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WHAT LEADS TO BASIC CHANGE IN PSYCHOANALYTIC THERAPY? A ROUND TABLE DISCUSSION*

Melvin Boigon¹

Moderator

The Scientific Program Committee of the Association for the Advancement of Psychoanalysis, under the chairmanship of Frederick A. Weiss, arranged the Scientific Program in the academic year of 1963–1964. On April 29, 1964, one of the eight events at the New York Academy of

Melvin Boigon, M.D. (1920–1969), a psychiatrist and psychoanalyst was President of the Association for the Advancement of Psychoanalysis, Lecturer at American Institute for Psychoanalysis, the New School for Social Research and the New York Academy of Medicine.

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Medicine was the Roundtable Discussion: "What Leads to Basic Change in Psychoanalytic Therapy?" Melvin Boigon was the Moderator of the Roundtable and in that role he supported the variety of philosophical and theoretical frames that could be used in defining what is "basic" and evaluating what constitutes "change" in therapy. He explained that in his understanding basic change implied a shift in the direction of greater self-acceptance and an increased capacity for actualizing one's potentials.

KEY WORDS: whole personality; actualizing; free choosing; capacity for self-fulfillment; alienating process; insight; doctor-patient relationship

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Each one of us involved in psychoanalytic treatment has asked, and must continue to ask the question: What leads to basic change in psychoanalytic therapy? I recall Dr. Horney lecturing in psychoanalytic technique, and saying: "When we know what does what, how, then I could write the book on technique that I have been trying to write for years." My hope is that each of our speakers will illuminate some aspects of what does what, how and that they will comment on what they define as "basic" and how they evaluate "change." I hope they also will say something about their theories of human behavior and motivation upon which their theories of treatment are then based, for it is the philosophical and theoretical frame of reference that serves as the personal guide to action and influences procedures in treatment.

There are many questions to be considered. What is the significance of the doctor-patient relationship? Must it be analyzed and worked through in the therapeutic transference neurosis as Freud postulated? Or, going to the other end of the spectrum, should, as Carl Rogers suggests, the relationship between doctor and patient be ignored? What kind of therapeutic climate should the therapist provide? Should he be a blank screen, a warm and accepting person whose chief function is the supporting of constructive strivings, or a "participant-observer"? Should the therapist come from the same socio-economic background, have the same values, speak the same language?

How effective and necessary is the development of insight by the recall, understanding and emotional reliving of childhood memories? What emphasis and weight should be given to the interpretation of dreams? How do we help a patient work through a problem to achieve emotional insight?

What about the decreasing of the alienating process that reveals itself in, to quote Horney, "the remoteness of a neurotic from his own feelings, wishes, beliefs and energies?" How important is it to help the patient experience, to quote Kelman, "his wholeness, his whatness, and thereby, his howness, here and now, from moment to moment, while we therapists are doing likewise with reference to ourselves. The multitudinous whats in the moment, implicit and explicit, describable and inferred, constitute the how, and extended in time are the pattern and the poetry of living" (Kelman, 1956, p. 4).

I can ask many more questions. What about the assumption of constructive energies in man? What leads to greater tolerance for anxiety and the increasing ability of the

individual to confront the source of the anxiety and deal with it, rather than continuing with compulsive solutions? And, as you well know, this is only a partial listing.

To me, basic change implies a major shifting in the direction of how the person is evolving. However, shift may be from one sick way of being to another that may or may not be more socially acceptable. My long-range goal is the shifting of the patient's energies from the maintenance of a compulsive constricting existing, toward the direction of freely choosing, expanding, creating patterns of living. Our direction is in helping a person toward becoming a whole personality, toward resolving his acquired inner conflicts, toward the greater experiencing and accepting of the entirety of himself. He will be freer to accept or reject various values he finds in his culture. He will be more capable of actualizing, in loving, his capacity for self-fulfillment. He will be more able to acquire satisfactions in working independently and on his own initiative in an environment, which, at times, will inevitably frustrate him and threaten his strivings toward self-realization.

What leads more efficiently and effectively to this changing will be clearer, I am sure, after tonight's discussion.

NOTE

1. Melvin Boigon, M.D. (1920–1969), Psychiatrist and Psychoanalyst, was President of the Association for the Advancement of Psychoanalysis, Training Analyst at the American Institute for Psychoanalysis, Fellow of the American Academy of Psychoanalysis and faculty of the New School for Social Research and the New York Academy of Medicine. He was born in Toronto, Canada in 1920 and received his medical degree from the University of Toronto in 1945. After he completed his psychiatric residency at Central Islip Hospital in New York, he entered psychoanalytic training and graduated from the American Institute for Psychoanalysis. After graduation he was an active participant of that community and served in many different positions until his untimely death at the age of 48. He was an advocate for free and low-cost psychoanalytic care and contributed his services to the Karen Horney Clinic from its inception in 1955 and for many years served on its Medical Board. He was also a Fellow of the American Psychiatric Association and of the American Academy of Psychoanalysis [see also: Editorial (1969)].

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