

The Impossible Ideal: A Patient-Oriented Therapy

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We have reason to be concerned. The twentieth century is re-evaluating itself and psychoanalysis, a major influence in the first half of the century, has come under increasing critical scrutiny. Many of its basic premises are being questioned. This climate has made us vulnerable to a far more serious assault. The health industry, in a coup d'etat, has been taken over by a nonmedical bureaucracy, established to counteract soaring costs of medical care and charged with the task of regulating costs at a reasonably low level still compatible with adequate care. Rather than work with medical providers, it fostered an adversarial relationship with caregivers and adopted broad standards of care, coined from obliging statistics. Caregivers and patients are the victims. Mental health care concerns were given low priority. Psychotherapy was minimized in favor of dispensing drugs.

This massive assault has severely impinged on the practice of psychotherapy and even more so on psychoanalytic psychotherapy. Psychotherapists will have to adapt to shorter term therapy and different therapeutic modalities.

Is our psychoanalytic wisdom, garnered from one hundred years of practice and study, in danger of becoming an interesting relic of the twentieth century or can we rescue its most valuable contributions for the twenty-first century, albeit in modified form?

In a much acclaimed article, Eric R. Kandel (1999) challenges psychoanalysis. He writes: "[If it wishes] to return to its former vigor and contribute importantly to our future understanding of mind, psychoanalysis needs to examine and restructure the intellectual context in which its scholarly work is done and to develop a more



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critical way of training the psychoanalysts of the future.” Kandel’s article focuses on ways in which biology can reinvigorate the psychoanalytic exploration of the mind. The new biological findings have much to contribute to some of our basic concepts of the unconscious, of repression and thus memory, of sexual orientations and attachment theories. They contribute and change our ways of viewing phenomena and thus also our views of the dynamics of a given patient. Our knowledge of genetic research has changed our appreciation of genetic predisposition or endowment. One small illustration of such a change in perception was offered to me by a former patient of mine who gave me the pleasure of reading her work-in-progress manuscript of a novel to be. The author describes her heroine’s need for simplicity. She writes: “The need for simplicity came from a simple place. A.E. was governed by a fear of loss. And though one might have supposed this came as a result of her parent’s death, in truth she knew the seeds of it were in her much, much earlier. She felt born with it, really, and this truth left her with a deep and unshakable belief in human nature and the way we come into the world adorned, so to speak, with our most fundamental traits. People tried, all her life, to argue her out of this belief, to no effect. No, she was sure that if people looked deep enough, they would find all the fine early tracings of things that later came like broad roads to lead them on.” This musing would not have occurred twenty years ago.

Everywhere we see shifts in perspective. New discoveries place our psychoanalytic observations into new contexts, biological, as well as socio-cultural. We live in an exciting time, and we are challenged to be participant contributors in this process of integrating new changes. But our psychoanalytic history has leaden shoes. The present recurrent themes in the humanistic sciences



are open-mindedness and pluralism, that is the multi-dimensional and idiosyncratic character of many phenomena. Psychoanalysis has not been and is not open-minded and was not pluralistic from its inception. Freud saw variety, but aimed at the underlying universal laws of psychological happenings. He noted but regarded context only as something to penetrate. It had no serious motivating role to play. Thus the impact of culture, of our personal environment, or trauma received no serious consideration. But the multivariied dramatic reality of the patient confronting the analyst gradually had the persuasive power to allow context, that is cultural, environmental and biological factors, to claim their legitimate due by creeping in the back door. The dogma of theory, of course, has persisted. It is most apparent in our ritualistic language of professional communication, less so in the privacy of practice. Dogma, unfortunately, has had a much more powerful grip on the practice and teaching of technique, linking it to the essence of psychoanalytic identity and thus survival.

My remarks join the existing chorus which challenges our basic attitude to the nature of our theories and technique. Dogmatization made idols of our theories and techniques. Idol worship blocks growth and change. This is Erich Fromm's theme running through all of his books. He warns against idol worship, for it is the enemy of biophilia and aligns itself with destructiveness.

Theories started out as metapsychology in Freud's inventive mind, but there transformed immediately into truths. But theories, and I mean all psychoanalytic theories of all persuasion, are extremely valuable, in fact essential, not as truths but as tools that guide our explorative perception. Psychoanalytic training is a training of our perception, a training of our mind to enable us to seek an understanding of a patient by considering connecting patterns between past and



present, between constitutional endowment and personality characteristics, between socio-cultural embeddedness and most of all the creative forces of the vital self which shape his or her basic approaches to others and to her or himself. It is a training that suggests ways of obtaining information and ways of responding towards greatest therapeutic benefit. As mentioned, we need the grand theories and all the many subtheories (of all persuasions), as they present potential scenarios and enrich the options of perceiving and thus fine-tune our skills. Then thus equipped, we find ourselves with each patient in new territory. There may be familiar resemblances, or recurrent patterns, but there will always be differences that matter. It is a journey of exploration and discovery. A journey that takes time, for we will not truly learn about a patient's subtle strengths or weaknesses except over time.

