

The Analyst's Analyst: From Judd Marmor's Written Wisdom

by Marianne Horney Eckardt, M.D.

Dr. Eckhardt gave this talk to a luncheon honoring Dr. Marmor at the Academy meeting in New York City, May 1, 2004.



Psychoanalysis is an awesome mixture of revolutionary scientific discoveries, metapsychological or metaphorical concepts – which are suggestive and thus open to interpretations, – and a mass of obscuring official jargon that loses meaning when examined in any detail. To our detri-

ment, most of us have learned the skills of swimming in this sea of ambiguities with one heroic exception, Judd Marmor. Apart from his historical act of freeing homosexuality from the bondage of being classified as pathology, his greatest contribution has been, is, and will be the admirable clarity of his scientific thinking and writing, which separates wheat from chaff and provides an invaluable orientation to psychodynamic therapists, enabling them to creatively weigh the many options open to do good therapy. Just one simple but loaded example of this outspoken no-nonsense clarity: Judd believed that the greatest transformation in psychoanalytic thinking is that it moved from a closed conceptual system to an open system, placing psychoanalysis into interactive communication with the other behavioral sciences and thus transforming them and being transformed itself. This changing gestalt of psychoanalysis invariably provoked the protesting question: But is this still psychoanalysis? Marmor's simple reply was that this question is irrelevant since what really matters is whether or not these approaches, regardless of what names or labels are attached to them, fulfill the criteria of science more effectively than previous ones. I have always treasured this simple, matter-of-fact statement, for my own solution to the same dilemma was far more indirect. Avoiding the issue, I referred to my therapy as psychoanalytically informed psychodynamic therapy.

My task this morning then is to convey to you this sterling quality of his scientific thinking, which is essential for doing good therapy, essential to improve the scientific standing of our discipline, and an ever-inspiring source of inspiration. I decided that paraphrasing Marmor's messages was a losing proposition. Only Judd Marmor's own words would do him justice. My presentation of his work is limited to the published papers and books that I own or could find on the Internet or in libraries. These writings covering almost forty years from 1942 to 1980. Although, whatever he may have written during the last twenty years failed to respond to my limited research skills, this limitation will not affect the essence my emphasis on the rich, scientific, no-nonsense quality of his thinking and his voice. The following abbreviated version of his 1966 presidential address to the American Academy of Psychoanalysis on

the tenth anniversary of its existence is rich in content and still has an amazing relevance today. The address, entitled "Psychoanalysis at the Crossroads," was published in the collection, *Psychiatry in Transition*, by Bruner/Mazel in 1974.

Good friends, esteemed colleagues, ladies and gentlemen: As many of you may know, I gave up a psychoanalytically oriented practice of almost thirty years duration to take a full-time position as director of the department of psychiatry in a general hospital. Perhaps it is no accident, therefore, that at this junction in my career I find myself concerned with the crossroads at which psychoanalysis finds itself. I come, however, neither to bury psychoanalysis nor to sing its praises – neither as a hostile iconoclast nor as a devout worshiper – but rather as one who has toiled affectionately but, I hope with some degree of objectivity, in its vineyards for most of my working life, and who now pauses to take a backward look at the professional route he has traveled, as well as to survey the road that lies ahead.

In May 1965, in discussing Roy Grinker's paper on "Fields, Fences, and Riders" at the section of psychoanalysis of the American Psychiatric Association, I said in part: "Whether we like it or not those of us who have dedicated most of our professional lives to the study and practice of psychoanalysis must face the fact that our specialty has reached a critical crossroad. The direction we choose will determine whether the psychoanalytic community will continue to exert a paramount influence upon the mainstream of modern psychiatric thought, or will gradually recede into an unimportant side stream by virtue of its failure to keep abreast of modern developments in the behavioral sciences. The handwriting is on the wall for all to see. Already many of the brightest young minds in psychiatry, who for the past twenty years have flocked to the psychoanalytic institutes for training are turning their eyes in other directions. The frontier of research and creativity in psychiatric theory and practice – once the proud domain of psychoanalysis – has now shifted to other areas, and psychoanalysis is in serious danger of becoming a tight little island of devoted technicians plying a fading trade in the gathering twilight of its senescence."

. . . In the thirties, when I first entered upon psychoanalytic training, there was still a sense of excitement that we were in the vanguard of psychiatric theory . . . but over the years, fresh theory has ossified into rigid dogma and the revolutionaries of the past have become conservatives.

