

PROCESS OR PROGRAMMING: NEW EMPHASES IN PSYCHOTHERAPY

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Terms are subject to fashion like the length of ladies dresses. The words reconstruction or reparation stir in me mainly historical contemplations. At present polar concerns group themselves around what is termed the study of the process of interpersonal transactions on the one hand, and the analysis of behavior on the other. The study of behavior includes attention to programming the development of new behavior. The study of process stems from research into the cause of mental illness; behavioral research derives much of its basic knowledge from animal experimentations.

The basic theme of my paper is that we can get lost in the study of the process of personal interaction, that behavioral analysis is important to the understanding of a failure in performance, and that a frame of reference which defines what is wrong and defines our aim is vital for effective therapy.

This much to explain my enigmatic title. Permit me to start from a totally different vantage point.

There is widespread concern about the morale of our time. Why so much ennui with life, so much pointless crime, and such distinct attraction to the morass of nothingness? What is this phenomenon?

Robert E. Fitch, Dean of the Pacific School of Religion, reflects in an article entitled: "The Crisis in American Morals" about the disappearance of authority, the illusion of the isolated individual, and the caricature of liberty. Authority, he ponders, used to rest in God, then in Nature and her laws, then in Humanity, then in Society. This idol, too, came to grief and the ceiling of authority landed on the private individual. He states: "Existentialism - with its impatience of all structures and traditions, with its stress upon the personal and the interpersonal, with its belief in the uniqueness of the individual and the individual moment, with its idolization of an absolute freedom of choice - provides the rationale of this new authority . . . Indeed, we stand now at the final, ironical dissolution of authority. Because the Self, which has rebelled against all other authorities to make its own Self the

sole authority, has discovered that it cannot respect even that Self. What it finds within that Self will still talk about its precious freedom - it will talk pretentiously about its responsibility. Although, having been cut out of every context of divine or cosmic or social significance, it has nothing to be responsible for, no one to be responsible to" (Fitch, 1966).

I have quoted Robert Fitch because he describes well the phenomenon to which I am directing myself. He describes a phenomenon of our time. In spite of efforts at being scientific, our psychiatric thinking is, inevitably, part of the *Zeitgeist*. In becoming a spokesman of our time, have we, inadvertently, contributed to the lostness of the self though aiming at self-realization?

Freud opened the gates wide for inquiry into our mental functioning by presenting a brilliant provocative hypothesis, which shook people out of their accustomed groove of contemplating such matters. Freud postulated that the source of the pathology is to be found in the battle between instinctual drives and parents, the representatives of society. Freud's original scheme had a clear-cut therapeutic purpose and a clear-cut therapeutic goal. The purpose was to liberate energy which had been bound by the task of repression and put this energy at the disposal of the individual. The goal was to cure the symptom and increase the individual's capacity for sublimation, meaning productive adaptivity. Freud did not question society's sanctions. Freud assumed that mental health implied a vigorous functioning within the given social structure.

Two new emphases shifted this framework. Environmental difficulties, rather than instinctual drives and conflicts, were seen as the source of neurotic development; and the aim of therapy, which had been adjustment as well as self-expression, was formulated in such terms as self-realization or becoming one-self.

Psycho-analytic observations demonstrated the impressive relationship between the patient's difficulties and early environmental influences. It appeared self-evident that the environmental vicissitudes caused neuroses by necessitating defenses and reaction formation.

The patient was seen as a victim of these formative forces. Neurotic personality development apparently infected everybody. Our culture was seen as breeding malfunctioning. Thus we began to think of society as basically inimical to man's best development. In consequence conformity and adaptation fell into bad repute and the new aim of therapy became self-realization. This course of events was understandable, yet, I believe, it has hindered rather than advanced the progress of psychiatry and especially psychotherapy. We create contradictions, confusions, and problems by postulating a dichotomy between the individual and society. Self-unfolding has to be seen as an expression of a process of good social integration. Responsibility for ourselves is part of our becoming responsible for our social existence.

While these new trends unfortunately introduced the vision of the victimized individual and encouraged the patient to assert his identity against the levelling influences of society, they still maintained two important foci for therapeutic action, the ego-defenses and the concept of transference. These concepts pointed to tangible behavior patterns and modes of perception and experiencing which provided definable targets for therapeutic endeavor.

