Seven / *The Changing Model of the Psychoanalytic Patient*

WHERE is the new psychiatry to match the new paradigm? It is in the making. But one must realize that the ramifications of this new world-view are extensive and unpredictable.

Smiling at monkeys, as any visitor to an Indian temple can attest, is a serious matter. One is very likely to be bitten. For in the simian world, baring one's teeth is a statement of aggression. Here, the monkey and the aesthetician agree—form is, indeed, content. Is the monkey paranoid? Not at all. He simply has a different experience, a different vocabulary of behavior. That my intent was benign, in smiling, is entirely irrelevant. The meaning of my message lies in your response. If the monkey could talk, being Indian he could refer to the Vedanta: cause and effect, it says, are the same event observed from different vantage points. Too often, we tend to confuse intent with effect, meaning with consequence.

We may show the monkey more tolerance than we

sometimes show our families, friends and patients. I may notice that every time I show warmth toward you, you beat a hasty retreat. I may even see how you rebuff me, how you "turn me off." I am observing a pattern of communication. I may know, in addition, that this is something you do with other people. I have defined your machinery, both mechanical and communicational. I can say you retreat from offers of intimacy. The assumption is that you should not. But perspectivistically, respecting your response to me, how can I be so sure that I am offering pure intimacy or that it is appropriate to your needs? Or that I am offering it altruistically. A husband says of his wife, "I really love her, want to show her affection and tenderness, but she is such a cold, paranoid person." If she is really cold, then he only wants the experience of being loving; he does not expect it to be reciprocated. If he really loved her, would she be so cold and paranoid? Would one use that reifying and derogating term about someone loved? In the old paradigm of his machinery/her machinery, he is Mohammed trying to move the mountain. To ask which one is truly loving, truly caring, is meaningless. All we can say is that he thinks he is loving; she responds as though she doesn't think so or isn't interested or is frightened by it. Since he cannot respect her experience of him, then his efforts to be loving are coercive, an attempt to get something from her that she doesn't want to give. Perspectivism, it follows, is not simply a respect for someone else's craziness; it is the recognition that within the organized totality of the other person's world, his perceptions and behavior are coherent and appropriate.

I shall expand the implications for therapy later; but another brief example from cultural misunderstanding might be helpful. If I slap a Japanese on the back, in the best spirit of camaraderie, he will likely be very offended. Japanese do not care to be touched. Even a sophisticated Japanese, who would not take conspicuous offense, would be considerably discomforted by the gesture. One might say this is an unfortunate misunderstanding: a gesture which in our society is friendly is experienced as offensive to a Japanese. I could never be accused of hostility or contempt. If you, as bystander, accused me, I might well think you are being unduly suspicious, even "paranoid." But is the slap so clearly not contemptuous? Could it not be argued that I ought to be alert to the differences between myself and a stranger from a different world? Perhaps a more sensitive or attentive observer would have noted his pained expression, that he did not touch on introduction, and might have even familiarized himself with his mores. The casual and presumptuous behavior could be considered a form of territorial arrogance—let him meet me on my ground! If we call the Japanese gentleman a stiff-necked, tradition-bound oriental, we are using the language of the First Industrial Revolution. We are describing his machinery and its malfunctions. If we say there has been a failure of communication, we are of the Second Industrial Revolution. We are describing the inadequacy of transmitted data: if I really understood how he felt (if he would tell me), I would never have insulted him. But still, if I had respected the complex and unpredictable social matrix in which I met him, I would have sought out the data or, without sufficient data, I would

have acted more circumspectly. Therein we enter the third world, the posttechnological understanding—the organismic world. This has curious ramifications. Perspectivism would have required that I respect his differences. But if we also recognize the hierarchy of systems, the organization of systems, then it must also be recognized that we are not simply two aliens talking with each other, trying to "communicate." We both belong to a network of hegemonic social structures, from our businesses or professions, through national and supernational networks. He will always be an oriental, part of the group that attacked Pearl Harbor. I will always be an arrogant American, with restrictive immigration policies, and a member of the group that dropped The Bomb. We cannot escape our own system participation. We can, however, actualize it, recognize its existence. I would not then handle him. Nor would I accuse him of being crazy or over-touchy if he resented me.

