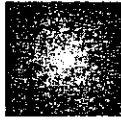


## FINAL ANALYSIS



ROBERT U. AKERET

*Tales from a Traveling Couch* is Robert Akeret's collection of stories about patients he visits twenty years after their therapy has ended. He is curious about how the therapy affected them—about whether they are satisfied with their lives and to what extent his work has helped them. It is not exactly a scientific experiment after so many years. All of the patients had a world of intervening experiences and relationships that affected their behavior and their lives. In this epilogue of the book, Akeret reviews what he has learned about each patient and is comforted by the fact that they have all made "epic journeys" that allowed their lives to progress in the face of obstacles along the way, and that he shared part of that journey with them.

*Presume not that I am the thing I was.*

—WILLIAM SHAKESPEARE, *Henry IV, Part II*

I have been sitting in my office for over a week now, waiting to come to rest. My traveling couch continues to swoop back and forth in time and place as I try to make sense of my journey. I feel exalted, humbled, inspired, confused.

In my absence the mail has piled up on my desk. One colleague

sent me a *New Yorker* cartoon which shows a patient on a couch saying to her therapist, "Well, I do have this recurring dream that one day I might see some results."

Ah, yes, results. This trip was not simply the self-indulgence of a sexagenarian with an extravagant appetite for story endings; it was a pilgrimage for answers: Did I actually provide lasting help for my patients? Did they find the lives they were seeking? Was life sweeter, fuller than it would have been if we had never encountered one another?

Crucial questions. Impossible questions.

Also in my pile of correspondence is an article by Frederick Crews that a friend clipped from the *New York Review of Books*. It starts like this:

That psychoanalysis, as a mode of treatment, has been experiencing a long institutional decline is no longer in serious dispute. Nor is the reason: though some patients claim to have acquired profound insight and even alterations of personality, in the aggregate psychoanalysis has proved to be an indifferently successful and vastly inefficient method of removing neurotic symptoms. It is also the method that is least likely to be "over when it is over." The experience of undergoing intensive analysis may have genuine value as a form of extended meditation, but it seems to provide many more converts than cures.

Beneath the article I find a substantial packet of heated replies and counterreplies that the article engendered in the pages of that magazine for months thereafter: psychotherapists angrily defending their turf; Professor Crews attacking them as pseudo-scientists without a clue to the protocols of the scientific method. Strangely none of this touches me. I have no illusions that this enterprise of mine was a scientific experiment.

The truth is, none of the scientific methods for judging the results of therapy mean much to me either, though for a very simple and quite possibly naïve reason: because I do not believe individual lives

are comparable. I do not believe that any experiment that compares the results of Person A, who has been in therapy, with Person B, who has not been in therapy, with Person C, who has been in "placebo" therapy, can yield data that will be meaningful to me. This is because no matter how similar Persons A, B, and C may be, in terms of their presenting problems and personalities, I shall always be struck by their differences—the differences that make each of them unique, the differences that will stay with them throughout their lives.

To whom would I compare Naomi? To another woman who copes with pathologically low self-esteem by adopting an alternative identity? Would any alternative identity do, or would it have to be as a flamenco dancer? And if so, would it have to be as a flamenco dancer who is escaping from an abusive childhood at the hands of a self-loathing mother? Would anything less than these similarities miss what is absolutely essential about Naomi? Would anything less be able to account for her unique abilities to cope and change? And who would be my "control" for Charles? Would simply another zoophilic do, or would it have to be another man who lusts after a polar bear? Who for Seth? Who for Sasha?

For better or for worse, I have always thought of psychotherapy more as an art than a science and of myself as more of a lyrical therapist than a doctrinaire theoretician. So I am inclined to evaluate the results of my work in the same ways I would evaluate other artwork: subjectively, intuitively, aesthetically—with imagination and leaps of faith. But even within this slippery context, I still want to know the same thing that the scientist does: whether or not therapy did help my patients to lead "better" lives—*whatever that means*.