Further experiences with patients, however, led to new formulations which altered these remaining guidelines. Personality difficulties were observed to be not only repetition of past experiences or due to defensive operations, but they were recognized as an expression of the person's participation in a field of interpersonal transactions, where everybody was reacting to everybody else with much misunderstanding and misconstruction. It became important to bring these distortions to light by improving communication. In the title of my paper the word process refers to this therapeutic scrutiny of the processes of interpersonal relationships.

Making the study of process into a philosophy of action is not limited to the field of psychiatry. It is a fashionable word in urban planning circles, where it justifies the complex messy happenings of urban sprawl and justifies the lack of effort put into the challenging though difficult job of some base planning to give constructive direction to the growth to come.

In psychiatry, too, the emphasis on process may have developed in response to the ever increasing complexities of the times, the weakening of cultural patterns, and the absence of preordained structures for individual existence. Our problems lie in the multiplicity of individual choices required by living not in the excess of social pressure. The individual has to structure his own life. He has freedom and choice. But if he fails to exercise these

prerogatives, he finds himself a meaningless body in a meaningless situation.

The attention to the process of interaction is accompanied by stress on communication, encounter, and finding one's identity. Similar to the concepts of some urban planners, the enthusiasm for interpersonal transactions belittles the importance of planning, patterning, and organization. The rationale varies. In part, it is said that planning is useless as fate and time alter the course of events anyway. In part, one hears a note of romanticism which believes spontaneity and alive relationships necessitate freedom from socially ritualized restraints.

Unfortunately the search for identity under this flag of freedom is often frustrated. A self-respecting identity, as Erik Erikson has so well described, is an outcome of organizing one's own experiences, of shaping one's present action in such a way that it can give significance to future events, and of evolving a philosophy of living that imparts meaning to our relationships.

To the detriment of treatment, the interest in interpersonal transactions have remained heavily biased by the concept of the patient as a victim of his environment. Invariably more attention is payed to the patient's perceptions of other people, than to the effect of his behavior on others, or to the patient's potential to alter the situation in a favorable direction. Research studies of families of the mentally ill have illustrated the degree to which schizophrenic patients reflect the image of himself that members of the family project consciously or unconsciously. They have demonstrated also that the patient's behavior often corresponds to less conscious messages relayed by the manner of a communication rather than by its verbal content.

This has led to the explicitly stated notion that what people say in an interchange is often quite unimportant from a dynamic point of view, that the effect is produced by the implications of the manner or the subconscious intent of a message. The criteria for knowing about these implications are the recipient's perception of how the other person makes him feel. Out of this thesis grew the therapeutic emphasis on honest confrontation which, it was hoped, would result in improved relationships. These confrontations are by intent void of criteria of appropriateness of reactions. Insight is, in a manner of speaking, a chance occurrence through experience, not the result of learning from the exchange, something which would facilitate future interaction.

The studies I have referred to are valuable and well documented. I am not critical of the material gathered, but object to the one-sidedness of the conclusions drawn. Studies must be evaluated not only in terms of the

material gathered, but in terms of the question asked. Most of these studies are heavily weighted in looking for the causing pathology in the immediate environment. If one asks, in above studies, the question, "why the patient responds like a blank screen onto which others can project their image?" then one will get a different set of observations and answers. Another question could concern the effects produced on an environment by a person who lends himself so easily to this role assignment. I am adding my plea to those of others to relinquish the too literal idea that the environment causes psychopathology. The pathology causing patterns are initiated by the manner in which the patient digests his experiences. Siblings differ from each other because they have their unique experiences, they have different constitutional equipment, and because, given the same basic factors, there are a number of response possibilities each leading to different consequences.

In looking at the environment in terms of its traumatic influence on the patient, we are apt to fall into the easy mistake of viewing the outside as static, as having such and such characteristics, while viewing the patient with sympathetic understanding in his reaction to these characteristics. This can be observed best when two analysts confer, while treating a husband and wife respectively. Unwittingly each analyst minimizes his patient's negative contribution to the situation, as his reactions seem natural under the circumstances, while the neurotic component of the other is sharply perceived. Lip-service only is given to the awareness that any interpersonal situation of some standing is the complex result of mutual interaction, often a tit-for-tat, where there is no culprit and no innocent.