The rituals of our techniques were derived from the grand theories. They belong together. For example, the imperative of the demand for a session five times a week belongs to the idea of creating a regressive transference neurosis in order to reveal the early oedipal constellations and thus the roots of neurotic development. The belief in the therapeutic value of creating a transference neurosis vanished, but the imperative of many sessions a week remained, now detached from its clear therapeutic rationale. Our therapeutic techniques need to sever their umbilical cord to Freud's valuable grand design. They need emancipation to grow and learn, with far greater responsiveness to the specific challenges of the ever-changing and ever-different individual patients.

Jonathan Lear, in his book *Open Minded*, pleads a similar theme from a different vantage point. His book challenges Freud's dogmatism but builds with indebtedness on many of Freud's creations. He writes: "I want to tell you that



there is something dead in the profession of philosophy and psychoanalysis. The deadness has to do with the fact that philosophy and psychoanalysis are activities which resist professionalization.” He explains that professionalization means creating standards which present themselves as having already answered the question. The profession can then act as though it already knows. Freud, Lear reminds us, gave birth to a psychoanalytic movement which in myriad ways has moved beyond him. Lear implores us: “Just as democracy requires the recognition that the king is dead, both as a person and as an institution, so the democratic recognition that each person is the maker of unconscious, symbolic meaning requires the acceptance of Freud’s death.”

One hundred years of working psychoanalytically with patients has produced enormous riches of observations. But most of these observations have been dismissed as being non-psychoanalytic. Speaking analogically, there has existed a kind of psychoanalytic underground made up of practitioners who consider themselves psychoanalytically trained and informed and believe that their psychoanalytically trained perception will inform their therapy, whatever form it takes. They are not underground to be subversive, but wish to embrace a freedom from constraints of theoretical and technical constructs and thus embrace the freedom to develop their idiosyncratic therapeutic ways and skills. I certainly count myself among this group. I had just written these lines when I came across these supportive lines, written in 1988 by Merton Gill in an article titled, “Converting Psychotherapy into Psychoanalysis.” He writes: “I will begin by giving you my conclusions on the subject. . . . The question of converting psychotherapy into psychoanalysis should rarely arise in the practice of psychoanalysis because always he should be practicing psychoanalysis. I will



argue that psychoanalysis or at least psychoanalytic technique can be used even if the external conditions are not what is considered optimal for an analysis, that is, if the patient comes only once or twice a week, if he is sitting up, and if he is sicker than usually considered analyzable.” I had been content with this self-chosen status (being underground). But given the present crisis, I feel it is important that we share observations arising out of a vastly modified mode of practicing, hoping to reassure the crisis-affected therapists that their acquired skills can still be of essential value.

We need to increase our therapeutic repertoire of considerations in our therapeutic ventures. I will present a few of my experiences at random as deserving to be added to this repertoire of considerations. I will also draw on some select comments made by Erich Fromm in his few writings which directly address psychoanalytic theory and practice. These comments are taken from the book, *Revisions of Psychoanalysis*, and from a series of four lectures given at the William Alanson White Institute. The book as well as the lectures were published posthumously by Dr. Rainer Funk.

1. By happenstance, rather early in my psychoanalytic career, fate gave me the opportunity to appreciate the fact that patients, once given a good start by therapy, may grow, mature, develop on their own without our direct participation. Outer circumstances (a temporary move to another city by the patient or myself) forced rather long intervals of suspension of treatment. I remember thinking, “If I had seen the patient regularly during this time of our separation, I would have been pleased with the progress and, of course, would have credited the therapy.” I am making two points: One, patients given some therapeutic foundation have the



potential capacity to self-evolve. Two, we have no possible opportunity in our routine practice to make such observations.

I am now part-retired. I live in California and return to my office in Manhattan three times a year for periods of three to four weeks. Six years have passed and, very unexpectedly, my visits and these clusters of intensive work are still welcome. In our normal routine work, where by agreement time is not of the essence, we often coast along. But when confronted by time-restricted sessions, these become more highly motivated. The patient is more focused. He or she has something he or she wishes to address. I am more active, as getting something done is so related to obtaining as much of a sense of the many aspects affecting the situation. I need to actively orient myself.

2. This leads me to the second point I wish to make. Dreams and focused free associations are still the magic wand of an hour that allows entry into the subjective world of the patient. But these subjective experiences belong into a multivariied context of reality. These contexts will not necessarily be part of the patient's narrative, but they are important for my full grasp or appreciation of what was or is going on. I thus actively inquire, guided by my attempt to visualize the place, style, atmosphere, and modes of interaction. My questions are in the first place asked to clarify my understanding. But in the process much is also brought to light and thus effects the patient's perspectives. Psychoanalytic training with its reliance on free association and of late on empathy has neglected teaching this most important tool of interested intuitive inquiry.