What then has been gained? Is this simply to say that we are trapped in the melody of our own systems, that nothing can be done about it? For one thing, it recognizes that every reaction is not entirely intrapsychic or personal; it can be the result of participation in larger social systems. Secondly, it does not destroy the social reality of the participants by making them feel irrational in their response. Like Orwell's *1984*, perhaps "separateness is togetherness." The therapeutic experience may begin in getting oriented. As psychotherapist, I cannot be sure that what I have said is heard as I said it, I cannot be sure that the perception of the patient, if different from mine, is any less appropriate, and I cannot be sure that I did not say what *he* thinks I said, rather than what

I think I said. All this, no doubt, sounds very anarchic; but it need not be. Our image of therapist, patient, sickness and cure all change. If truth is perspectivistic, our view of paranoia changes considerably. If causes and consequences are not clearly related, then can we be so sure what is a delusion? If I say that I am dying because you have poisoned my soup, it is a delusion clearly. Why? Because you have not poisoned my soup. That small detail matters not at all to the paranoid person, nor would it matter to a primitive. Being "scientific" we are very impressed by cause and effect, which is really a corridor-perspective on reality. However, as Fromm-Reichmann and Sullivan pointed out in their pioneering work on treatment of schizophrenics, if the paranoid says you are poisoning his soup, you are undoubtedly harming him in some way which is not being consciously perceived by either party to the exchange. All right, so I'm not literally poisoning his soup, but I am feeding him poisoned relationship. Perhaps he is delusional because we'll tolerate or "humor" a delusion but destroy him for the truth—for, in Laing's phrase, "forgetting to remember to forget." In other words, the distinction between patient and therapist roles becomes considerably less clearly defined. It seems much more unlikely that one can "tell" a patient what is wrong. It is the death of interpretation or at least, to borrow Susan Sontag's phrase, we have gone "beyond interpretation," the first tool, the stone-ax of psychoanalysis.

Let me hasten to add that much of what I've been saying about psychiatric interpretation must be viewed in its own context, its time and place. Interpretation has become more perspectivistic and indeterminate because

the culture has and the patient's presenting symptomatology has. Interpretations were far more appropriate to the hysteric of Freud's day, or even the obsessive-compulsive of the 1950's than to the vaguely disaffiliated patient of today. Let me use an example: This is a woman in her early thirties. She has a dream that she has just had intercourse with her husband. She leaves her bedroom, walks through a hall and into another room, which turns out to be her parents' bedroom. Her parents are engaged in intercourse. Her mother has the blanket pulled up about her protectively. She looks defensive. Her father is going about it in a matter-of-fact, rather disinterested way. She thinks, "Good! I'm glad he's sleeping with *her* now. After all, I just had intercourse with him [her father]." She is not particularly disconcerted by the incestuous implications.

That she equates her husband and father is clear. That there is an incestuous association is also clear. But she is not panicked, as would be a hysteric by the open statement. She is also saying that her parents have a dull sex life; her mother resents it, her father performs in a perfunctory way. Is she saying that it's no better between her husband and herself? Is she saying that she acts like her mother? What is the thrust of the imagery? What is the cure? Should she learn that there is an unconscious incestuous identification of father and husband which is a distortion and, once resolved, will enable her to enjoy her marriage? Or that she has identified herself with her mother's loathing for the sexual act and feminine role? Or that she has envy for the freedom of men, penis envy? Or should she realize that she has gotten herself into the same dull, joyless, duty-bound relationship that

her parents did and that the entire relationship must change or she will get out? Is her husband, perhaps, really like her father? Is it possibly not a distortion?

Were she a classic hysteric, paralyzed or suffering incapacitating headaches every time she is approached sexually by her husband, or even if she were disabled by compulsive handwashing rituals or housecleaning rituals to assuage her guilt, then a dramatic "cure" might result from her seeing that she associates the two men and that she has unconscious guilt about sexual feelings for her father. Would such a limited goal be shortchanging the patient? A more extensive change might not be possible or, if possible, relevant. It is not as easy as it seems to reassess the early Victorian cures. Sufficient is the cure unto its time and place.

What if she can function sexually, can enjoy it and has, but doesn't know whether she wants to stay with her husband and the kind of life he offers? What then? As I shall elaborate later, she is a contemporary patient: she is a dropout. How the therapist sees this dream depends on his location in time and place—his age, his background and his feeling about women's liberation. Twenty years from now we may all wonder how we tolerated many of the circumstances of life that seem to us now to be quite ordinary. Certainly, looking back, much of the past seems a socially sanctioned madness; it always has. As if "the landscape of time" perspective were not bad enough, we seem to have tunnel vision.