Psychiatry has, not as yet, come to terms with the inevitable subjective nature of our perceptions. It used to believe that a modicum of objectivity could be achieved by eliminating the distorting elements which were transferred from the past to the present mode of perception. Existential philosophy, by its attention to the subjective mode of experience, has influenced the field in the opposite direction. As there are no objective criteria, a courage to one's subjective mode of being will lead to a fuller more rewarding life. At this point, psychiatry is living with an unhappy mixture of these two trends. Subjective experiences are not evaluated by any criteria, and we have as yet failed to develop the discipline of distinguishing what we can and what we cannot know. We should teach the beginning student not only the secrets of human intercourse, but also the respect for the limits of our ability to know other people. He should be told, and we all should be reminded again and again, to appreciate to the full our all-to-human

inclination to misuse our professional tool by glibly analyzing others without adequate information or adequate neutrality. We have to learn to respect the high degree of subjectivity in our perception of other people or situations. There are many other ways of expressing displeasure about people than to call them neurotic or to pretend to know about their motives. The study of interaction between people is fraught with subjective reporting, so that, in fact, we do not know what really goes on. From this vantage point the study of the process of interpersonal transaction is a precarious undertaking. We cannot overcome subjectivity. We should learn to live with it.

For emphasis, I would like to bring to your attention a classic experiment by Dr. Jerome Frank of Baltimore (1964). A group of subjects were given injections under the pretext of testing new psychiatric drugs. One section of the group was told in detail what physical reaction to expect. Another section was told there would be no reaction or they were misled to expect some other manifestation. All were, in fact, given adrenalin. The group was then exposed to a clowning situation and an anger arousing situation. All those who knew what physical reactions to expect from the drug observed the clowning and the angering performances without emotional participation. All those who did not know about the drug reactions unanimously related their changing sensations to the observed performances. Thus, when we are not clear about the source of a physical feeling, we are apt to relate it to what is to us most apparent. A passive person will invariably experience others as pushing or manipulating, because these others know what they are about and the passive person does not. When we are anxious and eager for reassurance we experience the absence of a comment on our performance as rebuff, which we would not if we felt more sure of ourselves. These are well known facts, yet we invariably assume that we can gain an objective appraisal and usually encourage our patients to observe and analyze people around them. We should learn what we cannot assume to know. In general, a person can speak for himself, but not for others. He can know what he likes, feels, or dislikes, intends, or wishes. He can observe the world and evaluate it for himself, but he cannot presume to know the feelings, motivations, and intentions of others unless these are clearly expressed. We need to teach many a patient to let other people speak for themselves and orient his behavior around what he considers right, appropriate or desirable in a given situation. In other words, it is often to no one's advantage to study interpersonal transactions, but it is worthwhile to know those principles of human intercourse that facilitate and ease relationships and make them more enjoyable.

Our therapeutic assumption has been that we would know how to function properly, if we were not handicapped by neurotic complexities. We are trained to think that interpersonal difficulties cause lostness. We must remember, that lostness also causes interpersonal difficulties. We have all made the experience that friction in a working group increases when the project has been poorly organized and functions have been ill-defined. The resentments which emerge are invariably directed at each other and not at the weakness in the organization of the project. Many a mother screams at her kids because she did not plan her day well or because she was unprepared to meet a new happening. The group may rally harmoniously around the project, even without group therapy, if administrative details are improved. A mother, too, may respond with wiser behavior if given a chance to find her bearings and conceive a plan of action.

Our time tends to depreciate the importance of the rituals of social behavior. They are called phony, dead, and hypocritical. Youth despairs that it does not find people true to themselves, genuine, and spontaneous at all times. Psychiatry has often fostered this notion. Our mental health efforts will be seriously handicapped unless we give rituals, norms, and patterns of behavior their due place. They are essential for facilitating our existence with each other and do not prevent genuine or spontaneous behavior.

