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E = MC²

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BOOK REVIEW

$$E = mc^2$$

WHY PSYCHOTHERAPISTS FAIL

Richard D. Chessick, M.D.

New York: Jason Aronson, 1971

203 pp., \$20.00

JOHN MATT DORN, M.D.

"The time has come," the Walrus said,
"To talk of many things:
Of shoes—and ships—and sealing-wax—
Of cabbages—and kings—
And why the sea is boiling hot—
And whether pigs have wings."(1)

Analogies are meant to illustrate. Like flashlights, they should lead us places we would otherwise not go, illuminating dark corners of thought we are afraid of or simply cannot see. Poetic analogies, metaphors and similes, are more like candles than flashlights. Often they are objects of attention as much as anything they show us. Sweeping analogies are somewhere inbetween. At best they are like good stage lighting, setting a mood without being too obtrusive. At worst they are glaringly self obvious, cast more heat than light, and bring undue attention to ill prepared performers.

The discipline of psychotherapy today stands where physics was at the beginning of this century. Recent developments in the psychotherapy of groups, families, and married couples parallel the development of quantum mechanics. . . I believe psychotherapy will go in the direction Einstein has already taken physics. . .

From such lofty heights Chessick proposes a "*radical revision*" in the training of psychotherapists. The heart of this proposal is a wish to improve "the psychic field of the psychotherapists," an undertaking that will ". . . require approximately twice the number of hours devoted to formal training as are now given in the average program. . . . In the interest of preparing optimal psychotherapists, traditional hospital

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ward work should be partly replaced with pursuits that will enable the psychotherapist to attain emotional maturity, what Jaspers calls "methodically pure procedures and formulations" (Schilpp, 1957), and a depth of perceptions and feeling. This can only be achieved by immersion in the arts; a knowledge of the philosophy of science and methods of research; an attitude toward people combining humanism with basic trust and optimism; and a life style that permits what Russell (1962) calls 'idleness.' "

Sounds great, doesn't it: no more IVs, no more call, no more nurses' dirty looks. Just a Diagenese-like expedition in search of truth, justice, and the analytic way. Only one niggling question remains. How do you get there from here? Chessick is abstractly precise in his answer, as is demonstrated in his outline for a teaching program.

CURRICULUM FOR PSYCHOTHERAPISTS

(Based on an eight-hour day, six-day week, and four-year duration)

I. *Apprentice Work*

Hour 1: Personal psychotherapy (one or more times per week), individual supervision, and clinical seminars.

Hour 2, 3, 4: Working with patients. In the first year: usual hospital duties, brief therapy, somatic treatments, etc. In second, third, and fourth years: outpatient work, individual interests, research, etc.

II. *Theoretical Work* (all include three hours of seminar and three hours of study per week).

Hour 5: Basic psychiatry and psychotherapy reading for four years.

Hour 6: Practical sciences—all aspects—for four years.

Hour 7: Humanities for four years (more reading time and fewer seminars may be necessary at certain points in this course).

Hour 8: Language and abstract studies.

a. Two years of language (modern or classical) and the structure and evolution of language.

b. Two years of logic, mathematics, game theory, and philosophy.

In addition, Chessick's disciples will have to "attend one evening meeting per week (four per month)" and "... a great deal of reading will be required, as well as listening to music and looking at art in the student's spare time." Moreover, since "... no one except a genius could possibly become an adequate psychotherapist without personal psychotherapy," everyone will be "... sufficiently motivated to try to secure some kind of psychotherapeutic help. If by the second year of his training, the resident does not strongly feel the need for personal psychotherapy, there has either been a mistake in selecting him or a pedagogic failure."

Chessick goes on at length (he takes a whole chapter) to discuss a favorite subject of his, philosophy for psychotherapists: "... metaphysics can be a very very exciting subject; I think that the only other subject capable of generating an equal or analogous type of excitement is cosmogony, purportedly a more scientific but difficult subject. (The reader is invited to think about the relationship between cosmogony and cosmology.)" At the risk of getting demerits or being made to stand in the corner, I beg to differ here. No doubt metaphysics can be a very very exciting subject, but there are other subjects that may be exciting, for example, rhetoric.

