angeles were not yet well-to-do. Ralph Greenson observed that in the early days psychoanalysis in Los Angeles was "modest and simple" with none of that "high powered stuff" that developed in the years after World War II (Greenson,

1962, p. 16). Indeed, the refugee analysts often were poor, especially at the very outset of their American adventure. Fenichel, for instance, used an army cot for his first analytic couch. In their devotion, enthusiasm, and sense of mission and expectation, the early psychoanalysts were once likened by Eric Erikson to the early disciples of Pauline Christianity (Erikson, 1976). These were the common elements uniting Los Angeles and Berlin: common texts; enthusiasm; a cadre of interested social workers, physicians and psychiatrists, artists, writers, movie people; a shared interest in social and cultural reform; an early informality.

#### DIFFERENCES

But there were crucial differences between the cities. Los Angeles was not like Berlin or Vienna, in either physical landscape or cultural pattern. The high culture of Los Angeles was new, its universities, music, art, and theater recently founded, and thus perhaps more open to novelty. Certain characteristics distinguished the Los Angeles scene. First, there was a strong tradition of quackery and quasi-religious mind cures, largely absent in Europe, and for this reason physicians in America jealously guarded their medical privileges. Second, American family structure was different and, accordingly, the symptoms of American patients seemed to be different. Third, there was a powerful vulgarizing, popular culture. Fourth, the native tongue was English, with some special consequences. Finally, unlike free and easy Berlin, modesty, indeed prudery, officially prevailed in the City of Angels. Kevin Starr (1990, p. 135) has recorded the ostentatiously modest bathing suit regulations for Long Beach in 1920: the body must be covered from shoulder to above the knee with a skirt for both sexes flowing from the waist to the bottom of the suit. And the Catholic Legion of Decency would soon attempt to ensure morality in the movies. Prudery may have made psychoanalysis all the more fascinating to its local American converts. All these factors, with the possible exception of prudery, directly affected Simmel's elaborate, almost grandiose plans, and their fate symbolized what became of psychoanalysis in its new home.

The language problem was critical. Most of the emigré analysts knew some English before they came, but none were fluent, or skilled in understanding the nuances and slang of their patients. Simmel struggled particularly hard with this new tongue and American colleagues recalled that the refugees' accents were awful. But they were eager to learn. Indeed, they had to learn. A couple who had been analyzed in Vienna, the Jerome Lachenbruchs, who had returned to Los Angeles in 1927 and joined the earliest psychoanalytic study group, began a very informal seminar teaching idiomatic English to some of the emigrés, including Otto Fenichel and his first wife, Francis Deri, and the Simmels. The seminar had started as a purely social evening of fun, but the analysts insisted it continue because they were learning the kind of idiom that they would never get in the usual English class for foreigners. At Fenichel's request, Mrs. Lachenbruch spent several months going over the manuscript of the *Psychoanalytic Theory of Neurosis* to be sure the English was idiomatic (Lachenbruch, 1963, pp. 11–12). Fenichel himself kept a big English dictionary beside the couch in case an analysand used a word with which he was unfamiliar. Despite Webster's, Fenichel's malapropisms were legendary. In a talk at the Menninger Clinic, he mentioned "penis ivy," then as an alternative "penis envoy," until finally the appropriate "envy" emerged. Fenichel addressed May Romm, an American medical doctor analyst, as "Mrs." Romm, thereby earning her initial hostility, although they later became friendly. In German, addressing a married woman doctor as Frau or Frau Dr. X was accepted custom (Brunswick, 1963, p. 9). Once a male patient of an emigré woman analyst used the term "shenanigans." The analyst didn't know what it meant. The patient began fussing and avoiding the term and trying to be smart,

until the analyst countered with, "Now I know what 'shenanigans' is, that's what you're doing right now" (Lachenbruch, 1963, p. 4). One can only add that with patients, if not colleagues, the traditional silence of the analyst no doubt minimized the seriousness of the linguistic problem.

