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**“How I Went From the Corporate War Room
to a Seat Behind the Analyst’s Couch:
Is There a Lesson Here for Public Relations”**

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It was the 1980s. Investment bankers were picking up briefcases stuffed with money from furtive messengers on downtown street corners as a payoff for giving arbitragers inside information. Greedy chief executives were plotting surreptitiously to take over companies run, say, by somebody they bumped into around the country club.

And I was leading a double life myself.

During the day I was working with people like the late Mad Dog Beck. Mad Dog, as you may recall, was an investment banker. He was trying to get hired to engineer a takeover by the chief executive officer of a pet food manufacturer who happened to have a half opened box of dog food on his desk. Mad Dog snarled, grabbed a dog biscuit and bit it in two to show how fierce he was.

As for me, several nights a week after I finished work at the office I went to school at the Center for Modern Psychoanalytic Studies on West 10th Street learning to be a psychoanalyst. On Saturdays, as part of my psychoanalytic training, I worked in a locked ward in a mental hospital in New Jersey. It was full of shattered men who talked word salad.

One Saturday, as was my procedure, I picked up the key to the ward and went upstairs and opened the door. When I turned around to enter, a huge transvestite in a red wig ran the length of the ward and stopped directly in front of me and drew back his fist and let it fly, stopping an inch from my stomach.

With glazed eyes and a snaggle-toothed grin, he turned to his associates, who were lined up as peacefully as sheep holding paper cups to get their daily dose of medication, and said, "I guess I gave him something to think about today."

It may have been two lives I was leading, but it struck me that I was living in one world.

*How I Went From the Corporate War Room to a Seat Behind the Analyst’s Couch:
Is There a Lesson Here for Public Relations?* by Richard E. Cheney
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Why did I do this? What caused me to turn away from a lucrative crap game run for jackals and to open my own psychoanalytic office where I treat patients at fees based on what they can afford at a time in life when people my age, like George Bush, go off to play horse shoes? I'm not sure that I can explain it altogether, but a partial explanation was that I felt I had missed the boat. During my career before I worked in investor relations, I'd had a nine-to-five public relations job in the oil business where we, being gender insensitive and with our minds violated by an idea, were proud to call ourselves oil men and to fight for percentage depletion. And I'd done public relations work for the American Iron and Steel Institute where we called ourselves steel men and tried to teach the unions it was only common sense to settle for less money.

Who knew how or why I got where I was? As far as I could tell it was all chance. But surely being alive was for more than this. The universe was a big, extravagantly wild place. I had only one shot at it and I was missing almost all of it, too often dealing with appearances rather than underlying feelings, emotions and realities. But it was hard to leave public relations and start all over in a new career. Good public relations can make or break companies and save jobs and vast sums of money.

Indeed I had accomplishments I felt I had a right to be proud of. Perhaps the public relations contribution I was most proud of was my work on the polyvinyl chloride disaster when a Midwestern company discovered that employees in its PVC plants were dying of liver cancer. The company's public relations man would have liked advice from me on how to hunker down but admitted that the doctor who worked for the company wasn't really on the company payroll. He might talk to the press.

I asked the CEO, who was a friend of mine, what he would do if his mother was in the plant. I asked the right question to the right person at the right time. To my enduring admiration, he studied employee death records for the previous 10 years, paid off relatives of any employee who had died with even a suspicion of liver cancer, gave the plant employees respirators and never kept them in the plant for more than half an hour at a time. He reassigned employees to other work where there was even an irregularity in the liver tests on their physical exam and embarked on a research program to redesign the plant machinery to prevent PVC emissions altogether.

The industry said eliminating emissions completely was impossible. Within a few months, my client announced that the company's researchers had reduced emissions to zero. Three officials who had worked in the plant announced their triumph at a news conference in New York. The New York papers and the national media all carried favorable stories and *The New York Times* had an editorial praising the accomplishment. I dare say the company saved a lot of trouble and money and, far more important, lives. And all of the people involved were proud of themselves.

I'm sure that a lot of you in the audience have remarkable accomplishments you could cite to match my participation in my client's achievements. And of course, I haven't mentioned my defeats. Nothing gnaws at you like losing a proxy fight to a crowing competitor who is working for a scoundrel.

Why bring all this up? The problem for me with my personal triumphs, which at their most satisfying were reminiscent of the "aw shucks, it was nothing" end of a Western movie, is that they

didn't satisfy my curiosity. I was like Roy Rogers in those old Western movies called oaters. When the lights were about to go up I may have kissed the horse, but I had only a superficial understanding of what made people the way they were.

