A number of contemporary commentators and observers have urged a rapprochement between customary methods of psychoanalytic treatment and other modalities in order to shorten the traditional duration of “standard” psychoanalysis. In particular, adoption or adaptation of treatment modalities drawn from the repertoire of behavior therapy has been advocated. This note recalls that nearly 50 years ago the remarkable priest-psychologist-psychiatrist Thomas Verner Moore proposed in The Driving Forces of Human Nature and Their Adjustment, his capstone work, an “electronic road” to the unconscious via the psychogalvanometer as an alternate to the “royal road” of dream analysis and free association, attributing its development to von Stauffenberg, who demonstrated the technique in Munich between 1913–1915. By such reckoning, the union between psychoanalysis and the psychogalvanometer may be nearing its 85th anniversary.

At a distance now approaching three decades and counting, Feather and Rhoads (1972) seem preternaturally prescient in having urged, in companion papers in the Archives of General Psychiatry, a rapprochement between psychoanalysis and behavior therapy particularly aimed at reducing the duration of analytically-anchored treatment. Feather and Rhoads highlighted the utility of desensitization techniques especially and were at some pains to find forerunners to such techniques in clinical studies published by Ferenczi as early as 1920. Less specific calls have been issued by such observers and commentators as Marmor and Woods (1980), Messer (1986), and Lazarus and Messer (1991). As Gray (1996) has amply demonstrated, the shibboleth that guides the provision of mental health treatment in an era of managed health care (at least in the U.S.) approximates “short-term” or perhaps “time-limited,” descriptors rarely associated with traditional psychoanalysis, which prizes the slow, uncovering processes whereby meanings, events, and forces of which the patient seems largely unaware but which nonetheless either dictate the symptoms of mental disturbance or otherwise influence behavior are raised from the level of the unconscious to that of the conscious, where they can, presumably, be dealt with rationally.

Indeed, in response to a summons given new urgency under a system of health care rationing that seems particularly inhospitable toward psychoanalytic psychotherapy, Messer and Warren (1995) have produced a compendium of strategies useful in rendering psychotherapeutic treatment rooted in psychoanalytic models (now also variously but perhaps imprecisely termed “psychodynamic” or even “ego-analytic,” one
presumes to distinguish these strategies from classical or orthodox psychoanalysis) within time frames more amenable to an era with its finger glued to the “fast forward” button. Beyond economic necessity from the perspective of psychoanalytic practice, one also senses some softening in the warfare between traditional psychoanalysis and the mainstream mental health sciences, rooted as they are today in the neurosciences and psychopharmacology. Thus, despite Eysenck’s (1993) dismissal of what he calls “the Freudian Empire,” Coyle (1995), often regarded as the reincarnation of Attila at the head of a vast column of Ostrogoths from the neurosciences preparing to lay waste the entire “talking cure” enterprise, has countered in a more conciliatory fashion that “a major misunderstanding about the ascendance of the neuroscience perspective is that it nullifies psychodynamic constructs and other psychologically based interventions . . . [But] the rich tradition of psychodynamic psychiatry has provided the field with important insights that should continue to form one of the pillars in the foundation of training young psychiatrists.”

Specific proposals range a wide gamut, but several focus on the prospect of incorporating information about the psychophysiological correlates of certain emotional states through use of biofeedback devices, today quite sensitive and (since the advent of the microchip) relatively inexpensive. Yet the centrist position in psychoanalytic circles, perhaps born of the misperception that biofeedback is necessarily oriented to S-R bonds or forever in bondage to non-insight-oriented forms of psychological treatment (Lazarus, 1981, 231–232), appears to accord little legitimate role to biofeedback in psychoanalytic psychotherapy.

The call to meld psychoanalytic methods with electrophysiological means to uncover unconscious or repressed material cannot but strike resonant chords among those of sufficiently golden years to have fallen under the influence of Thomas Verner Moore, a remarkable priest (ordained in the Congregation of St. Paul at age 24, reincardinated a Benedictine at 47, but a Carthusian hermit in Spain at the time of his death at 92) who held both the Ph.D. and the M.D. and whose association with the Catholic University of America (CUA) in Washington, D.C., began as a student in 1897 and ended with his retirement as chairman of its Department of Psychology and Psychiatry more than half a century later. However much he might have resisted attribution of any and all mental aberration to psychosexual development, Moore nonetheless had revealed himself firmly (if reluctantly) committed to analytic treatment modalities in The Nature and Treatment of Mental Disorders (1944), so that he dealt with the id, ego, and superego and their relations and inter-relations in ways that accurately reflect the Freudian canon. In that work, consonant with Freud’s pronouncements, free association is unequivocally labeled “the royal road from consciousness to the unconscious or the preconscious,” and two lengthy chapters are devoted thereto.

In The Driving Forces of Human Nature and Their Adjustment (1950), published near the end of his professorial career and regarded as his capstone work, Moore devotes the sixth chapter to “methods of investigating the unconscious.” Therein, he litanizes then-current strategies from the analytic canon (hypnosis, dream analysis, free association, automatic writing, even Jung’s “controlled association”) but adds a