

The Savior

“He lifted me from the dung heaps,” said Ms. Brent (not her real name), referring to her former therapist. She said that she had grown up in a series of foster homes and that her life had been empty and meaningless until she began her 5-year psychotherapy with Dr. Moses Keviac (his name is disguised). She annunciated his name with adoration and reverence. “I would have stayed on with him forever.” He had helped her so much that at long last she was able to finish her schooling. But now she was stalled and had not used her degree to get a paying job. She was being supported by a small trust fund from her grandmother.

Ms. Brent was an intelligent woman of 30. She told me that she had been in the process of looking for her first job when Dr. Keviac had suddenly announced that he would be relocating to the West Coast in 3 months.

“I was devastated,” she said. “You are the fourth psychiatrist I have seen since he left; I have been trying to find a worthy successor to him.” At this point, she began to weep. “I’m not sure there is anyone who can fill those shoes.”

I had met Dr. Keviac at psychoanalytic meetings, and he was indeed a most charismatic man. It was 1980, and I was a very junior member of the faculty.

“I’m really desperate, and I worry that I will slip back to where I was without his sessions to energize me.”

“They are big shoes to fill,” I told her, “but I’d like to give it a try,” and I set up a second appointment with her 1 week hence. She called the next day and said that although she thought I was very able, she would really like to give someone else a try. I wished her good luck, suddenly having a vision of Diogenes wandering about the streets of Athens with his lamp, looking for the one honest man.

About a month later, I was at a meeting when Dr. John Weber, a senior psychiatrist, came over to me.

“Hello, Dick. How are you? I have to say that I was next in line after Ms. Brent saw you.”

“What did you think?” I asked.

“I saw her just once also. Neither of us could re-create that idealizing transference that she had with Moses.”

“What do you figure happened?”

“That’s what I wanted to tell you: a follow-up,” he said. “I sent her my bill for the consultation. After a few weeks, I got a check from her. The envelope was postmarked from the West Coast. I’ll bet she moved out there to be with Moses.”

“My gosh,” I said.

This experience reinforced and consolidated a point of view that I feel even more strongly about today than I did then: *Psychotherapy should never become a substitute for life*. If it does, we are doing something very wrong. Insight psychotherapy or psychoanalysis should always be a running commentary on the patient’s life—a serious, very important commentary—but not a substitute for life. If it does become a substitute, you are carrying out the wrong treatment for the patient.

Surely, Dr. Keviac should not have dropped this patient with such short notice. If a new position took him to the West Coast so suddenly, *he* should have spent enough time commuting bicoastally to wean his more needy and dependent patients. *He* should have arranged a personal referral for Ms. Brent with *his* blessing and perhaps had a few weeks of overlapping treatment.

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But most of all, he should have been helping her build other nonpsychiatric connections—to her work, to other people, to her church, and to her community. He allowed himself to become her savior and then left her, alone, to face the world. He permitted a situation to develop in which he was the only one who could feed her and then withdrew the breast before she had learned to feed herself.

Our profession needs fewer saviors and more healers.

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