One thing it can mean is that a patient reports that he *feels* better after therapy and that he continued to feel that way generally in the years that followed. That, for example, Naomi was freed from her feelings of self-hate for the rest of her life; that Seth was able to leave his stultifying depressions behind him; that Mary was no longer overcome by feelings of rage and guilt.

None of these three patients was able to report a "perfect cure" to me in this sense. Naomi had a relapse wherein she suffered her

mother's abuse for eight more years, during which those awful feelings of self-hatred returned to torture her. And Seth, after decades of feeling increasingly stronger, happier, and more positive, was suddenly overcome by a terrible depression—what he called a “divine blight”—which only the passage of time was able to heal. Of these three patients, only Mary was able to say that the feelings that had brought her into my office in the first place—the rage at being treated as an inferior in her family, the guilt over “willing” her father's death—had left her for good after therapy. Yet even Mary admitted that deep in her heart she would forever long for a loving father. She did not believe that therapy could ever quell *that* feeling of emptiness. No, none of them lived completely happily ever after.

But the operative word is *generally*—and these three patients reported *generally* feeling much better in their lives following therapy than they had in the years leading up to therapy. No, there are no controls with which to compare these resulting feelings; I cannot say for sure that any or all of these three individuals would not have felt better simply with the passage of time, with what used to be called quite reasonably “growing out” of a bad patch of life. I can only go by the gut response that these patients and I shared: that therapy was somehow responsible for their generally feeling so much better.

Yet I certainly cannot say that of the other two patients I visited; neither Charles nor Sasha felt significantly better when I saw them these many years later than they had felt when I first encountered them. Sasha now suffered from feelings of extreme loneliness and despair; he took antidepressants to get through the day; he was toying with suicide, albeit as much for literary reasons as to escape his depression. And Charles, too, felt lonely and somewhat benumbed. “Crazy” as Charles had been when I first saw him, he was more passionate then than now, more passionately in love and hence, I believe, more passionately alive. The same could be said about Sasha in the midst of his extramarital affairs—passionate, full of feelings. Of course, both were in a more passionate stage of life then. But to be fair, there is the distinct possibility that it was therapy itself that at least robbed Charles of his strongest and deepest feelings, robbed him of feelings in the name of personal survival.

Sasha would be the first to differentiate between "feeling good" and "passionately feeling." For him, "feeling good" is banal, insignificant stuff compared with the feelings of the passionately lived life. From his existential point of view, it is better to be passionately miserable than to be mindlessly blissful. Many psychotherapists passionately agree with Sasha; to them, simply "feeling good" smacks of Brave New Worldism, especially in this age when "mood brighteners" like Prozac and Zoloft are being substituted for depth therapy. One of the side benefits of Prozac is that it has forced those of us who practice "talk" therapy to define more closely what it is that we are trying to do if it is not just to make our patients feel better.

When Fromm posited biophilia as the goal of therapy, he was not talking about simply feeling good. Biophilia represents feeling *fully alive*, being more able to participate in a full range of emotions (including grief, compassion, and sorrow as well as exaltation, passion, and joy) and being able to live productively. It suggests an awareness of life's possibilities and an attitude of hope and love toward all of life. Biophilia's opposite, necrophilia, represents an attitude of despair and negation, a withdrawal from life, and a mode of being that defeats life's possibilities.

By this standard, of the five patients I visited, Seth probably traveled the farthest from necrophilia toward biophilia in the course of therapy and thereafter. (I suppose it is no coincidence that Seth is the one patient of this group whom I worked with under Fromm's guidance.) When I first encountered Seth, he fantasized about himself as a mechanical object; when I saw him decades later in New Mexico, he was surely one of the most centered, life-embracing people I have ever met. At one point during our long Albuquerque night together, I asked Seth if he thought there were any experiences in his life that he believes would have been denied him if he had not undergone therapy, and he answered, "All of my experiences after therapy were made possible by it." Even Seth's staggering midlife descent into depression, deathly as it was, ultimately was experienced by him as a response to becoming more fully alive at a time when he was not yet ready for it—"opening the windows" too quickly. I can imagine Seth's response to Professor Crews's dismissal of analysis

as merely "a form of extended meditation": "My God, *what could be more enriching than an extended meditation?*"