Kurt Vonnegut, in his book *Slaughterhouse-Five or The Children's Crusade*, puts it rather cleverly, using a science fiction imagery. The hero, Billy Pilgrim, is captured by a space ship and transferred to a planet, Tralfamadore, in a distant galaxy. There he is placed in a Tralfamadorian zoo for the edification of the citizens. Unlike earthmen, the Tralfamadorians have a fourth dimension sensorially, i.e., they can see in time. As a consequence, the universe doesn't look like a lot of bright dots to them but rather like rarefied spaghetti, since they can see where each star has been and where it's going. Humans don't look to them like two-legged creatures but rather like giant millipedes with babies' legs on one end and old people's legs at the other. They feel very sorry for humans who seem strapped to their three dimensions, looking at life through a peephole. As it was explained by a Tralfamadorian to his fellows:

> Imagine that they were looking across a desert at a mountain range on a day that was twinkling bright and clear. They could look at a peak or a bird or a cloud, at a stone right in front of them, or even down into a canyon behind them. But among them was this poor earthling and his head was encased in a steel sphere which he could never take off. There was only one eyehole through which he could see and welded to that eyehole was six feet of pipe.
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> This was only the beginning of Billy's miseries in the metaphor. He was also strapped to a steel lattice which was bolted to a flatcar on rails, and there was no way he could turn his head or touch the pipe. The far end of the pipe rested on a bi-pod which was also bolted to the flatcar. All Billy could see was the little dot at the end of the pipe. He didn't know he was on a flatcar, didn't even know there was anything peculiar about his situation.
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> The flatcar sometimes crept, sometimes went extremely fast, often stopped, went uphill, downhill, around curves, along straight-aways. Whatever Billy saw through the pipe, he had no choice but to say to himself, "that's life." [1]

In our spatially oriented world, we understand that Freud's patients were "hysterics," Horney and Fromm's patients "alienated depressives or obsessive-compulsives," Harry Stack Sullivan's patients "schizophrenic," our most contemporary patients "dropouts" or "sociopaths." But we see these categories as way-stations on the highway of psychopathology. We do not see that they are the very same "patient" at different times.

We tend to talk of hysterics, obsessives, schizoids, as though they were separate and distinct entities. Kurt Vonnegut's Tralfamadorian would see it differently. The extended patient, in time, would look like a great caterpillar—with the tail of a hysteric, the many neat feet (shoes shined) of the obsessive-compulsive and the head and overly long antennae of the dropout. If he looked past the present to the future, he might see the dropout head becoming slowly invisible, fading like Alice's Cheshire cat, until only the derisive grin is left. The distinction between patient and nonpatient may become increasingly nebulous, if "doing one's own thing" replaces being neurotic as a self-percept.

Where are the hysterics of yesteryear? Gone? Not at all. They are still here, but transmuted. The continuum of patient change since Freud goes thus: the hysteric would dearly love to function, but cannot. He wants to have intercourse with his wife, but much to his dismay and regret his erection disappears. The obsessional can make love, but doesn't enjoy it much. He can function and does, because he meets his responsibilities. He is properly alert to the satisfaction of his partner. Indeed, he asks interminably if she is satisfied; he times his orgasm, counts the number of strokes, measures his penis

(erect and flaccid) and checks the statistics against the published norm. For him, as in St. Luke's admonition, the salt has clearly lost its savor. He not only doesn't enjoy sex, he feels detached, unrelated to himself, the other person and their transactions. He is the signature patient of the 1940's and 1950's—in a word, "alienated." You will note that to this point there is no question about the relevancy of the goals. No one asks why he should *want* to sleep with his wife. The Judeo-Christian ethic, with all its moral imperatives, remains. He *should* want to sleep with his wife; that is part of being "loving." It is the machinery of well-oiled social existence. In the communication era, we, at least, began to ask what transpired *between* the reluctant lover and his spouse. Might she unconsciously be subverting his interest? Does she come to bed in curlers? Does she linger hours in the bathroom on the nights he has cued her on his interest? Does little Johnny somehow always wander into the bedroom asking for a glass of water at the wrong times? Does he ask in some way unconsciously calculated to turn her off?

Still, the patient functions or tries to function. He accepts, as any self-respecting machine must, the relevancy of function. Our more contemporary patient can perform the function, but not the *role*. He can function sexually, even enjoy it thoroughly, but cannot hitch the functioning to the social role, i.e., husband, breadwinner, father, even consistent lover. He is the dropout —from all the accredited roles of the society. One easily recognizes the syndrome in college students, but it appears in older patients as well. Consider Alexander Portnoy of Philip Roth's *Portnoy's Complaint*.[2] Port-

noy is, as Roth clearly intended to suggest by the quasi-scientific psychiatric format of his book and its nosologizing title, the archetypal new man and new patient. But Portnoy is already past his time, for he still clings to the social modes he rejects. He doesn't really question his goals anymore than the hysteric or obsessional. He wants to "love," marry, be a father, find a nice girl and settle down. He still wishes to function, to "relate." He is a product of the later electronic technology.

