FIVE AIMS OF THE PSYCHOANALYTIC PATIENT
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I. GENERAL REMARKS

Every analytic patient enters analysis with, or develops, partly during analysis, five aims: one conscious and four unconscious ones. The conscious wish is self-evident: The patient suffers, is helpless and wants help. The second aim has been discussed repeatedly: *materialization of unconscious wishes.* This, the patient achieves in the transference-neurosis and he is rather indignant when the analyst uses the transference for exactly the opposite purpose: destruction of the infantile repetitiveness.

The third, fourth and fifth aims of the patient are seldom discussed. They are: The patient wants from analysis, unconsciously, not cure, in our meaning of the word, but *stabilization of his neurotic balance.* What disturbs him is only his inner feeling of guilt and its results. Therefore, his unconscious formula is: I want my infantile paradise without paying for it with the "hell within" (Milton). In other words, the unconscious aim of the patient is *continuation of neurosis combined with lessening or elimination of inner guilt.* Fortunately, such a possibility does not exist, otherwise neurosis would really mean what a naive psychotherapist once expressed with the words "Be glad to be a neurotic." All analysts would starve and the neurotics would have advantages which normalcy cannot offer. The not too neurotic person, sometimes euphemistically called "normal," is inwardly forced to renounce materialization of infantile repressed wishes and gets the attenuated pleasures of normalcy. If neurosis would really mean preservation of the childhood paradise *without* paying with depression, pain and unhappiness, only a "fool" would choose to be—normal.


†Nunberg (l. c.) gives the example of an impotent man deeply in love with the wife of his friend, a mother of six children. He was impotent with that woman and interested exclusively in restoring his potency with that woman only. In other words, the man expected from analysis materialization of his repressed Oedipal wishes and nothing else.
The free-floating inner feeling of guilt which can no longer be satiated in neurotic unhappiness alone, pushes the neurotic person into analysis. After having found out what analysis really endangers, the patient fights desperately for preservation of his neurotic balance with—subjectively desired—corrections. Whereas the analyst’s aim is “Your neurosis must be destroyed,” the patient’s third aim is “My neurosis must be improved.” This “improvement” pertains to two sets of facts: first, to his wish to diminish or even eliminate his inner guilt; second, to the strengthening of his inner defense mechanisms, which represent the patient’s fourth aim. The majority of neurotic defense mechanisms are built upon the ironic formula: “I couldn’t have killed the girl you accuse me of in Brooklyn, since I was stealing a watch in Manhattan at that time.” In other words, the neurotic guilt is accepted and deposited but after the principle of the “lesser crime.” Since every analysis tries to put the feeling of guilt at the place where it genetically belongs, the patient is furious.

The patient, caught in the “danger zone” of analysis, behaves, first, in a typically infantile-megalomaniac way: He just does not believe that the danger could pertain to him, too. Naively, he clings unconsciously to his “neurosis-must-be-improved” theory. The more he finds out that there is real danger that his whole neurosis can be uprooted, he is as incredulous as the soldier who exclaims, full of surprise, during the first battle: “A guy can be killed here.” It is precisely this inner incredulity which contributes to the fact that so many patients do not run away from analysis at that point. The combination of transference, the feeling of guilt, and partial intellectual understanding holds the patient back. In his desperation, he settles for the minimum compromise, the giving up of as little as he can. Thus the fifth—unconscious—aim of the patient develops in analysis: maintenance of the neurosis with the forced giving up of some trimmings.

The five aims of the patient are, therefore:

1. (Conscious): “I am helpless, suffer, and want destruction of the neurosis.”
2. (Unconscious): “I want living out and materialization of repressed wishes.”