On Fromm's necrophilia-biophilia scale, Mary seems an indisputable winner, too. She entered therapy in a deep depression that was only relieved by bursts of anger and other acting out, and she left therapy feeling strong and loving, happily committed to both her work and her family of creation. When I visited Mary in Northern California, I found a woman not only filled with love for life but dedicated to passing that love along, taking her place in what she viewed as the "chain reaction" of loving care. She had clearly attained Fromm's therapeutic goal of a "loving attitude" toward life. This should not be construed as some saccharine greeting card ideal; rather, it is the logical conclusion of the existential syllogism that to live fully, one must love life.

Naomi fared well by Fromm's criteria, too. She arrived in my City College cubicle feeling alienated and dead, and she left feeling vibrant and confident—albeit vibrant and confident *as someone else!* In the years that followed, she had briefly fallen back under the spell of her necrophilic mother, and even when I visited her in Florida, she was still unable to embrace completely her native identity as a Jew. But from what I experienced of her that day, Naomi was living life to the fullest, not retreating from it. What could be better testament to biophilia than when she joyfully declared to me, "Isn't it wonderful . . . the way you can be so many people in one lifetime?"

I am sure there are many therapists who would call that statement "insane," the ravings of a woman with multiple personality disorder. Not me. I call it a declaration of love of life. And I'd like to think that Fromm would call it that, too.

One particularly elusive criterion for how well a course of therapy has worked is whether or not it effected a "core change" in the patient's personality. Fromm was alluding to this when he compared "re-forming" a patient's behavior with repairing a slum: "If you make a few repairs here and there in a slum, it's still a slum."

Sometimes I can put my finger on this distinction; sometimes I cannot. What constitutes the continuous "core" self has bedeviled philosophers and psychologists since the Greeks. I do know that

when Sasha wanted me just to do a little "tinkering," that felt wrong; I believed that we would have to go deeper than that to effect any meaningful change in his life. And one thing I can say without a shred of doubt is that Naomi had an indisputable core change: She changed identities. Or is that too much of a change?

In a book I read on the plane back from Paris, I came across a reference to a case of Milton Erickson's in which an energetic young patient insisted that he was Jesus Christ; Erickson's treatment was to find the young man a job as a carpenter. Perhaps Erickson was practicing the ultimate in Christ-inspired therapy: He was not judging his patient, just facilitating his self-realization. But he was not giving him any personal insight.

One thing that psychotherapy can do that Prozac can never do is provide a patient with knowledge of himself. Fromm wrote that psychoanalysis should be seen "not as a therapy, but as an instrument for self understanding . . . an instrument in the art of living. . . ."

This knowledge would include the salient themes of one's life, an identification of one's true desires and the conflicts that surround them, the differences between difficulties created by external reality and those created by internal fantasy.

But self-knowledge in itself is no guarantee that a person will feel better or even change destructive patterns of behavior. All we have to do is think of Sasha to realize that, although, of course, Sasha believed that therapy had done him a world of good.

For me, this goes to the nitty-gritty of the question of what it means for a patient to get better. Whose notion of "better"—mine or the patient's? The therapist Carl Rogers warned that "it is a dangerous philosophy to assume the right to be the self-appointed authority on what is best for someone else." And Dr. Szasz put it even more bluntly, "Therapy is like religion: there should be a free choice."

But if I allow my patients to pick their own therapeutic goal, when can I feel confident that they are ready to make this choice? In the depths of depression? At the height of mania?

My personal answer is another murky one: Patients are ready to make this decision at the point when they know themselves well

enough to understand that decision's implications. But after that Szasz is right: Free choice must reign.

In thirty-five years of practicing psychotherapy, no one has tested me more formidably on this issue than Sasha Alexandrovich. Even now, after visiting him in Paris, I remain conflicted. Above all, Sasha's goal in therapy was to get back to creating art. He succeeded in this fabulously, and he makes a convincing case that he owes it all to his therapy with me; the subject of his art is himself; therapy revealed himself to himself in a way that he was able to transform into art. Thus, by his own lights, therapy was wonderfully successful. But this makes me think of Crews's assertion that therapy has won "more converts than cures." Sasha was converted to the psychoanalytic framework for understanding himself and others, yet his life seems untouched by this understanding. And Sasha's life pains me deeply. It seems necrophilic in the extreme: He treats himself as an object with his pills and injections; he cannot truly love another human being; he loves life so little that he would sacrifice it for the sake of a good book. By Fromm's standards, therapy has failed miserably with Sasha.