[Marmor elaborates on many aspects of this dogma and of institutional rigidities. He continues:]

But I believe that there is also another fundamental source of the anxiety and emotion and anger that is stirred up in so many analysts when their theoretical convictions are challenged. To explore this, however, it will be necessary to digress in another direction.

It has become traditional to say of psychoanalysis that it

is not one thing but three things: (1) a technique of psychological investigation; (2) a theory of human personality; and (3) a technique of therapy. I should like to submit to you that in this linking together of three very disparate things (which most of us, myself included, have accepted unquestioningly for many years) lie the roots of some of the most serious institutional problems of the psychoanalytic movement.

There is no doubt, in my judgment, of the unique value of the psychoanalytic method as an investigative tool. . . . I am convinced that the psychoanalytic method of exploring the human unconscious will remain the brightest jewel in Freud's crown of monumental contributions. I cannot conceive that the subjective data of the nature and the quality of the symbolic abstractions that guide man's inner mental and emotional life, and that are most effectively obtained by the psychoanalytic method will ever be less relevant to the understanding of man than the so-called hard and quantifiable data concerning his external behavior.

On the other hand, the unhappy fact is that classical psychoanalysis as a body of theory has failed to meet the challenge of modern scientific scrutiny in recent years. What began as a revolutionary breakthrough in the understanding of human personality development and psychopathology, has unfortunately become increasingly esoteric and dated by its stubborn ignoring of the contributions of modern biological, behavioral, and social sciences. . . . The concepts of repression, unconscious motivation and conflict that stirred up our nineteenth-century forebears are no longer matters of serious debate. . . . They are now accepted as givens in most modern psychodynamic theories. The points that are now at issue are much more complex and sophisticated. The classical nineteenth-century closed-system concept . . . has been thoroughly outmoded by the open-system theories concerning living organisms. . . . Is it not long past due for the disappearance of the closed-system models in psychoanalytic thinking and teaching? . . . Unfortunately, psychoanalysts, who were the first to make the world aware of the significance of the phenomenon of resistance, have themselves in large measure become its most striking exemplar. . . . It will no longer suffice in today's scientific world to argue that psychoanalytic inferences need only be confirmed within the framework of the psychoanalytic methods. If these inferences are correct, they must, like any other scientific inferences, lend themselves to validation by alternative techniques and methods and by independent observers. Otherwise they simply do not qualify as scientific hypotheses.

There is little doubt that the alienation of formal psychoanalytic education from the main body of psychiatric training has now outlived its original usefulness and has been contributing to psychoanalytic sectarianism. Surely at this moment in history, when psychoanalysis still enjoys considerable prestige, and when psychoanalytically trained psychiatrists still pay an important role in medical schools and psychiatric residency programs throughout the United States, the time has arrived for psychoanalytic institutes to make every effort to abandon their heroic isolation and to return psychoanalytic training to an academic setting where it can be stimulated and enriched by interdisciplinary cooperation and challenge. In such academic settings the hypotheses of

psychoanalysis can be subjected to the kind of probing, testing, and research that is a necessary catalytic force in the healthy growth and progress of any science. Ultimately, and hopefully, the various current approaches to psychiatric thought and practice will be integrated into one fundamental science of dynamic psychiatry encompassing all the relevant findings of the biological, psychological, and social sciences. . . . A comprehensive modern theory of human behavior must encompass not only man's intrapsychic mechanisms and his interpersonal relationships but also our newer knowledge of relevant brain chemistry and neurophysiology, and must see all of these within the context of man's total field situation—the time, the place, and the culture within which and in relationship to which these biological, intrapsychic, and interpersonal mechanisms are operating.

As we stand at the crossroads, we must face the additional fact, however reluctantly, that as a rigidly defined technique of therapy classical psychoanalysis has also had serious limitations. It is cumbersome, expensive, and time-consuming, and under what conditions, if any, it deserves to be employed in preference to all other modifications of psychotherapeutic technique, still remains to be convincingly demonstrated. . . . It is only in recent years that the nature of the psychotherapeutic process has begun to be subjected to rigorous scientific studies, and already many of the dogmatic assumptions of classical psychoanalytic technique such as those concerning the behavior of the analyst, the role of insight and abreaction, the importance of the recovery of early memories, the value of induced transference-regression, the length and frequency of interviews, the importance of the fee, and the use of the couch have begun to be seriously questioned.

