Jacob A. Arlow, 1912-2004

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*Jacob A. Arlow, M.D. was an influential and very prolific mid-twentieth-century American analyst at the transitional time in the history of psychoanalysis that followed the death of Freud. This period in the United States was called by some the Hartmann Era.* (Bergman, 2000).

Arlow was one of the group of young Americans taught by the prominent central European psychoanalysts who escaped to New York at the time the Nazi regime came to power in Germany. Heinz Hartmann, Ernst Kris, Rudolph Lowenstein, Robert Waelder, David Rapaport, and Bertram Lewin served as teachers and mentors to Arlow's generation of American analysts, and contributed in person and on the page to the formation of their psychoanalytic identity. Arlow and his colleagues David Beres, Charles Brenner, and Martin Wangh became known through their publications and teaching for their critical examination of psychoanalytic theory as it was then understood and taught. Out of their scrupulous inquiry, which focused on concepts of anxiety, repression, defense, symptom formation, and dreaming, emerged the modern structural viewpoint.

Born in the East New York section of Brooklyn in 1912, Arlow was one of three children of immigrant parents from Eastern Europe. He married Alice Diamond in 1936; they were married for sixty years and had four sons. He became interested in psychoanalysis after he read Freud in high school.

Arlow's contributions to theoretical, clinical, and applied psychoanalysis were grounded in convictions about the nature of conflict and he based his investigative work on the fundamental operational principles of psychic determinism and the role of the unconscious in psychic life. With his colleague of fifty years, Charles Brenner, he offered a landmark contribution to our understanding of the psychoanalytic situation (1966) which viewed psychoanalytic process as not only the implement for therapeutic change but also our investigative tool par excellence.

**Professional Development and Accomplishments**

Arlow earned his undergraduate and medical degrees from New York University. He graduated from the New York Psychoanalytic Institute (NYPI) in 1947. He went on to hold supervising and training positions at the New York Psychoanalytic Institute, the Columbia Psychoanalytic Institute and the Downstate /NYU Psychoanalytic Institute for the rest of his career. He taught at the State University of New York, Columbia, Hillside Hospital in New York, Louisiana State University, Albert Einstein College of Medicine, and Mount Sinai Hospital.

Arlow’s Writings
Arlow published five books, more than 140 papers, and no less than three dozen book reviews. His unpublished papers exceed by a vast margin those that have been printed. His "Legacy of Sigmund Freud (1956) is a small (96 pages) literary gem, containing an authoritative synopsis of Freud’s life and scientific contributions. Arlow counseled that while Freud’s ideas are important and should be part of the training experience of the analyst-to-be, his writings should not be read in an uncritical manner and they should not distract students from the need to understand the significant developments in psychoanalysis that have taken place since Freud’s death. Arlow’s focus was on how the patient’s unconscious conflicts are revealed in his stream of associations. There was always dynamic interplay between the patient’s unconscious and the analyst’s interventions. He was interested in the ways that psychoanalysts view psychoanalytic process, theory, and technique. He sought to understand the various theories of pathogenesis put fourth by analysts (Arlow, 1981). For Arlow the primary element is the requirement of substantiating any theory with an adequate measure of scientific observation, of getting the most appropriate hypothesis to comply with the data. He believed that "the appeal of a particular hypothesis is enhanced by the extent to which it is consonant with some abiding unconscious fantasy in the mind of the promulgator of the hypothesis and his followers." (1981, pp.330).