The future patient, as he is now emerging, carries his disaffection one step further; that is, he may disavow the role. Erik Erikson has defined *fidelity* as "the ability to sustain loyalties, freely pledged, in spite of the inevitable conflict of value systems. It is the corner stone of identity." [3] The new position is essentially more radical than that, inasmuch as it questions the social institutions that define behavior. Fidelity requires that one ask, "How can I manage to function successfully or happily *in this society?*" The new question may well become, "Why should I function successfully or happily in this society?" What is questioned is the organization, the greater social structure in which one is immersed. In the traditional therapy, therapist and patient agreed to the goals of treatment; to "cure" the patient was to return him to function. Is a therapy possible if the therapist and patient cannot agree to a concept of cure? Like the psychiatrist in E. B. White's *The Second Tree from the Corner* who wanted of life only a new wing on his house, we have always dreaded the *ad hominem* attack.[4] Psychoanalysts have often been more imbedded in their society than their patients and, in some ways, less questioning.

This view of the progression of psychiatric symptomatology from hysteric to dropout does not sound much like perspectivism. It smacks rather of an evolutionary utopianism. It implies that there has been progress away from a degrading submission to labels of socially defined craziness toward a healthy sense of rebellion against the coerciveness of societal norms. From hysteric to dropout there is apparent an increasing refusal to "play the game," to subsume autonomy to societal goals.

It would be difficult to deny that the world is in the throes of a major social revolution, one which is upsetting the established hegemonies, from nations to family structure. We have seen Third World liberation movements, black liberation movements, women's liberation, homosexual liberation, adolescent liberation, perhaps even belatedly parent liberation. It has been the position of traditional psychoanalysis that these storms swirl outside the bastion of eternal instinct, although, like Pope Leo turning back the barbarian hordes at the Po, we make necessary concessions to the influence of social circumstances. As long as man was conceived in the machine model, functioning had to be viewed as mechanical, built-in. External forces could divert, deflect, but could not be primarily responsible. "A stream of water which meets with an obstacle in the river-bed is dammed up and flows back into old channels which had formerly seemed fated to run dry." [5] This was Freud's hydraulic mechanics for the explanation of perversion. The "sexual constitution" is the river-bed; accidental life influences are the obstacles.

With the development of the communication para-

digm, feedback between societal forces and the intrapsychic structure became possible, as has been explicated in Richard Rabkin's excellent book, *Inner and Outer Space*.[6] It became apparent, particularly from the findings of family therapy, that the patient could be viewed as the family scapegoat, a "compassionate sacrifice" to maintain the ostensible mental health of the other members of the family.[7] Craziness, it developed, is a family affair. This formulation was extrapolated to the society at large. It promoted the idea of a societal system with individual, family and society influencing each other in a dialectical exchange. Since the model, as I have indicated before, is still of the stimulus-response, one-to-one nature, it was only a short step to seeing the patient as victim of his family and society; it required only changing the direction of force. One can, I think, actually see the development of this position in Laing's writings, which increasingly see the schizophrenic as holy fool in a family and world which must drive him crazy to keep its own sense of security intact.

Clearly this latter position carries risks. It seems a glorification of the psychiatric patient as hero. It also seems an invitation to an attitude of self-glorifying victimization: the adolescent's perennial cry of "foul!" Parenthetically, much of the sense of victimization in patients may be justified. The whining is a consequence of a sense of helplessness and, indeed, self-doubt about the validity of the experience. Very few victims believe their own cases. There is a Kafkaesque tendency to complain bitterly about the conditions, not the jail.

For example, the adolescent who complains about his family is probably right. We have learned from family

dynamics that the "craziest" member of a family often makes the most sense. Although he complains so vociferously, he turns out, if pushed, to believe the family's appraisal of him: he is lazy, shiftless, unloving, whatever. He does not deny the charges; the best he can do is obstinately refuse to change. Yet, as I shall develop later, he is not a passive victim of his family. He will, for example, provoke from quite dispassionate people (therapist included) the same reactions to him that his family has. He plays a part in maintaining his family role.

Moreover, the family is caught in its own isomorphisms. They are recapitulating their parents' behavior and the great hierarchical structure of social subsystems that make up their world. It takes at least three generations to make a psychological crisis. The rage at the parents, although accurate enough in its perceptions, fails to see that they are not free agents. The problem is not whether what he sees is really there. The problem is what he does *not* see. The keynote of paranoia may be, not that he distorts reality, or that he sees the truth and is destroyed for it, but rather that he does not see that we are all victims and villains simultaneously. He really lacks empathic understanding of the communality of human distress.