In successive chapters using similar language Chessick examines the supervisory

role, specific examples of clinical failure, and a long case history that includes Chessick as the therapist (when he was a resident). Probably the most useful of these is "Clinical Studies of Failure in Psychotherapy," in which Chessick posits three situations where treatment failure may occur.

The first such situation occurs when the therapy is too vigorous, and ignores the patient's resistance to overwhelming and unacceptable dependent needs. A vigorous treatment that mobilizes such needs leads to increasing resistance, promotes acting-out, and eventually frightens the patient out of treatment. . . . The second type of situation that poses a danger of failure (or at least stalemate) was also anticipated by Freud, in . . . the case of Dora. Certain patients, especially borderline ones, confront us with very difficult decisions about gratifications in the transference. . . . When we ask these patients to become involved in therapy with us, we automatically mobilize their deep anxieties about penetration and annihilation, and strange reactions occur. In addition, these patients have often become locked in a "neurosis of abandonment" before coming to therapy. . . . Continuation of the therapy becomes touch and go and the therapist has to decide to what extent he should offer himself as a "real object" (Tarachow, 1963). . . . The third (and final) situation that may lead to outright failure (and that deserves more attention in the literature) arises from the treatment by a male psychotherapist of a male borderline patient who is also overtly homosexual. There are two potential dangers here. Either there will be a mobilization of the homosexual yearnings in the transference, which can lead to unbearable anxiety and a subsequent breaking off of treatment (exactly analogous to the first situation described above with women), or there will be a sublimated and intellectualized latching onto the therapist. In the latter case the psychotherapist must deal with his own anxieties about homosexual feelings in both himself and the patient, and he must avoid interminable, stalemated psychotherapy. I have seen *many* examples of lengthy, expensive, and useless psychoanalyses and psychotherapies of sublimated homosexuals.

In the final chapter, Chessick offers his own "special theory of psychotherapeutic interaction," which he describes as analogous to Einstein's special theory of relativity. Chessick's theory may be summarized as follows.

The special theory of psychotherapeutic interaction is based on . . . what I call the "fourfold roots of psychotherapeutic interaction". . . . In the language of scientific understanding, the therapist may be described in terms of his ego operations, countertransference structure, therapist and patient vectors, and training in therapeutic technique; the patient may be described in terms of his ego operations, a genetic-dynamic formulation, structural theory, transference, and patient and therapist vectors. . . . In the language of humanistic imagination (dramatic, emotional, and oriented to human purposes) the two psychic fields may be described in terms of power strivings, security operations, caring, being there, "I and Thou," encounter, or basic anxiety, depending upon one's preferred school of psychotherapy or philosophy. So there are *and always will be* two fundamentally different and competing ways of describing the interaction between the psychic fields of the therapist and the patient in the process of psychotherapy.

The special theory of psychotherapeutic interaction maintains that these two fundamentally different ways of describing the different continuous mutual influence of the psychic fields of patient and therapist upon one another are both necessary and useful; they do *not* compete with respect to truth or falsehood but merely illustrate the basic human need to describe reality in two radically different ways.

Using his own theory as evidence, Chessick states that his proposed curriculum for psychotherapists ". . . has now been given a theoretical foundation. In order to do an

optimal job, the psychotherapist must be familiar with both the language of scientific understanding and humanistic imagination, and he must be able to shift back and forth between the maps of the interacting psychic fields, so that what he misses on one map he will find on the other!"

Sounds great, too, doesn't it? When in doubt, a psychotherapist need only pull out his trusty psychic field maps in order to reroute therapy to success. Unfortunately the same nagging question remains. How do you get there from here? Chessick has given us some ideas along the line of "The truth shall set you free," but in the end that is all he gives us, just *some ideas*. Chessick's schema, like a map itself, is an intellectualized, two-dimensional representation of reality. Put another way, the therapeutic Land Rover Chessick designed for us has no gas in it.