Starting in the 60’s, Arlow was one of a group of psychoanalysts in the United States who maintained that Freud's structural model spelled out in The Ego and the Id (1923) and The Problem of Anxiety (1926) was more clinically apt than the topographic model. In his view, psychoanalysis was a psychology of mental conflict and mental functioning, in health as in illness. Structural theory offered the best demonstration of the conflicting forces in the mind in health and illness and the compromise formations which satisfy the drives, the ego and conscience. (Arlow and Brenner, 1964). In 1991, Arlow published a collection of his papers under the title of Psychoanalysis: Clinical Theory and Practice. He wrote that psychoanalytic methodology resembles the principles we employ in deriving meaning in ordinary conversation, but that it is a special kind of conversation nonetheless. Particular attention must be paid to the context in which the patient’s productions appear, the contiguity of the elements, lapses in continuity, and such special features as bizarre juxtapositions of elements, striking metaphors, or unusual choices of words. Notable in this area were his contributions from 1957, 1969, 1974, 1979, and 1981. Bernfield's (1941) classic paper on “The Facts of Observation in Psychoanalysis” which took the ordinary conversation as being the prototype for the psychoanalytic process placed before the analytic community some of the basic ideas on the special nature of the conversation that takes place between patient and analyst that Arlow would go on to explore and elaborate in numerous papers.

In regard to the problem of psychoanalytic methodology Arlow called our attention to the importance of establishing principles by which analysts can decide how to proceed (1979) and validate different approaches (1987). If the criteria as to what constitutes psychoanalysis has never been clearly defined or universally accepted, how does one decide on the merits of competing points of view? Do all analysts do the same thing with what they observe? Are all observations processed in the same manner? He was particularly interested in how interpretations (one kind of intervention) are influenced by the psychoanalytic situation(1985). He felt that the nature and depth of controversy in the field today made it imperative for analysts to clarify their
theories of pathogenesis and to be aware of the methodologies they use. “The psychoanalytic situation is not only our therapeutic instrument; it is our investigative tool.” (Arlow, 1986).

Arlow felt that psychoanalysts had to beware lest therapeutic zeal take precedence over scientific objectivity. In his 1981 paper “Theories of Pathogenesis,” he defined three areas of danger. Arlow thought that three pitfalls endangered the unwary analyst: too great a wish to relieve suffering; too reductionistic a view of psychopathology; and too little awareness of the countertransference. These three seductive elements made for what Arlow called “the phenomenological error”—that is, interpreting isolated data out of context, getting stuck on the manifest and not getting to the latent, staying on the surface and not reaching the depth (1986).

Arlow considered that learning about the nature of the patient/analyst relationship was an ongoing process in analysis. He was not at ease with the telephone metaphor by which Freud explained how the analyst came to understand the patient’s unconscious mental life, nor was he satisfied with Isakower’s concept of the analyzing instrument, which he saw as a modification of the telephone metaphor. He did find useful certain ideas from Sterba's 1934 paper, “The Fate of the Ego in Analytic Therapy”. That paper described the alternating demands that the analytic process makes on the patient's ego, which must first serve as a passive reporter of mental presentations, and then as a critical judge of the analyst's intervention. Arlow felt that a parallel process occurred within the analyst, who alternated between passively receiving the patient’s productions and actively intervening.

Arlow came to believe that except when completely distracted by some personal or practical concern, or at times of acute physical discomfort, every thought and feeling that an analyst experiences is a commentary on the patient’s conflict. For Arlow identification, empathy, intuition and introspection collectively constituted the aesthetic phase of the analyst’s experience as he listens. An additional phase is a cognitive one. He stressed that while insight may be apprehended intuitively, interpretation must be validated cognitively.

Arlow was fascinated with the communicative properties of language. In this he was influenced by Loewenstein (1956), who emphasized speech as the irreplaceable vehicle of psychoanalysis. For Arlow, psychoanalysis was essentially a metaphorical enterprise. Metaphor in the analytic situation represents dynamically determined derivatives of unconscious fantasy (1979b). He considered dreams visual metaphors, conveying in pictures messages that are not literally apparent in their concrete presentations. He believed that our unconscious fantasies represent a metaphorical apprehension of the psychological experiences of childhood.

For Arlow, psychoanalysis was a meticulous and painstaking investigation into human mental processes—imperfect, but acceptably scientific when governed by strict methodological procedures. When all was said and done Arlow deeply believed that the psychoanalytic session is like having a talk with someone at the same time that it was an extraordinary conversation. A session conducted by Jack Arlow, an extraordinary analyst, was an opportunity for the analysand to appreciate his mental life in a new way. That new way is psychoanalytic change.

References