CHAPTER 7

Praxis: The Field of Play

Whatever the tense used, all utterance is a present act. Remembrance is always now.

—GEORGE STEINER

HAVING ESTABLISHED the frame, the therapist can proceed to playing the game, either by encouraging free association, or by a Sullivanian, detailed inquiry that more formally pursues the lacunae, the omissions in the patient's story. In either case, the therapist expands and enriches *data*. This material emerges along a number of parameters: obviously, the patient's present life and its difficulties, which have brought him into therapy; his past history and family experience, which predestined his present difficulties; his dreams and fantasies, which represent leaks in his organized perceptions of his life. Material also emerges from his experience with the therapist and the therapist's experience with him, but that will be taken up at a later point.

An extraordinary order begins to emerge. It can be noted that the same patterning of experience is evident whether one takes one small incident and explores it in great "depth," or if one takes a panoramic overview of the patient's data. One can (and persuasive instructors often do) take the first ten min-

utes of a session and reconstruct virtually the patient's entire dynamics. Moreover, if one proceeds methodically from present to history to transference (or, according to Menninger, from present to transference to history), one sees the same patterning repeated in each area. A helical movement (a three-dimensional, expanding spiral) is established, since on each circling of the different parameters of data, the patterning appears more extensive within each parameter and in the overview. There is an extraordinary *implicate order*.

In other words, the play begins with enrichment of data, expands to matching data from different parameters of experience, including imaginary (fantasy) ones, and culminates with the therapist and patient detecting an enlarged and enriched pattern that the therapist "interprets" (that is, formulates), which is, in itself, a participation in the patterning that "kicks" the circular movement around again, on a "higher" and wider spiral.

It is this emphasis on the carry-over of pattern and meaning from one parameter to another that underlay Freud's correlation of obsessionality, miserliness, anality. The patient's "anal-retentiveness" could be seen extending across the entire range of his experience Freud would have said the patient was fixated at the anal level; one might, with equal accuracy, say that withholding is the *metaphor* used by the patient. The analyst's focus on metaphoric transformations led Lionel Trilling to call psychoanalysis the "science of Tropes"; that is, literary metaphor.[1]

The following is a very simple clinical example. A patient has three dreams together. In one dream, he is dealing with his Chinese laundry man, who is giving him trouble about getting his shirt back. In the second dream, he is in a restaurant, and although he has a reservation he is being made to wait for his table. In the third dream, he is in a bank trying to obtain

a loan, and he is being asked to pay some outrageous interest. The theme running through all three is frustration at dealing with some functionary who is giving him a hard time. The dreams express his difficulty with authority figures and his complex attitudes about frustration, disappointment, and disapproval. But every analyst immediately hears something else in these dreams. He hears them as transferential dreams. Why? Because inscrutability and rigid, unforgiving time and money arrangements are all three strongly characteristic of the psychoanalytic setting.

The therapist can formulate this inherent patterning in a variety of ways ranging from the most operational to the most obstruse hermeneutical. The interpretive set is the therapist's metaphor; it is merely a way of commenting on what he is observing—if you will, a digital, linear observation of a complex, multilayered, analogic process. But the patterning *emerges from the patient,* takes form quite without conscious effort, as he talks. As Khan said, "We are the servants of the patient's process."[2]

Without going far afield at this point into neuropsychological speculations, it seems reasonable to assume that this remarkable phenomenon reflects some intrinsic brain organization. This is a point well worth emphasizing, since therapists sometimes act as if the therapy depended on their ability to make sense out of a chaotic flow; to bring order out of chaos, a godly and unwarranted presumption. The order is there for the therapist *and* the patient to hear. If they do not hear it today, they will tomorrow as the data multiply and the complexity increases.

So, having established the constraints of the frame, we observe a process that does not take place in real life but is an artifact of the therapy. As the patient ranges across parameters of experience, paced and supported and catalyzed by the therapist, a pervasive coherence emerges. The therapist, by matching patterns, can delineate a larger metapattern that in turn throws light on the individual areas of inquiry, which again enriches and enlarges the patterning.

For example, another patient, a woman in her late forties, has had a long series of psychoanalytic treatments, with a variety of perspectives represented. She is at a major crisis point in her life, concerning work and marital relationship. A crucial paradigmatic memory in therapy, an iconic memory (not arrived at in the therapy), is of a period in her childhood from age eleven to thirteen when, every Sunday, her mother would leave the house with her youngest sister and she would remain with her father. He was an opera buff and would insist that she lie down on the bed with him and listen to the radio opera. She would acquiesce; according to her reports, would lie rigidly next to him without any snuggling or holding until he would doze off, usually in an hour or so. At that point, she would slip away with a feeling of great relief. Neither he nor she would mention her having left. She apparently never told him in so many words that she hated to be there and that she felt constrained, tied down, which is her present representation of the event.