#### THE PROBLEM OF LAY ANALYSTS

Simmel's difficulties with language, as well as his generally friendly and trusting personality, may have blinded him to the practitioners of quackery and wild analysis. Perhaps the first self-styled analyst in Los Angeles, a Mrs. Wilshire (for whose husband the boulevard was named), dressed in flowing Grecian robes and purported to practice psychoanalysis (Munk, 1963). Simmel first encountered quackery in a man who claimed to be a training analyst and a member of the New York Psychoanalytic Society, and who gave a paper to the Los Angeles study group. One of his patients noticed that during his session there was someone behind a curtain in a closet in the consulting room. Simmel was told about the matter, checked the "analyst's" credentials, and discovered he was not a member in New York at all. He was, in fact, an amiable beautician. His mode of training had been to hide a candidate in the closet so he could hear how a session was conducted. The beautician fled Los Angeles, leaving a mountain of debts in his wake (Deri, 1963a, p. 3). It is likely that this scandal strengthened the medicalizing zeal of the young physicians in analytic training with Fenichel and Simmel and some of the other emigrés who brought the first systematic training to Los Angeles. The Berlin Institute seems to have made a point of training doctors, but there were major lay analysts there too, including Siegfried Bernfeld, who had emigrated to San Francisco, and Hanns Sachs, who settled in Cambridge, Massachusetts. In general, the European societies contained a mix of medical and lay analysts in varying proportions, with around 40% being lay analysts in Britain.

There were harsher institutional factors than those associated with the occasional charlatan that operated against the acceptance of lay analysts. In 1938 the American Psychoanalytic Association had passed a regulation that only laymen already trained before then could be accepted as members. The New York Society under the leadership of A. A. Brill had banned lay members in the 1920s, and the whole cast of American psychoanalysis was medical, with close ties to psychiatry, which analysts such as Brill cultivated and believed were crucial for the profession's acceptance. As the Great Depression deepened and medical incomes declined, physicians' fears of lay competition increased. For example, the state of California decreed, under pressure from its doctors, that psychoanalysis was a medical practice, and that only licensed physicians should perform it. But to be a licensed physician in California required not only passing an examination but also completing a year's unpaid internship, a new hurdle to lessen the competition of foreigners (Hale, 1995; Wallerstein, 1998).

For the emigrés, including Simmel, the internship was an onerous task. Some completed it but some did not, including Simmel himself, who fairly early developed a practice among well-to-do patients. Otto Fenichel died on 22 January 1946 at the age of 48, during his year of internship at Cedars Sinai Hospital. Apparently aneurysms were frequent in his family and the stress of the internship may have exacerbated an underlying somatic weakness (Robert Stoller, personal communication, 5 June 1985; Jaccoby, 1983, p. 132).

Most important, the opposition of a few American physician analysts, as well as the Topeka Society which then was overseeing the California analysts, prevented Simmel from carrying out his first organizational plan, the creation of a California Psychoanalytic Society

in 1941. In 1942 a San Francisco Society made up entirely of physicians from northern and southern California, including Simmel and Fenichel, was founded. Even then, Simmel and the San Francisco group which now included such lay analysts as Erik Erikson, Siegfried Bernfeld, and Anna Maenchen, hoped to achieve a special status for lay analysts, whom many people regarded as far more competent than the younger American physicians just completing their training. But this second plan of Simmel's also failed because the American Psychoanalytic Association insisted that only physician analysts could become regular members of psychoanalytic societies. One European analyst in Los Angeles, Ernst Lewy, a physician analyst with licenses in New Jersey and New York, but not California, recalled that his lawyer advised him not to place MD after his name in the telephone book or on his bills, nor should patients use the medical title when writing their checks to him. Some feared disciplinary action by the county medical society and the State Board of Medical Examiners (Lewy, b. 1963, pp. 1–2).

For all these reasons, the European pattern of officially recognizing lay analysts did not transplant across the Atlantic. It took years, indeed until the late 1980s, before the American Psychoanalytic Association accepted laymen on an equal basis with physicians as candidates for full training (Wallerstein, 1998). These two uniquely American conditions—the strong tradition of untrained mind curers and one of its results, the militant medicalism of the nation's physician analysts—altered the European pattern.

#### OTHER DIFFERENCES BETWEEN EUROPE AND AMERICA

There was another factor unique to America—a powerful, sometimes vulgarizing, popular culture, which would find one of its most effective instruments and reflections in the movies. Whether favorable or unfavorable to psychoanalysis, movies inevitably simplified the intricate analytic process, and made the analyst far larger than life either in adulatory hype or demonizing denigration. In the curious tradition of the all-knowing American expert who could miraculously solve anyone's problem, some analysts played the role of guru in the personal and professional lives of their Hollywood patients, in a far more direct way than seems to have been the case in Europe, although there is much we do not yet know about the European social experience of analysis. And surely Freud sometimes intervened extensively in his patients' lives. However, the closest precedents for the encompassing role of some of the American analysts probably are the spiritual directors of seventeenth-century European Catholicism who attempted to control minutely the lives of their aristocratic penitents.