And too often I found myself dealing with appearances and not the source of clients' troubles, which often arose out of their personalities and the way their organizations were run.

I discovered when I started my psychoanalytic training just how much I had to learn. This was compounded by the fact that I had been enjoying success and was regarded with respect by my clients and colleagues. Now I found myself surrounded by people who knew a lot more and had a lot more experience at therapy than I did -- take for example a 30-year-old woman who had worked for two years with children whose parents had died of AIDS, who had no relatives to care for them, and who were HIV positive themselves.

You have probably thought by now, "Just what kind of psychoanalyst is he?"

That's a good question. Sometimes it appears there as many psychoanalytic, psychotherapeutic, psychological and counseling camps as there are religions and religious sects. After all, if one of them works better than any other, why shouldn't everybody settle on it?

Moreover psychologists and psychoanalysts disagree with each other and critics continue to write caustic articles about psychoanalysis. No doubt some analysts work well with some patients yet turn others off. As they say up at Saratoga, there are horses for courses.

I don't intend to tax your patience with an encyclopedic background on psychoanalysis and the various schools of psychoanalytic thought tonight. But I will say a few words about how I work.

I have one goal with anyone I work with: To get him or her to say everything. I was taught this by my own analyst, Hyman Spotnitz, who was, among other achievements, one of the first psychoanalysts to treat schizophrenia and a pioneer as well in working with groups. He is astonishing and I often wonder where I'd be today without having worked with him.

His idea about getting patients to say everything actually came from a patient of a doctor named Josef Breuer who wrote a book called "Studies in Hysteria" by Sigmund Freud. Freud and Breuer wrote this patient up as Anna O. She started out being treated through the use of hypnotism by Breuer. Gradually she worked her way around simply to talking to him. She called her treatment "the talking cure" or "chimney sweeping."

This is the foundation for what many psychoanalysts do today. What I like about this is that the patient has to figure out and tell me what's going on and all I have to do is keep him talking, which mostly involves listening. It can also involve asking the right questions or reflecting what the patient has told me. The power of the right question with the right patient at the right time can be astonishing. Often the question can be obvious. If somebody tells you, for example, that

they want to go back to school, the question is, "What's holding you back?" At other times it's not so simple.

When I started training at the Center's clinic, a haggard looking woman in her late thirties was assigned to me for treatment. She had scarcely sat down for her first session when she told me that earlier that morning at breakfast her husband who was on drugs had put a knife point against her Adam's apple and told her to say she was a bitch. Actually he used an even more demeaning word but you get the idea.

She asked me what she should do under such circumstances. I asked her what she had done.

She said, "I said I was a bitch."

I said it appeared to have saved her life so far. I asked her why she continued to stay with him.

She said their apartment was near her parents who were very close to her and they all needed each other. Besides it was a nice apartment with rent control.

I again learned the value of a good question at the right time. I asked, "Who's going to live there after you're dead?" She turned white and stared at me.

She didn't come in the next session but called me from California where she'd gone to stay with her brother. Her husband had rifled the apartment for whatever he could find to sell so he could get money to buy cocaine. Then he disappeared. Fortunately, he was sick enough that he never came back. He may even be dead.

Sometimes an effective question can be tacit. Another patient told me about shoving his wife around. Her children by a previous marriage were visiting them and he had lost control of himself and started pushing her against the wall. He had frightened himself and he was ashamed. He seemed to want relief from me. I said as innocently as I knew how, "Maybe you're just a natural born wife beater." The implied question was, "Are you?"

At the same time, I was raising another question -- whether he was really responsible for his own actions. Perhaps confronting the question of whether he was hopeless helped give him the courage to change.

He looked as if something had fallen on him.

This has ended his physical abuse of his wife. They even seem to enjoy each other now. Which is not to say he doesn't have other problems such as abusing his credit cards.

I could have admonished him to be nice to his wife, of course, but if I ever try to have some outcome of my own in mind for a patient I run into trouble. Coming from the business world, where objectives are a very important part of a business plan and where many people get ahead by taking and giving orders, having goals for a patient, say wanting to rescue him or her, is a big temptation. As I have been reminded when I get overcome by therapeutic zeal, it's not important

what I say, it's what the patient says that matters. So the only correct goal is to get the patient to say everything. He'll figure out what to do with his life as he goes along and hopefully his work with me will help him do it more and more to his satisfaction.