Years of therapy have made her cognizant of the likely formulations: to wit, she wanted to be there, that there was an unconscious sexual collusion, or that the long period of this involvement is a fantasy; perhaps it happened only once or twice. Or, that she is misrepresenting or misremembering her participation, that it was not rigid or perhaps that the entire incident was warm and enjoyable. The hermeneutic approach is to try to arrive at the fantasy distortions of the patient. She must be wrong about some part of it. Note that nothing has really changed in her perception of the event after years of therapeutic effort.

Suppose we agree that it occurred as she presented it. Then we might ask, why didn't she object, say no, leave the house, go with her mother? Why didn't her father notice that she was stiff and unhappy? Note that whether we look for her unconscious collusive fantasy or wonder why she didn't take action and clear out, we are saying to her, in essence, "It's your fault that this went on; you could have stopped it." To either approach, she responds with stiff acquiescence and the therapist is defeated.

Suppose on the other hand, that when she tells the story one thinks, "So what? What does she want from me? Why am I interested in revising her perception of the story? I've moved from the historical inquiry to a transaction with her *around* the material, that transaction being a transformation of the material, because she wouldn't have told me, to begin with, *except* as a transaction; that is, she is saying, "I am telling you this so you will react to it and participate with me around it." It must be so, since this is the nature of language. She is talking *to me* (qua therapist) about something that happened to her. The question then becomes not what really happened to her or what her symbolic distortion of the real event is, but what is she doing with me now and how am I participating?

The obvious implication is that we shall recapitulate the relationship with her father. She will lie stiffly next to me, never indicate her resistance but never relent, and she will sneak away at the first opportunity. My experience is that I pursue this issue with great good will, patience, and commitment. Why? Why, like the father, doesn't the therapist hear that she is in a rage, by her own description, and doesn't want to be here? The question then becomes to examine this bind we have in reality recapitulated. She is, by the way, never warm or affectionate or interested. At the same time, she somehow manages to keep one's interest, seeming appealing, attractive, and likable. This is somehow a kind of acting skill. (She was an actress.) The message then is semiotically layered: she resists stiffly, doesn't want to be here, constrained by me, but I'm not to notice, still be interested in her, assume that she is interested in being with me without any confirmation from her. This requires a series of metamessages.

If I am to avoid intrapsychic mechanisms of explanation, how to explain this "repetition compulsion?" The therapist does not hermeneutically identify the ostensibly correct message; for example, "You want to have an erotic but denied relationship with your father." Rather, he is involved in a participatory exegesis, an expansion of the complexity. A theory of unconscious motives, of course, implies intentionality. It may not be so. The mind may be an automatic self-equilibrating mechanism. The point is that the patient is not distorting the relationship with me; it *is* a replication of the situation with her father and requires my participation. The paradox is that if I don't take part, she might not stay; if I do participate, she will not change. Semiotic ambiguity leads to anxiety. Why? One could say she doesn't want to come into touch with powerful feelings about her father: love, hate, erotic feelings. But real affect is disequilibrating in this situation. To feel strongly is to lose one's balance, and the ambiguities require a sustained alertness. I would claim that she may not be afraid of strong feelings per se but the *consequences* of strong feeling.

To repeat: the stream of consciousness comes from the patient. The therapist and patient collaborate to put it into language. This constitutes an effective core of psychotherapy, but it is not yet psychoanalysis. Associative expansion or detailed inquiry with formulations and pattern delineation is not psychoanalysis until the effect of the formulation, the participation of the therapist, is taken into account. In psychoanalysis, the therapist becomes part of what he sets out to cure, and

it is the assessment of his contribution and the form of his amalgamation into the patient's system that give psychoanalysis its particular power. A frame and an inquiry with interpretation is psychotherapy: *psychoanalysis is distinguished by the infinite regress of its data within a fixed frame.* The game players are in a metagame in which they observe the first game. A third game observes the second, and so on. Infinite regress is at the core of both the Freudian concept of transference and Sullivanian participant-observation.