[Marmor surmises that the tremendous resistance towards a serious investigation of all of these issues is due to the threat such questions pose to the sense of professional identity and adequacy. He continues:]

If, as I think the facts of the past half century have clearly demonstrated, psychoanalysis is inadequate in itself as a comprehensive theory of human behavior, and too narrowly based to be an adequate form of therapy for most psychiatric problems, then it follows inescapably that the chief value of psychoanalysis is as a methodological tool within the context of a total psychiatric armamentarium for which medical training is indeed essential. [Marmor does not question the usefulness of non-medical trained therapists.] What I am saying, however, is that the ability to practice modern comprehensive psychiatry does require medical training and that psychoanalytic training per se no more qualifies a person to be a psychiatrist than biochemical training would qualify one to be a physician.

Indeed, many of the shortcomings of classical psychoanalysis as a therapeutic technique stem precisely from its exclusive preoccupation with intrapsychic dynamics. This has led classical analysts to insist on a purely dyadic therapeutic relationship, with an exclusion not only of contact with, but even of information from other significant figures in the patient's life, as well as to a minimization of other relevant biological, social, economic, and cultural factors.

[Marmor mentions other important parameters as family

therapy, group therapy, or the conjoint use of drugs. He concludes:]

Let us not make the mistake, therefore, of throwing the baby out with the bath as we face up honestly to some of the shortcomings of our specialized area of interest. The psychoanalytic method is an exceptional tool for the investigation and understanding of individual psychodynamics and when it is not employed exclusively or with the compulsive rigidity, it is an invaluable addition to our armamentarium. If we recognize and use it as just such a tool, we will find that it enriches every aspect of our clinical work whether it be individual psychotherapy, psychopharmacotherapy, family therapy, group therapy or social and community psychiatry.

I am very fond of another paper, dated four years later in 1970 entitled, "Limitations of Free Associations" (also published in *Psychiatry in Transition*). It should be required reading for every candidate aiming to embark on becoming a psychoanalytic therapist. What he or she needs to learn are less Marmor's conclusions, however important, but Marmor's clarity of reasoning, of taking a good look at the past and present premises of sacrosanct concepts or techniques, and the freedom to follow the path that seems to make the most sense. Marmor writes:

One of the most sacred tenets in the psychoanalytic tradition – one to which I subscribed unquestioningly during most of my professional life – is that regardless of what other limitations might exist in the method of psychoanalysis, the technique of free association was without a doubt the best and most dependable avenue that had been devised for bringing into consciousness the unconscious sources of the patient's neurotic difficulties. The conviction rested on certain fundamental cornerstones of psychoanalytic thought – the concepts of psychic determinism, repression, and resistance. The basic assumptions involved were that psychic processes are not capricious in nature and are subject to the fundamental laws of cause and effect. Therefore by passing the defensive resistances of the patient by having him say everything that went through his mind meant that whatever he was unwittingly repressing would sooner or later come into consciousness like a cork bobbing to the surface of water and then could be articulated.

Marmor found that while the technique at times works like a miracle, he also discovered serious limitations. Repression implies that the patient once had a perception but then pushed it out of awareness, but there are many aspects of the patient's life that never really registered and thus could not have been repressed. This, according to Judd, may apply to some of the most fundamental aspects of his character structure. Also it is not true that free associations remain untainted from the beliefs or theories of the analyst. Freudians find Oedipal material, Adlerians encounter masculine strivings and feeling of inferiority, Horneyans encounter idealized images. Thus unsuspected suggestive influences do impact on what the patient will report.

Marmor writes:

What follows from this is that it is of utmost importance that the psychotherapist retain the utmost flexibility in his therapeutic technique in order to maximize every possibility of bringing light on the facets of his patient's charac-

terological problems. This includes not only the willingness to glean information by interviewing significant others in his patient's life, but also the willingness and ability to alter the therapeutic field itself from an exclusive dyadic one to others such as conjoint marital, family or group, if or as it seems indicated.

