



The Impossible Ideal: A Patient-Oriented Therapy

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"The Impossible Ideal: A Patient-Oriented Therapy," in: *Fromm Forum* (English edition), Tübingen (Selbstverlag), No. 6 (2002), pp. 20-22.

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Our profession is being challenged and 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 it vulnerable to a far more serious assault. The health industry here in the United States, in a coup d'etat, has been taken over by a nonmedical bureaucracy, established to counteract the 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.

This very real external threat may be a blessing in disguise to force a latent issue into full view: Is psychoanalytic wisdom tied to its dogma and technical rituals or can much of its wisdom be integrated into a more inclusive interdisciplinary perspective?

In a much-acclaimed article, Eric R. Kandel (1999) challenges psychoanalysis. He writes: „[If it wishes] to return to its former vigor and con-

tribute 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 critical way of training the psychoanalysts of the future." Kandel's article focuses on the need for interdisciplinary information, specifically 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, sometimes radically, our ways of viewing phenomena and thus also our views of the dynamics of a given patient.

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 and this lead in our shoes has to be addressed because the present recurrent themes in the humanistic sciences are open-mindedness and pluralism, that is the multidimensional and idiosyncratic character of many phenomena. Psychoanalysis has not been and is not open minded and has not been 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. Context did not have a serious motivating role to play. Thus the impact of culture, of our personal environment, or trauma was not Freud's major focus. Over time the multi-



varied dramatic reality of the patients, which confronted the analysts had the persuasive power to allow context, that is, cultural, environmental and biological factors, to claim their legitimate due, but these had to creep in by the back door. Institutional dogma, in our history, too early barred the front entrance. In a self-protective move, Freud and his inner circle defined what was allowed to be considered psychoanalysis and what was not at a time when psychoanalysis was as yet a young science and needed freedom, not closure. Institutional dogma had its greatest impact on the practice and teaching of technique, linking it to the essence of psychoanalytic identity.

My remarks join the existing chorus that challenges our basic attitude to the nature of our theories and techniques. 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 are valuable, so let us regard theories of all persuasions not as dogmas but as tools that guide our explorative perception, which seeks to understand our patients by considering connecting patterns between past and present, between constitutional endowment and personality characteristics, between sociocultural 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 journey of exploration and discovery. Theories regarded as tools function in a radically different way from theories regarded as dogmas. Dogmas and rituals of technique have burdened the path of many practitioner.

One hundred years of working psychoanalytically with patients has produced enormous riches of observations. But many of these observations, though relevant, were dismissed as being non-psychoanalytic. In response to this atmospheric censorship, a kind of psychoanalytic underground began to exist 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.

We need to increase our therapeutic repertoire of considerations beyond those that carry the label of psychoanalysis. I will present a few of my experiences at random as deserving to be added to this repertoire. I will also draw on some select comments made by Erich Fromm in his few writings that directly address psychoanalytic theory and practice. These comments are taken from the book, *The Revision of Psychoanalysis* (1992), and from a series of four lectures given at the William Alanson White Institute in 1959 (Fromm, 1959). 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. Many of the patients did surprisingly well. I remember thinking that 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 within a multivariied context of reality. These contexts will not necessarily be part of the patient's narrative, yet 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 affects 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 active interested inquiry.

Erich Fromm (1959) states: „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, though we are also an observer.

3. This touches on my third point. I do not use the tool of interpretation in the sense that I know something 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 serve the patient as a foil for his or her illuminations.

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 ac-

tive 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.... 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 sociocultural 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 sociocultural circumstances, deaths, love, new challenges, group or behavioral therapy, physical care, exercise, yoga, meditation, and vacations are just a few events that come to mind that 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 un-lived life. I like to add the word creative. Neurosis is often un-lived creative life. We stress the sins of commission, like trauma, repression, identification, and so on. There are also sins of omission. Encouraging creative inclinations can have miraculous results, teaching us that psychopathology diminishes not only by direct attack, but also by increased expression of vitality in any other area of existence. We are all molded by or responsive to our sociocultural 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. There are a few patients where in an almost magic way one can bypass presenting psychopathology and short cut to what they reveal as their heart's or gut's desires. Even a response of a few patients teaches us that this option exists.

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 have in us, he believes, a powerful longing to have and not to be. But knowledge or the art of living is not a thing we can possess. We can engage in a process of exploring to gain knowledge, which demands humility about not knowing. Fromm (1976) cites two poems to illustrate the wish to have and the wish to be. One is by Alfred Lord Tennyson, the other by Wolfgang von Goethe.

In his poem, Tennyson plucks a flower root and all and yearns:

*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, here is Goethe's poem called „Found“:

*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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