The differences between European and American family structure and patient symptoms would play important roles within the psychoanalytic profession in two ways. The lack of reverence for paternal authority would have some serious consequences to be described later. The differences in symptomatology called forth important modifications of psychoanalytic technique, which are still influential and which were debated acrimoniously in the Los Angeles of the late 1940s. For years, Europeans had noted the importance of mothers in the American family, well before psychoanalytic observation was institutionalized. The analysts noted it, too, as have American sociologists and historians (e.g., Demos, 1978). As family size declined, as fathers were increasingly absent in the new industrial and bureaucratic society, mothers and their emotional relations with their children became paramount. Hannah Fenichel was very aware of the strong role of the father and of a paternalistic tradition, so prominent in Germany, Austria and Czechoslovakia, and of their relative absence here. Otto Fenichel, always sensitive to the social environment, interpreted society's impact on neurosis in terms of a modified psychoanalytic instinct theory in *The Psychoanalytic Theory of Neu-*

*rosis*, written in Los Angeles (H. Fenichel, 1963, pp. 2–3; O. Fenichel, 1945). Social institutions and values structured ways of dealing with conflicts between instinctual demands, socially created desires, and socially enforced frustrations (O. Fenichel, 1945, p. 464).

The paternalistic tradition is clearly reflected in the loyalties of some of the emigré analysts to Freud, the Ur-father of the psychoanalytic movement, and was particularly obvious in Ernst Simmel, who in his turn acted as something of a benign father figure himself, controlling who would be in training and who would not, with unintended consequences. The heavy European paternal shadow fell on Martin Grotjahn, who came to realize that he and his wife were following the austere life pattern of his own father, eschewing, for instance, ever buying a house as most Americans were wont to do (Grotjahn, 1987). In their analyses, American patients tended to talk endlessly not of their fathers but of their mothers, some of the refugee analysts observed.

Whether family structure had anything to do with patient symptomatology remained problematic. But the Europeans were acutely aware of what they perceived as shifts in presenting symptoms. Instead of the hysterics, classic obsessive compulsives, and masochistic perversions Hannah Fenichel had treated in Prague, her American patients suffered from far more unstable regressive character disorders, and from more unstable object relations. She was not sure, however, whether treatment had become longer and longer because of symptom changes or because of deeper knowledge among analysts. In the earlier period, analysts thought their method far more applicable to many more cases than was believed appropriate when she was interviewed in 1963. (H. Fenichel, 1963b, pp. 2–3, 7–8).

Simmel himself was interested in treating drug addicts, alcoholics, and others outside the normal psychoanalytic pale. His secretary, Diana Atkinson, recalled that he had a case load “the likes of which” she had rarely seen; these were patients other analysts would “veer away from” (Atkinson, 1963, p. 16). Yet Simmel’s was an important precedent that would be followed by some analysts who were called upon to treat movie people with similar problems, including Judy Garland who briefly was Simmel’s patient, Marilyn Monroe, and a surprising number of others. Addictions, including alcoholism and drug abuse, in particular were symptoms for which psychoanalysis was not generally regarded as an appropriate treatment. In addition to such symptoms, Martin Grotjahn, for instance, observed the loneliness, isolation, and narcissism of the “beautiful people,” a number of whom were his patients (Grotjahn, 1987, p. 180).

The changing symptomatology and the need to find a more expeditious cure had led in Chicago to innovations in treatment methods, about which controversy still swirls within the psychoanalytic community. Having noted the European devotion to father figures, it was also the Europeans who were the first to rebel against Freud the father: Franz Alexander, who worshipped his own father; Karen Horney, whose parent was a remote sea captain; Otto Rank, who had regarded Freud as an adopted pater familias; and Sandor Rado, who had moved from hero worship of Freud to militant distrust of his entourage and its adulation of his former hero (Hale, 1995).

#### SPLITS IN PSYCHOANALYTIC ORGANIZATIONS, AMERICANS VS. EUROPEANS

Many of the protagonists in a split that beset the Los Angeles psychoanalytic community from 1947 to 1950 saw it as a battle between younger Americans and older Europeans, between the paternalistic Simmel, who tried to run the new Los Angeles Society and Institute on a personal basis after its founding in early 1946, and the *lese majeste* of those who refused to accept his authority and wished to take over on their own. It is perhaps not too much to

see this as the culmination of the differences between Europeans and Americans, although it needs to be qualified in the sense that some Europeans, such as Martin Grotjahn and a few others, were sympathetic to the modifications in treatment Alexander attempted in Chicago, notably his emphasis on manipulating the transference, on minimizing the length of treatment, and on a corrective emotional experience. As elsewhere, however, it was primarily the Americans trained in this country who set up the Southern California Institute, just as Horney's followers in New York also were primarily Americans (Hale, 1995).