Along with asking the right questions at the right time, it is also critically important to wait until the patient asks for something from you, before you talk. When you come from business today this can be extremely difficult. In business we want to show how smart we are. We think coming up with the right answer right away will impress our business client and keep him coming back for more.

But in the psychoanalytic world, patients are supposed to talk, not the analyst. They don't necessarily want to be interrupted. Anna O. told Breuer to shut up and listen. Our anxiety may become so unbearable that to get rid of it we interrupt our patients. They need time to build confidence in us. They don't want to be interrupted. They feel we haven't taken the time to understand them. Nothing takes keener judgment and restraint like being able to relax and wait until the patient contacts us. There's a name for this -- contact functioning.

You can't interrupt them to relieve their pain. One thing for sure, life is no bed of roses and analysis never immunized anyone against pain. Nor indeed should it. Brushing away our own feelings, including pain, gets us off the emotional track and is often destructive to our health.

Perhaps what I've told you before gave you the notion that I think being an analyst is duck soup, that all you have to do is listen and ask a few questions while the patient talks and hopefully forms new patterns of thought and ways of doing things. But that greatly underestimates the task. Despite what I said about the power of the right question at the right time, wholesale personality change is not achieved quickly. Patients who are at odds with themselves don't really want to say everything and recognize that their lives are out of joint. They don't want to change even when part of them says they do.

And some malignant people -- there are plenty of them -- are well pleased with themselves. Why should they go to analysis when things are going just fine for them. Their personality problems are ego-syntonic as we say. There's nothing in it for them to change. They're getting all kinds of gains out of being mean bastards. They give ulcers, they don't get them. They create patients. Why should they get on the couch?

All the same more of them than you might think come to analysis because their wives and mistresses leave them, or their kids take drugs or they lose out in the competitive scramble of business. Some of them are forced to face the fact that they may have something to do with their problems.

Beyond this, resistance to analysis is universal. Even the most determined patient resists saying everything. I could spend the rest of the night cataloging different ways they defend themselves. But one of the toughest to deal with from the analyst's point of view is that patients involve him or her in their personal drama. The analyst may find that the patient is confusing him with someone from the patient's life. Grandmothers, grandfathers, mothers, fathers, siblings, teachers and God knows who else, get mixed up in how the patient deals

with the analyst. This trip down memory lane can be constructive, obstructive or destructive, depending on how the analyst deals with it. Sorting it out and working it through can be very therapeutic. One analyst named Bergler, I believe, said that patients come to see him with a phonograph record that they want to play on his turntable.

Coping with this kind of resistance, which is called the transference, takes all the skill and forbearance that the analyst can muster. He has feelings of his own, often even a tendency to mix the patient up with songs on his own record. The analyst may get his patient mixed up with his own grandmother. If he gets roped in by his own feelings, he can stall the patient's talking and may even mix him up and drive him away.

This is not to say that he should smother his feelings. He has to analyze them and disentangle fact from his and his patient's fiction, then figure out what to say to keep the patient's cooperation, so he will keep coming to sessions and talking, hopefully about new things apart from the old phonograph record. I hope I haven't given you the notion that I believe psychoanalysis is a panacea for the world. Freud himself said that the success of analysis depends on "the patient's own conduct, his understanding, his adaptability and his perseverance."

As for perseverance, several of my patients have pointedly warned me off of expecting another Woody Allen with their treatment. Woody, as you may be aware, usually finds his convoluted social and sexual life linked in the media to his psychoanalysis. My experience suggests that patients can get some of what they want out of analysis without waiting for the millennium. Indeed he may get enough of what he wants to end the analysis in a relatively short time with a feeling of great accomplishment. It must be admitted, however, that he may not have solved all of his problems so quickly. Moreover, other patients may not get anything they want at all. Also, I do not intend to leave the impression that analysis is all agony and suffering. I've often felt that a lot of constructive change takes place when a patient is having a good laugh.

All in all, I would say in summary, that being a psychoanalyst is a humbling profession, probably the most humbling I know. But since I opened my office a year ago where I treat patients at fees based on what they can afford, I have discovered it affords an opportunity for infinite learning.

You may be thinking, "What about just taking pills of one kind or another to diminish psychic pain?" My own experience is limited but I've worked with patients on medication and, while there are side effects, I think as drug companies continue their work they will make a great many people more comfortable and more accessible to change. But the essential benefits of talking will continue to be reaffirmed.