Or has it? If, for Sasha, creating transcendent art is the ultimate in being aware and alive, who am I to say that he is necrophilic? Shouldn't I rather say that his necrophilic life feeds his biophilic art and that art is the life he has chosen?

But I will never be completely comfortable with that idea. God help me, if Sasha does write *Diary of a Suicide*, I know I will feel that I failed him.

It is just the opposite that pains me about Charles. I am quite sure that I helped him save his biological life; without that, of course, he would have had nothing. But I was unable to help him find a very satisfying life to replace the passionate (albeit suicidal) one that I turned him away from. I did not have enough time for more than crisis intervention with Charles. I wish I could have given him more. But honestly, I am not sure how much more I could have given him.

And that brings me to my ultimate question: How can I know if I am responsible for whatever gains my patients made in their lives? That is to say, even if I were absolutely clear on what "getting better"

meant, how could I be sure that therapy was the cause and not something else?

Seth provides an interesting case in point. Between the last time I saw him in 1968 and when I visited him twenty-six years later, he had immersed himself in a good two dozen varieties of therapy and spiritual growth programs, ranging from Rolfing to vision quests. What, if anything, in his therapy with me can be credited for the tremendous changes he made in his life?

I asked him that question at one point in my visit. Seth laughed and said, "They *all* deserve credit, and so does every person I have met, for that matter. I am the sum of all my experiences. But my therapy with you set me on this path, and for that I am eternally grateful."

I want very much to believe him, of course.

Citing a study of therapy outcomes done by Lester Luborsky, Professor Crews raises the question of how much we can credit the particular content of therapy with whatever "cure" follows it. Crews says, "No doubt it is motivationally useful for each of the myriad extant psychotherapies to offer its clients some structure of belief—whether it be about undoing infantile repression, contacting the inner child, surrendering to the collective unconscious, or reliving previous incarnations—but as Luborsky understood, such notions are window dressing for the more mundane and mildly effective process of renting a solicitous helper."

I should rage against this kind of attack, I know, but I do not. Maybe I am getting old and running low on passionate anger. But I like to think that my love for my patients is finally maturing to the point where it does not really matter to me who or what takes the credit for their cure. I am just so very grateful and happy to see them living satisfying lives no matter what the reason.

Truth to tell, I would not really mind if Professor Crews proved that the therapy I gave my patients turned out to be nothing more than some handholding and a sympathetic ear, the simple work of a "solicitous helper." Actually I would take great pride in that. I think I do it well.

As I look back over my follow-up journey, something Seth said

comes to mind. "You're greedy to find out if what you dedicated your whole life to has amounted to anything."

Well, I do feel I made a difference. I sometimes wonder if in the coming century psychotherapy will be viewed as some kind of arcane witchcraft, a clumsy and attenuated method of transformation and self-knowledge that my grandchildren will think of in the same way that I now think of exorcisms. Yet not even this thought upsets me. I keep thinking of the time when Mary's son, Jared, asked me, "So, what's the verdict? Does therapy work?" And Mal answered for me, "Maybe it only works when it works."

That, in the end, is all I could have asked for.

The couch finally settles in my office. I find myself remembering something Fromm once said to me: "I see each patient as the hero of an epic poem."

I have always liked that idea, but I don't believe I fully understood it until I took my journey. Until now I did not appreciate the sheer epic proportions of a person's life. The mere fact that in spite of all the obstacles they faced, Naomi and Charles and Seth and Mary and Sasha could make their ways from youth into middle age touches me deeply. I have returned from my travels awed by the capacity of Man to survive; that, in itself, strikes me as heroic. And nothing that therapy can or cannot do compares with it.

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