In the split within the Los Angeles Institute, the issues of orthodoxy, lay analysis, and "the old Europeans" were intertwined on one side just as heterodoxy, medicalization, and the younger generation were entwined on the other. To the classicists, the modifications in technique of those influenced by Franz Alexander blurred the lines between psychoanalysis and psychotherapy to the destruction of the former. Such modifications also led to the excessive gratification of patients, when a degree of deprivation had become the standard American psychoanalytic way. To the other protagonists, the innovations seemed logical outcomes of important new experiments in therapeutic technique. This interpretation of the conflict may be more schematic and clear cut than it actually was, but it is, at the least, a useful way to look at it. Several of the protagonists themselves found this interpretation appropriate at the time. What is particularly striking is the degree of heat and venom, despair and hope, that this conflict engendered. There were some who welcomed the split, and some who mourned it (Deri, 1963a, p. 7; Gabe, 1975, pp. 46–61; Greenson, 1962, pp. 17–25; Lewy, 1963, pp. 8–10).

Those trained in America, many of them younger physicians who had held positions of leadership in the military, resented what they saw as the feelings of superiority of the Europeans, some of whom had had ties with Freud and who therefore gave the impression that they knew better than the American upstarts. Ernst Lewy, for one, a classical analyst, deplored what he regarded as the "kind of personal loyalty, even sometimes a kind of religious fervor" involved in the relationship to Freud (Lewy, 1963, p. 6). Socially, the European analysts tended to interact among themselves more than with the Americans. Hannah Fenichel recalled that at the outset "everybody was somewhat inclined to believe what Freud had said, i.e., that America is no place for psychoanalysis" (H. Fenichel, 1963b, p. 5). On the other hand, the Americans could be rude and ungracious toward lay analysts. David Brunswick, who had been analyzed by Freud and reportedly possessed a certificate from Freud testifying to his qualifications, recalled that an American physician analyst at a dinner party questioned Brunswick's right to be an analyst and to be teaching analysis because he was not a physician (Brunswick, 1963, p. 13).

The division into Europeans and their sympathizers and Americans (with exceptions on both sides) was disturbing to candidates, who were paralyzed by the conflict, fearing to express their views, lest they be identified with one side or the other to the detriment of their careers. When the split finally came, not surprisingly, most followed the allegiance of their training analysts (Gabe, 1975, p. 50).

One consequence of the strife can be loosely interpreted as patricide. Before the final split, the dissenting group had voted Simmel out as chairman of the Education Committee, that powerful body which controlled candidates and curriculum. Simmel was profoundly affected. A young American analyst who at the time was thinking of moving to Los Angeles consulted Simmel about the move and was embarrassed when Simmel broke down during the interview: "I was a total stranger, just a young man, . . . and he poured his heart out to me in such a sad and upsetting way. The poor man cried, literally, feeling that he was betrayed and disappointed by some of the people he had brought from Chicago." Simmel began having



angina attacks during Society meetings, and he died not long afterward at the age of 67 (Beckwitt, 1984, pp. 73–74; Greenson, 1962, p. 18).

In addition to the split, two other structural matters reflected the differences between Europe and America. The Europeans, both medical and lay, tended on the whole to deplore what they saw as the increasingly rigid bureaucratic organization of both local societies and the American Psychoanalytic Association in the 1950s and 1960s. They resented the latter's centralized power and felt that the new degree of organization was stifling initiative and creativity. Further, when the European physician analyst Ernst Lewy proposed that analysts give free time to a low-fee clinic, he was at first vehemently opposed. Finally, the measure passed and the clinic was established, but the initial opposition seemed to him to symbolize the difference in spirit between America and Los Angeles on the one hand and Berlin and Vienna on the other (Lewy, 1963a, p. 11).