Erich Fromm (1959) writes: "Seeing a patient means to see a person as a hero or heroine of a drama, of a Shakespearean or Greek drama, or a Balzacian novel. That is to say you see a unique bit of life in human form which is born with certain



qualities, which has struggled with difficulties, but which has given him specific peculiar answers to life.” This unique drama has to become so much part of us that we feel like a participant on this stage, but we are still an outsider.

3. This touches on my third point. I do not use the tool of interpretation in the sense that I know something that the patient does not as yet know. As I listen I, of course, immediately create provisional scenarios in my head, which become greatly modified as I receive more information. I use hunches or conjectures as paths of inquiry. The patient responds to my questions. Only the patient knows which conclusions feel right. My conjectured offerings are never quite right, they may be quite wrong. Either way, they may serve the patient as a foil for his or her illumination.

4. Early analysis fostered dependency in order to create a transference neurosis. Some of this creation of dependency still persists, thus discouraging an active partnership of equals in the therapeutic situation and discouraging an active meaningful productive engagement of the patient in his or her own world. Fromm (1992) stressing active participation writes: “No change in his state of mind is possible unless it is accompanied by a change in one’s practice in life. To give a simple example. If a son, fixated to his mother, has become aware of this fixation and its roots, the awareness in itself will not become effective unless the son changes those practices in his life that are expression of, and simultaneously feed, this fixation. The same holds true for a man who holds a job that forces him into continuous submission and/or insincerity. No insight will work unless he gives up his job, even if material or other sacrifices result. It is precisely this necessity to make certain relevant changes in one’s practice of life that makes success in therapy so difficult.” Fromm, more than any other psychoanalytic writer, asks us



not to underestimate the power of socio-cultural forces and at the same time encourages a creative productive orientation that in its turn influences the environment.

5. Analysts need to be therapists, not just psychotherapists. Our goal is to help the patient by all means possible. All means implies more than just psychoanalytic. Patients change profoundly in many different ways. Changes in socio-cultural circumstances, deaths, love, new challenges, group or behavioral therapy, physical care, exercise, yoga, meditation, vacations are just a few events that come to mind which may alter the spirit of the patient in a profound way. I encourage all available avenues.

6. One last point, but not least. A phrase has been coined that neurosis is unlived life. I like to add the word *creative*. Neurosis is unlived creative life. We stress the sins of commission like trauma, repression, identification, and so on. There are also sins of omission. Because psychoanalysis derived from psychopathology, our thinking too easily is colored by a psychopathological reference. We imply inadvertently that if we were free of psychopathology we all would be well-balanced and self-realized human specimens. We are, however, all molded by or responsive to our socio-cultural environment. Many innate inclinations, talents, artistic endowments remain dormant or are scantily attended to. Given opportunity or encouragement, however, these inclinations may or will flourish with a rather remarkable effect: We observe a kind of transformation. Eyes shine, the voice gains in expression, a sense of excitement and of being alive exists. This temporary transformation does reflect on the general sense of well-being. There are a few patients where in an almost magic way one can bypass presenting psychopathology and short cut (computer terminology) to what they



reveal as their heart's or gut's desires. Even a response of a few patients teaches us that this option (computer language) exists. Psychopathology diminishes not only by direct therapeutic attack, but also by increased expression of vitality in any other area of existence.

I want to end by calling upon the wisdom of Erich Fromm. Fromm warned against our tendency for idol worship, a theme so pertinent to my presentation and a theme recurring in most of his books, be it *To Have Or To Be*, *The Heart of Man*, *The Art of Loving*, or my favorite *You Shall Be As Gods*, or in his concepts of biophilia and necrophilia. We all have, he believes, a deep powerful longing for an all-powerful person or ideology or belief who or which will guide us and who or which will free us of responsibility for ourselves. This longing is part of our evolutionary heritage, evolving by a huge jump from instinctually advised animals to consciously directed humans. We long to have, not to be. But knowledge is not a thing we can have or possess. We can engage in a process of exploring knowing, which demands a humility about not knowing. Fromm (1976) cites a poem by Alfred Lord Tennyson to illustrate the wish to have.

Flower in a crannied wall,
I pluck you out of the crannies.
I hold you here, root and all, in my hand.
Little flower- but if I could understand
What you are, root and all, and all in all.
I should know what God and Man is.

In contrast, he cites a poem called "Found," by Johann Wolfgang Von Goethe, expressing the full respect for being or a state of aliveness.

I walked in the woods
all by myself
To seek nothing,
That was on my mind.



I saw in the shade
A little flower stand
Bright like the stars
Like beautiful eyes.

I wanted to pluck it.
But it said sweetly:
Is it to wilt
That I must be broken?

I took it out
With all its roots,
Carried it to my garden
At the pretty house.

And planted it again
in a quiet place.
Now it ever spreads
and blossoms forth.

Let us proceed in this spirit and all may be well.



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