

## Looking Back

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Dear Dr. Alfonso, Dr. Silvio, Dr. McDermott, colleagues and guests.

I am being honored as an accident of history, as I happen to have been president of this Academy when we last met in Hawaii in 1973, and also because I am one of a very few surviving founding members of the Academy. I am pleased to be representing this link to our history, for I believe this American Academy is a most remarkable and unique organization which has been able to maintain a spirit of congenial creative vitality for 56 years and has been able to remain true to its original goals of intra and inter-disciplinary communication.

I am filled with overwhelming gratitude when I think that the Academy has been my professional home for these 56 years. I thank fate for this gift. What a wonderful home it has been providing a sense of belonging, a professional identity, stimulation, encouragement to develop my own ideas, responsiveness, and as our president Cesar Alfonso rightly stresses so many opportunities for exciting mentorship. In contrast to many students of psychoanalysis at that time, I was never weighted down by Freudian orthodoxy. In

fact it was the reverse. I learned about enthusiastic new ground-breaking before I discovered Freud and before I began to appreciate his genius and what he set in motion. I heard my mother's (Karen Horney's) innovative exciting lectures at the New School for Social Work in New York. I heard a few lectures by Harry Stack Sullivan who rewrote psychiatry as the pathology of interpersonal relations with anxiety (not libido) as the causative agent. I owe more than I can say to my analyst Erich Fromm. I was intrigued by the reading of Wilhelm Reich, C.G. Jung, and especially Otto Rank, whose ideas on guarded creativity and individuality as a source of neurotic development were and still are undervalued. I swam in a sea of impressive innovations with as yet little of a structure which I could call my own. So the Academy with its free spirit of inquiry and more questions than answers was the most ideal place for me. I there continued to be enriched by the Smorgasbord of ideas. I learned to appreciate issues of adaptation emphasized by Sandor Rado, the notions of systems theories by Roy Grinker and John Spiegel, the ever youthful endeavor of Franz Alexander to give relief to patients in shorter periods of time. He coined the phrase 'corrective emotional experience' to characterize what we were aiming at in our

psychotherapy. Wanting to refresh my memory of his concept of 'corrective emotional experience', I glanced at his book 'Psychoanalysis and Psychotherapy', published in 1956, the same year as the Academy was founded, where, to my delight, I came across his highlighting what he saw as controversial issues at that time. They well reflected the inquiring atmosphere of our new Academy. Alexander was impressed with the many patients who with therapy improved rapidly. He began questioning the invariable necessity for years of analysis. He emphasized that change did not occur by insight alone but by making new experiences when becoming open to novel explorations and with change in one's behavior. He encouraged experimentation with shorter periods of therapy, with lesser frequency and occasional interruptions of treatment. This notion of benefits from temporary lulls in or vacation from therapy was based on his belief in the regenerative power of the organism, which we see in healing in all fields of medicine. Even now this generative power of our organism is not being given enough consideration. Through therapy, Alexander explained, we open up the nature-given channels of learning. Once opened, the patient can learn again from life. He thought that too much dependence on the

therapist may even retard his or her progress. Though believing in the use of transference when conducting therapy, he dared write about the potential of overdosing the focus on transference. He emphasized that every patient needs individual evaluation for what works best, and that we have to be flexible in the conduct of therapies. He saw dynamic psychotherapy not as a separate form of therapy but a desirable continuum of the more orthodox ways of treatment. This book was written in the beginning of his emancipation from the orthodox establishment, and in subsequent years he became more flexible, more creative and outspoken.

Gradually, through experience, my own ideas began to crystallize. I certainly believed in the importance of being exposed to many ideas in our field as well as the adjacent sciences and art. I knew that Ideological entrapment was to be avoided. Yet I appreciated schools of thought, though they were ideologically inclined. I saw them as important dramatic presentations of a particular view of human and specifically neurotic development, highlighting different aspect of conflicting dramatic personae, of solutions and therapeutic approaches They are conceptual creations, serious conceptual art, and essential as tools of learning.