The 1950 split left a legacy of rancor and bitterness as profound perhaps as the French splits of the 1960s (Roudinesco, 1982, 1986). Douglas Kirsner, an Australian psychoanalyst-philosopher, has provided an eloquently detailed account of the battles within the Los Angeles Psychoanalytic Institute, which one member described as “ghetto warfare” (Kirsner, 2000, p. 177). Analysts would denounce each other as bad analysts, wedded to bad theories in an unholy mix of the personal and the professional. The controversies over the theories of Melanie Klein and the British Kleinians who arrived in the 1960s were remarkably violent. The “repressive atmosphere of the real orthodox,” and a “crusade—the revealed truth of the Kleinians” was not conducive to any exchange of ideas, one member recalled (Kirsner, 2000, p. 171; Mason, 1996, pp. 18–27). Later a number of analysts, including a few prominent Kleinians, embraced Heinz Kohut's self psychology. Imperious personalities were involved on all sides: Ralph Greenson, a mercurial and a spell binding teacher who was close to Anna Freud, was the original for the Hollywood World War II film *Captain Newman* and later the psychiatrist for Marilyn Monroe; the magisterial Leo Rangell, an admirer of Otto Fenichel; and the militant Kleinian Albert Mason who publicly denounced Greenson's criticisms of Klein in personally abusive terms. One analyst suggested that the attraction of new ideas came from the disappointment of some with analytic results; a dearth of patients also may have contributed (Kirsner 2000, p. 160).

The American Psychoanalytic Association compounded the problem by privately suggesting that the Kleinians be removed from the Institute and hence from teaching positions. But a committee of the Association also helped to engineer a peaceful solution and the restoration of more constructive debate. The Los Angeles Institute already had restricted training analysts to three candidates and to a limited term of years of teaching, in an attempt to end what some saw as a self-perpetuating educational oligarchy. These bitter controversies mirrored the New York fights of the 1940s between the orthodox and the neo-Freudians (Hale, 1975). The bones of contention were identical: who should teach and hence attract followers and what should be taught. Those with new theories believed their right to present them was being stifled by the orthodox. The orthodox believed that Freud and fundamental psychoanalytic truths were being trampled underfoot. There was no accepted, common way of resolving these theoretical disputes and none of the spirit of accommodation in those years that would have allowed the British solution of three separate training tracks, including a major Kleinian cohort.

The Los Angeles atmosphere may have compounded the problem. Some analysts had wealthy, celebrity patients; earning levels were the highest in the country apart from top analysts in New York. West Coast culture was more permissive. But as the current appeal of Scientology among Hollywood celebrities suggests, glamorous clients can be fickle and the



FIGURE 1.

Photograph taken in 1942 showing, left to right: Hildi Greenson, Otto Fenichel, Hannah Fenichel, and Ralph Green-son.

proliferation of New Age and other gurus cannot but have tarnished some of the luster of psychoanalysis in Los Angeles, which once dominated the Hollywood scene.

As the American psychoanalytic movement has matured and in some areas has fallen on hard times, a far more open spirit has developed. Not only are a wide variety of views and techniques tolerated, but there is now joint membership between the Southern California and the Los Angeles Institutes. There are also new psychoanalytic organizations. In 1989 Kleinians founded the Psychoanalytic Center of California and were directly affiliated not with the American Psychoanalytic Association but with the International Psychoanalytic Association. Another IPA affiliate is the Los Angeles Institute and Society for Psychoanalytic Studies, made up mostly of clinical psychologists. Finally the Institute of Contemporary Psychoanalysis was founded in 1990, unaffiliated with either the American or the International Psychoanalytic Associations.

Freud's hydra has indeed grown many new heads in Los Angeles; perhaps Freud would have welcomed the extent, while being bewildered by the variety, of his monster's proliferation. But the issue of divisions, schisms, and the proliferation of theories is a truly serious problem for psychoanalysis, perhaps today more than ever. Kirsner (2000) has argued for its deleterious consequences, insisting that psychoanalysis does not at present represent a body of knowledge but a set of institutions for anointing therapists in a particular dogma. It is probably too much to ask for theoretical uniformity in a social science. After all, economists,

psychologists, and political scientists all clash over fundamentals in their respective disciplines. But the demands on psychoanalysis are higher in this sense. It is after all a theory and a practice for the treatment of nervous and mental illness. Psychoanalysis and its derivative psychotherapies still play a role in health care. All the emotional freight of the squabbles in Los Angeles, especially in the past, testifies to how serious a problem theoretical and personal disagreements have presented. That such issues are less burning today indicates simply that the stakes are less: the position of psychoanalysis has declined and its institutional controls have diminished so that who is trained in what theory—whether ego psychology, neo-Kleinian, Kohutian, or Lacanian—matters less than ever before. And, finally, there have been conscientious efforts to bridge the theoretical differences (Wallerstein, 1992).

An argument is sometimes voiced that different theories apply to different patients and conditions, and that no one theory could be expected to encompass them all. But unanswered questions remain: which patients and which conditions are responsive to which theories?

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