Konrad Lorenz (1966) emphatically reminds us of our cultural interdependence. He states in his book: "On Aggression": "... norms of social behavior developed by cultural ritualization play at least as important a part in the context of human society as instinctive motivation and the control exerted by responsible morality" (p. 258). "In order correctly to appreciate how indispensable cultural rites and social norms really are, one must keep in mind that ... man is by nature a being of culture. In other words, man's whole system of innate activities and reactions is phylogenetically so constructed, so "calculated" by evolution, as to need to be complemented by cultural tradition" (p. 264). "Several coinciding factors are, at present, threatening to interrupt the continuity of our Western culture. There is, in our culture, an alarming break of traditional continuity between the generation born about 1900 and the next. This fact is incontestable; its causes are still doubtful" (p. 262). "In our time, one has plenty of unwelcome opportunity to observe the consequences which even a partial deficiency of cultural tradition has on social behavior. The human beings thus affected range from young people advocating necessary if dangerous abrogations of customs that have become obsolete, through angry

young men and rebellious gangs of juveniles, to the appearance of a certain well-defined type of juvenile delinquent which is the same all over the world. Blind to all values, these unfortunates are the victims of infinite boredom" (p. 266). "Changes in outer or inner environment may demand degrees of freedom not permitted by the existing structure and therefore may necessitate its partial and/or temporary disintegration, in the same way that growth necessitates the periodic shedding of the shell in crustacea and other arthropods. This act of demolishing carefully erected structures, though indispensable if better adapted ones are to arise, is always followed by a period of dangerous vulnerability, as is impressively illustrated by the defenseless situation of the newly molted soft-shelled crab" (p. 266).

Konrad Lorenz believes us to be in such a state of vulnerability. Psychotherapy has to be aware of this general vulnerability, for it imposes a greater burden on and presents a greater challenge to the single human being.

When we talk of maturity, or a well balanced disposition we refer to a quality in a person that enables him to put his experiences into a wider perspective of the world in general and of his long term interests in particular. These larger goals refer to what he may wish to bring about and the steps he needs to take to get there. He is guided by a frame of reference that lies beyond, though it includes, immediate interpersonal reactivity. Robert E. Fitch is, I believe, correct when he decries our tendency to vest final authority in the individual. I believe, as he does, that within this context we will find that the Self is an absurdity, or a cesspool, or a void. We do need a framework, a structure, and a philosophy to give meaning to our action and our creative efforts. We have many paths to choose from but, once we have chosen a situation, it has its inherent demands. Physical laws govern the production of spaceships; art has its inherent dictates, and relationships, too, are invariably in a context that has its inherent necessities. If one plans a garden, one can choose between grass, flagstones, perennials, annuals, bushes, and trees in any variation, but, if one wishes to succeed, only within the limits set by the size, by the shadiness, by the condition of the soil, by one's willingness to give time and care, and by the individual requirements of the plants. It probably can be said that human relations function at their best and at their most spontaneous when the participants are fully related to the inherent purpose of the situation. We cannot go after happiness, love or self-fulfillment. We can only prepare the soil so that these conditions may come about. The emphasis on self-realization has led people to judge a situation by how it makes them feel. They

find the world disappointing and failing to meet their needs. They want the end result without having a notion as to how to get there, and they can't get there as long as they are looking for themselves. Chesterton said so beautifully: "To peer into the looking-glass is indeed a poetic and fascinating thing, as Lewis Carroll knew; but not in order to see oneself. Oneself is indeed rather an irritating obstruction in that magic doorway. Alice did not look into the looking-glass to find Alice. She sought to peer through those strange doorways and wonder about those alien windows, which open outwards into everywhere in that shining and silent land; windows which are indeed "Magic casements opening on the foam of perilous seas in faerie lands forlorn".

Waters that are rushing upwards rush outwards, and spread themselves all over the

earth. It is only the sinking waters that swirl inwards to their own centre in the spirals of the whirlpool. Yet the most perilous waters of all, worse than whirlpool or wild high tide, are those that stand still for a moment and reflect a man's face" (Chesterton, 1958).

I have not talked about methods of therapy. I have talked about frames of reference necessary for our guidance. Psychoanalysis, in its enthusiasm for new discoveries, has discarded its earlier contexts for therapeutic action. It has put itself into a dangerous bind by espousing self-fulfillment while denigrating social integration. We walk with the patient into his dark woods of interpersonal transactions. It is important that we lead him out and that we do not get lost with him in the entangling underbrush.

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