I will mention just a few of my ideas that emerged. Through happenstance therapies with a number of patients were interrupted for a period of time because of outer circumstances. When these patients resumed therapy, many showed considerable improvement. I remember thinking that, if I had seen these patients throughout this time, I would have attributed the improvement to therapy. I thus learned to view life and its opportunities as important collaborators in doing therapy. This idea really echoes Alexander's emphasis on the organism's generative powers. From relatively early on, I thought of myself as doing psychodynamic psychotherapy informed by my psychoanalytic training rather than conducting psychoanalysis. I varied frequency and with a good sense of the past, focused on the difficulties in the present. I saw therapy as a collaborative enterprise. I used the couch only sporadically to encourage free associations that might give clues to meaning. I loved working with dreams, as they invariably made for a creative hour of surprises. I did not make interpretations in the sense of my knowing the meaning of the patients' productions. I would just offer my take, my association to the mutual enterprise of trying to gain understanding. My suggestions might though stimulate the patient's association. The patients may

comment: " What occurred to me while you were talking was..." and these comments were always relevant. I favored active inquiry, as there was so much that we did not know, so much that the patients do not tell us, but which might help our understanding. They do not tell us not because of repression or conflict, but because it is just part of their lives or exists as unformulated knowledge.

I am mentioning my own development to emphasize the creative stimulating potential of this spirit of free inquiry essential to the Academy, which still exists to this day.

Much has changed in the dynamics of psychoanalysis' status and place in our society. In 1956 we urgently needed a platform free of ideological thinking and politics, devoted to the exchange of ideas and communication and breaching the existing isolation to the behavioral sciences. Today psychoanalysis has merged with psychodynamic psychotherapy and faces a totally different challenge. Psychiatry has embraced the blossoming drug industry, and the insurance companies have dropped their support for extensive psychotherapy. But worst of all the teaching of psychodynamics in psychiatric training centers has become almost obsolete. So the urgent challenge which face the Academy now is to uphold the torch

of the existence of psychodynamic thinking, functioning, therapy and provide mentorship to psychiatric residents and interested psychiatrists.

This shift in circumstances and need has given new vitality to the second important mission of the Academy: the importance of active liaison and collaboration with other organizations and societies in the field. Initially our most important liaison was with the American Psychiatric Association to assure that we were acknowledged as representing psychoanalysis as well as the American Psychoanalytic Association. Gradually our liaison activities expanded. But now it has become a most important function of our organization. Our Newsletter reports on our collaboration with organizations in China and Italy For twelve years we have held joint meetings in Italy with the psychoanalytic organization referred to as OPIFER. In an innovative way members have supported a project of group teaching psychodynamic therapy to Chinese students via Skype. Most important, we have joined with another group to form the Consortium for Psychoanalytic Research located in Washington, D.C., which meets in February. This, Gerald Perman sees as an extension of the Academy and has rightly called this meeting our de facto winter

meeting. Dr. Lefer and Dr. Mary Ann Cohen have formed the active Society for Liaison Psychiatry. The Teichner Donation has been used to provide training in psychodynamic psychiatry to psychiatric residents training programs which are underserved in their area. The role of mentorship is being expanded in many ways.

It is a miracle how the Academy has retained its creative spirit, its vitality, and flexibility for 58 years. This miracle it owes to the incredible wisdom of its constitution. Its draftees knew not only how to formulate its aim of intra-and inter-disciplinary open-minded curiosity and exploration, but also how to protect it from the dangers of power hungry politics by stating that the Academy will not license, supervise, certify or accredit training programs or institutes, and by insisting on a brief term for the office of the presidency. They, the draftees and founding members; all had suffered from manifestations of power politics and were aware of the organizational activities which were most apt to stimulate its flourishing. Thus while the dominant activity of the Academy has varied, its fundamental spirit and aims are as alive as ever and full of ever regenerating vitality.

Our present program illustrates our spirit of inquiry. How can we overcome what appears like obstacles to treatment. Resistance to

treatment does not reflect upon the patient, but only on our improving our repertoire of treatment. Once we have found a new source for effectiveness, we stop seeing the patient as resisting. Having been given the privilege of becoming honorary program chairman I can attest to the vital creative enthusiasm of the program committee, which heralds an exciting meeting. My thanks and regard to all past and present members who have sustained this wonderful organization.