All language-oriented psychotherapies recognize that the relationship with the therapist resonates to, or recapitulates, other dimensions of the patient's life. If that relationship is utilized deliberately to lever the patient into changing, then the therapist is engaged in an instructive process. It may be effective as corrective emotional experience or benign authoritative psychotherapy, but it is not psychoanalysis. In psychoanalysis, the patient-therapist relationship is used to facilitate a further expansion of data. For the intrapsychic therapist the expansion, or regression, is vertical, back in time, deeper. For the interpersonalist, the regression is horizontal, mapping wider patterns of interaction. This is not to say that the traditionalists are not interested in the present or that the interpersonalists are not interested in the past; but for the former, the past is impacted on the present. For the latter, the past and present lie on an experiential continuum.

Let us consider, as an example, a male patient's talking about his anger at his father. He begins to *feel* rage as he talks. Very good. Let us suppose that he realizes he has been guilty about being angry at his father. A noxious fantasy has been dispelled. But a sneaking thought enters. After all, he treats his own children much as his father treated him. Maybe his father was correct: *he* is impossible, unlovable. Or, maybe he wouldn't take any criticism from the father, even if it were justified.

Another shift occurs. Perhaps the therapist is patronizingly *encouraging* his anger, because it is "good for him." Or, maybe, the therapist is diverting anger from himself. There was a brief exchange earlier in the session, in which the patient complained about the therapist's lateness, his having stopped the previous session earlier, his seeming bored. Now the therapist has become the father. There are real aspects of the therapist's behavior that fit the image of the father. Father, too, never got angry openly, simply withdrew. Is the patient projecting on to the therapist from his past? Has the therapist in "projective identification" become the father? Now the patient gets angry at the therapist, who doesn't seem to mind very much. He learns his anger will not kill the therapist. Or does he? Perhaps the therapist is upset and not showing it openly. An observer might have noticed that the therapist is clutching the arms of his chair. Perhaps the therapist is too damned arrogant to care about the patient's anger—it's all make-believe, anyhow.

It is only when the patient is frightened by his anger at the therapist and the therapist uncomfortable by the anger of the patient that an authentic exchange begins. Here the patient is not frightened at his anger but at the interpersonal ramifications set into motion by his anger. The metamessages are becoming obscure. The therapist could be lying or unaware of his feelings, if he denies being upset. The patient no longer trusts the game, which is what the game is all about. It is out of this fearful confusion that the patient begins to grasp how complex and inattended much of what has been going on in his life is.

He may then try another shift of perspective, try on another version "for size": perhaps my father was not really a bad guy after all. Maybe I sided against him with my mother because I was her favorite. He will expand that view of the data and

then shift that posture into the relationship with the therapist and again try it out.

Will he arrive at the right answer? I doubt if there is one. I suspect that cure emerges from the successive enrichments of perspective as this circling through the data proceeds. The dream of the optimal insight, the "Aha! at last I see that . . ." is an ever-elusive Holy Grail. I don't believe it happens, because life is not that simple. If it were, one would be having bad experiences but not, from my viewpoint, the mystification that makes for neurosis. Unmystified parental abuse makes for angry people, perhaps psychopathic ones, but not for neurosis. The neurotic crimes are either crimes of omission, the failure to provide an experience that cannot be clearly missed because it was never experienced; or crimes of commission that are so obscured that the patient cannot define them.

Children, I have noted, will tolerate and even show compassion for severe parental defects, as long as they are clear what it is that is wrong and clear that it is not their doing.

The significant insights in therapy, and they do occur, are not solutions but *connections*—connections drawn between previously unrelated events. Much of the excitement of the therapeutic play is the sense of seeing first-hand how things hang together. What, after all, was the Sphinx's riddle?—an analogy requiring a novel shift of perspective, seeing a connection that was heretofore unapparent: four legs, two legs, three—*Man!*

CHAPTER 8

Praxis: Uses of the Transference

Words are also deeds.
—LUDWIG WITTGENSTEIN

THE THIRD and most definitive step of the psychoanalytic algorithm is the utilization of the patient-therapist transaction: classically, as a screen on which the patient can project his fantasies; as the object-relationship therapist would have it, as a mirror in which he can see his self (not himself) reflected; or, from an interpersonal reference, as an interactional field that can be observed as it takes place. From the intrapsychic viewpoint, the therapist's participation is unwanted, a warp in the screen, a flaw in the mirror. From the interpersonal view, it is intrinsic to the dialogic participation which is the *vis a tergo* of therapy.

All psychoanalysts would agree that the patterning of the patient-therapist field is redundant; that is, that it repeats the patterning noted in other parameters of the therapy. It is at this point that the parting of the roads occurs and the implications are immense. An entirely different paradigm is implicit;