In many of his papers Marmor stresses the fact that the usual dyadic method of psychotherapy fails to give us important information about the patient, either his behavior or his life, which is readily available by inquiry or by observing patients in a group therapy setting. A supervisee of his was unable to understand his patient's difficulties in interpersonal relations as she appeared cooperative in their two-some sessions. Once he observed his patient's behavior in a group therapy session he became aware of her domineering behavior, and he was able to understand the difficulties in relationships she had complained about. Just to add my own emphasis, we have relied far too exclusively on what the patient tells us. We hear about the emotional experiences that are important to them, without the essential contextual background, which they take for granted, but is not known to us. I am referring to the other characters in the drama, traditions, settings, the details of an interaction. I am guided by my ability to clearly visualize a tale of the patient as if it appeared on a stage. Thus, when my impressions remain vague and I feel it is important, I ask a lot of questions to help me clarify the innuendos and intricacies of a situation. Often this process, designed to make a story meaningful to myself, also leads to an ordering of facts in the patient's mind. I help him or her put all the pieces on the table, and then the answers often become self-evident.

Marmor had the ability to make sense when he wrote and talked. I call it "common sense," but I realize common sense is not common, though it is a particularly rare attribute in our vast professional literature. He even made sense of transference, the most sacred item in our shrine of sacred assemblies. I, again, give you the pleasure of his own words from his paper "New Directions in Psychoanalytic Theory and Therapy" (published in the book he edited, *Modern Psychoanalysis: New Directions and Perspectives*, Basic Books: New York, 1968).

The patient who seeks psychiatric therapy always brings with him certain basic distortions in his perceptions and feelings. These have been shaped and "learned" in the course of his early development in relationship to the significant people in his life. These distortions, which are the essence of the transference phenomenon, were not invented by Freud; they exist not only in the psychoanalyst's office but in every significant human relationship. Freud . . . recognized it as a factor of paramount importance . . . and discovered its value in the therapeutic transaction. One of the unique aspects of psychoanalytically oriented psychotherapies is that transference reaction is consciously and deliberately used for the purpose of confronting the patient with the unreality of his interpersonal perceptions and reactions. The ultimate goal . . . is to enable the patient to become more realistic and adaptive in his interpersonal relationships. . . . As I have indicated, however, the classical psychoanalytic relationship, by its very nature, tends to foster rather than resolve this core problem. Especially when the analyst adopts the model of the "neutral mirror" and care-

fully protects his “analytic incognito,” these regressive patterns in the patient are enormously magnified. Under such circumstances, the patient tends to perceive the analyst as an Olympian, omniscient, God-like person in comparison to whom the patient feels less adequate, than ever.

For Marmor therapy is a mutually reciprocal interaction in which both participants “change” over the course of time. Marmor believed that we are part of a many-dimensional interactive world and invariably influenced by inner and outer forces. From his student days he was passionately aware of the political, social, economic forces of our lives and our responsibility to actively participate as shapers of our world. He wrote papers dealing with urban violence, political extremism, the importance of international cooperation, and the dangers of isolating nationalism. Judd saw the evils of the world, but he never lacked hope and a vision for the future.

In 1972 he wrote in “Psychiatry and the Future of Man (also published in *Psychiatry in Transition*:

Perhaps in the final analysis we shall have to look to the broad community of science, which traditionally has tended to transcend national boundaries, to dedicate itself to the task of educating both the public and our political leaders to the transcendent gravity of our contemporary dilemma and to the direction in which we must move. It was Albert Einstein, who made the comment that if humanity is to survive in the nuclear age, “We shall require a substantially new manner of thinking.” My basic thesis, (however) . . . is that the so-called nature of man is not one of the obstacles. On the contrary, it is only the extraordinary adaptive capac-

ity of the human brain, with this capacity to anticipate the future and then creatively construct mental models with which to deal with that future, that gives me any reason at all to hope that it is within the realm of possibility to find our way rationally to such a social order without having to undergo the violent and cataclysmic upheavals that otherwise are inevitable.

. . . The changing of belief-systems and attitudes is one of the prime functions of psychiatry. If man, as I believe, must alter many of his fundamental ways in order to survive, then psychiatry has an urgent responsibility to apply its insights toward facilitating such change. We cannot stand aside from political matters and say they are none of our business. Politics is human behavior applied to social action and social change. We as serious students of man and his ways, must contribute that understanding toward that change, or by our silence become accessories to man’s ultimate destruction.

Judd Marmor was, is, and will remain a model to all of us who love our profession in spite of its mass of theoretical confusions and obscuring jargons. The patients carry the answers if we only learn to observe, listen, explore, learn to seek and find proper information and be guided by what works best in our therapy. I hope Judd’s voice gives you some courage to make your own observations, shift through confusing data, speak up in behalf of what you consider true and important, and take to heart his warning that no matter what our profession may be, we cannot avoid the responsibility to try to make our endangered world a safer and better place to live.