By now you're probably asking yourself impatiently, "What relevance has all this for my work in public relations?"

I have a modest notion that there may be a relationship between my work now and what it used to be in public relations.

In recent years, public relations, in my estimation, has changed. As public relations firms have been acquired by ad agencies and by hard-boiled conglomerates who want to know how much

money you made last month, there's been increasing pressure on men and women in public relations to sell themselves and their services.

This seems to have supplanted the counseling function of public relations. Indeed 20 years or so ago, maybe even more recently, the industry, insensitive to gender feelings, had a group called the Wise Men who, so far as I know, may have got all their wisdom from their wives. Such leaders were often consulted by a troubled client who wanted to change what was then called his reputation and now is called his image. The primal Rockefeller, for example, consulted Ivy Lee about his reputation. Reputation was more apt to be based on actions. Image is more apt to be based on appearances, like what you see when a flash bulb goes off. Reputation is changed by changing what you do. Images may be generated by ideas coming out of a focus group or respondents to a poll.

It appears now that it is common for a client to call and say, "We're looking for a public relations firm and we'd like to hear a presentation from you as to why we should hire you?"

Not uncommonly, the public relations firm studies the potential client and then cranks up what is aptly and commonly called a beauty contest entry with slides, music and whatever and attempts to win the potential client's favor.

Or a potential client may call a specific firm and a pressured chief executive may, after a limited consultation, ask for a quick fix for what seems to be an urgent problem. And a PR executive, who may have recently emerged, say, from inside the beltway, may suggest ways he can put "spin" on his story so his new client won't be condemned by the public for what was essentially egregious behavior. While this is not new -- some spin doctor reputedly told J.P. Morgan during the depression to have a midget sit on his lap at a congressional hearing -- the infatuation with "spin" and "black magic" seems to have supplanted the notion that public relations is doing good and getting credit for it.

Moreover, a show of regret and desire to make amends appears to have now often given way to a brazen confrontation with the accusing public. Like "I did it and I'm glad." Shame is changing its character.

A. J. Liebling, in "The Earl of Louisiana," a book about Governor Earl Long, told about how a lobbyist for the theater exhibitors told Long that he would back him with campaign contributions if Long would take the state tax off admission to movies. Long reassured him that he would get rid of the tax if he got the contributions and got reelected.

After Long got reelected, the lobbyist, whose name was Busse, went into Long's office and said, "Governor, how soon can I tell my clients that you're getting rid of the theater tax?"

Long said, "Busse, I ain't gonna get rid of any theater tax." Busse said, "But governor, what am I going to tell my clients?"

The governor replied, "Tell them I lied, Busse."

Clearly staring critics down is not new. But it does seem to be, arguably since Watergate, more prevalent than in the prior thirty years.

Admittedly, it is easy to distort the past when making comparisons between then and now, but I can't recall any incident in the past comparable to a foot fetishist bringing his wife onto the cover of *Time* to stand behind him after he passed presidential secrets to a hooker.

And the tobacco industry's determined defiance of public health seems to dwarf the labor strife and the broken heads of the 30s. Nobody running a tobacco company seems to be waking up in the middle of the night troubled by the dream of other people out there waking up, too, with a mouthful of blood.

Borrowing from the talking cure, I believe men and women who work in public relations can feel proud of themselves and help clients by asking more of the right questions at the right time. This can be really difficult. Many clients are impatient. They want immediate results, a quick fix. Often this comes from a transference -- a long standing way of dealing with people stemming from how they were brought up. You can't impose your own public relations goals on them, any more than I can impose my own ideas on my patients. Nor can I impose my ideas on anybody here tonight.

But let me advance my point of view. The competent public relations person -- and I suspect many of you have learned this already -- shouldn't rush to come up with the big idea to advance a client's fortunes. Even if you are being hammered for a presentation, you may be able to slow down and help your client figure out what he or she really wants. You should take the time to elicit all the facts. You should listen attentively and postpone talking until you are on sure ground. Even if the client is impatient -- which always makes a public relations person want to come up with a hip shot that hits the target -- remember that more often than not a hip shot can wind up in your foot when time comes to send out the bill. Keep the potential client talking. How does he see the public? How does he think the public sees him?

Put yourself in the client's position.

And finally, tough as it may be, you should decide whether what this client wants is what you, considering your own needs and your own integrity, want. Then -- what's your reaction to this idea? You can decide whether you want to help your potential client get it.