Doubtlessly, in the first years of his psychoanalytic research Freud shared the conventional rationalistic belief that knowledge was intellectual, theoretical knowledge. He thought that it was enough to explain to the patient why certain developments had taken place, and to tell him what the analyst discovered in the unconscious. This intellectual knowledge, called "interpretation," was supposed to effect a change in the patient. But soon Freud and other analysts had to discover the truth of Spinoza's statement that *intellectual* knowledge is conducive to change only inasmuch as it is also *affective* knowledge. It became apparent that intellectual knowledge as such does not produce any change, except perhaps in the sense that by intellectual knowledge of his unconscious strivings a person may be better able to control them—which, however, is the aim of traditional ethics rather than that of psychoanalysis. As long as the patient remains in the attitude of the detached scientific observer, taking himself as the object of his investigation, he is not in touch with his unconscious, except by *thinking* about it; he does not *experience* the wider, deeper reality within himself. Discovering one's unconscious is, precisely, *not* an intellectual act, but an affective experience, which can hardly be put into words, if at all. This does not mean that thinking and speculation may not precede the act of discovery; but the act of discovery itself is always a *total* experience. It is total in the sense that the whole person experiences it; it is an experience which is characterized by its spontaneity and suddenness. One's eyes are suddenly opened; oneself and the world appear in a different light, are seen from a different viewpoint. There is usually a good deal of anxiety aroused before the experience takes place, while afterwards a new feeling of strength and certainty is present. The process of discovering the unconscious can be described as a series of ever-widening experiences, which are felt deeply and which transcend theoretical, intellectual knowledge (2).

Just as throwing money at social problems often creates greed as well as equality, throwing ideas at people may result in arrogance as well as understanding. In my opinion Chessick's schema is less likely to produce mature, well balanced therapists than it would *idiot savants*.

One of the most rankling aspects of Chessick's proposals is his denigration of routine hospital duties. Admittedly residents have to do a lot of scut work, most of which involves the care of their patients. There is as much to be learned and more pathos in starting an IV on someone dying of cancer than there is in all of Heidegger.

Equally offensive is Chessick's attitude towards eclecticism, which he says may lead to "confusion," "an insidious sense of nihilism," and the belief "that psychotherapy is easy." Nowhere is there the sort of balanced view espoused by Sharaf and Levinson.

The eclectic residents are not necessarily less interested in psychoanalysis than those we have termed "analytic." The distinctive feature of the eclectic groups is a substantial commitment to at least one other aspect of psychotherapy or analysis . . . as compared to those with a more exclusively analytic approach, the eclectic residents value a greater variety of the tasks confronting them at the hospital. They give greater effort to current hospital work such as the management of patients, administration, and research. And they are more likely than the others to envision these interests as part of their later, mature professional identity . . . In consonance with their diverse interest, the eclectic residents tend to be polytheistic rather than monotheistic in relation to authority. Unlike the analytic residents, they believe that possessors of omniscience, or at least guides in the quest for omniscience, are to be found outside as well as inside the Psychoanalytic Institute . . . (3)

In the final analysis, *Chessick fails* because he is unaware of his own dogmatism (a subject that, not surprisingly, is not examined as a cause of treatment failure). The excellent and useful ideas he does give up are buried amidst a sea of otherwise abstruse and idiosyncratic meanderings. A quote by Nietzsche used by Chessick is most incriminating.

Gradually it has become clear to me what every philosophy so far has been: namely, the personal confession of its author and a kind of involuntary and unconscious memoir . . . (4)

How ironic it is that Chessick should compare his theories to those of Einstein. Anyone familiar with Einstein knows how much he hated the Prussian education of his youth, and also that he was a great and avid sailor. Do you have to be a physicist and a genius to sail a boat? My guess is that Einstein would have laughed at the idea, and thrown anyone who kept too tight a hand on the tiller overboard.

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