Family experience, for example, the traditional root of neurotic experience, cannot be separated from the larger social context, not only because society functions through the family but because the family *is* a social unit isomorphically sharing the qualities of the larger society. It is a subsystem in the general system of society. Thus minority status in the family and in society are homologues. One can talk, with justification, of Uncle Tom-

ism in the family as well as in society at large. The young adult, for example, in every social unit from family to school to community to the councils of national administration could be spoken of with some justification as the new White Man's Burden. These are not simply idle analogies from one form of social existence to another but important, homologous hierarchical connections, as the spate of books titled the "politics" of experience, sex, the family and psychiatry would attest.

It is true then that family systems are political homologies. But if it is not true that they are one-way systems of totalitarian control, neither are we safe in assuming that we are at the apogee of progress. From the next perspectivistic universe, we may appear as silly as our forebears look to us; progress, from the structural viewpoint, may be a myth to prevent historical vertigo. Our vaunted new freedoms, sexual, social or political, may be shifting isomorphisms in a changing paradigm as the needs of the world change. Our "nouveau-poor" kids may be resonating to a changing society where the emerging Third World and ecological issues may dictate a new acceptance of relative poverty among the affluent. This is not to say that it may not be better than before, or even that one could not trace a steady line of progress, but change seems to be, as I have suggested before, less lineal than synaptical. There may be profound and unpredicted prices to be paid for our freedoms. For example, I am not at all sure that the sado-masochism of the Victorian was so much worse than the enlightened sexuality of the modern "swinger"; at least the Victorian had an object, a victim. It was less than having a human

participant, a loved person, but it certainly was better (at least, from my anachronistic perspective) than moving from orifice to orifice at parties. To have given up the jug for the spout seems small progress indeed. But one might be consoled by noting that "swinging" appears to be done by middle-aged refugees from their own paradigm. The young don't seem to be too interested.

If time is neither an arrow nor a boomerang but a kaleidoscopic shifting of the patterns of consequence, then we may all, rebel and conformist, be shifting with the shifting reality. Clearly women rate more equitable treatment. But they seem to be rebelling against their household and mothering images just at the time when those functions are coming to an end. Our crowded earth cannot survive another several generations of "*kinder, küchen und kirche*." Similarly, our sudden urgent sense of ecological concern emerged after man first went into space. It had been predicted by a number of prophets, from Buckminster Fuller to the astronomer Fred Hoyle. When we saw the televised (LIVE!) image of the earth floating in space, we finally realized that we are on a space ship of limited air and water and food and that we had better be concerned. After all, ecologists had been warning us—unheeded—for decades of our increasing danger. Rebelling against the past (one's *own* past) may be conforming to the future.

NOTES

1. Kurt Vonnegut, Jr., *Slaughterhouse-Five or The Children's Crusade* (New York: Delacorte Press, 1969), pp. 99–100.
2. Philip Roth, *Portnoy's Complaint* (New York: Random House, 1967).
3. Erik Erikson, *Insight and Responsibility* (New York: W. W. Norton, 1964), p. 125.
4. E. B. White, *The Second Tree from the Corner* (New York: Harper and Brothers, 1935), p. 97.
5. Sigmund Freud, *Collected Papers, Vol. III* (New York: Basic Books, 1959), p. 63.
6. Rabkin, *Inner and Outer Space.*
7. A. Feiner and E. Levenson, "The Compassionate Sacrifice," *Psychoanalytic Review*, LV (1968–1969), 552–572.

Eight / *From Anna O. to Portnoy: A Perspectivistic Reassessment*

A STRUCTURALIST perspective requires, then, that one view every psychoanalysis, along with its signal patient, within its own frame of reference. Traditionally, however, psychoanalysts have tended to treat themselves as a constant and to muse perplexedly about the changing psychoanalytic patient. Failing to see that the times invents them both, they reminisce. In Jones's experience, "conversion hysteria was far commoner in those days. . . . Hysterical convulsions were similarly frequent, and apart from those seen in the hospital I often enough had to minister to girls in convulsions met with on a stroll through the town." [1] As Rozan summarizes the development in *Freud: Political and Social Thought*, Hartmann thought that cultural conditions had modified the "deep structure" of the personality.[2] Federn believed that increased recognition of the relationship of hysteria to sexual repression, elucidated through psychoanalysis,