Psychotherapy as a Post-Modern Art Form

THE POST-MODERN ERA IS characterized by diversity and integration. Art forms, in particular, self-consciously reflect an appreciation of both classic and modern forms while, at the same time, flaunting an irreverent detachment from them. Post-modern art involves the integration or combination of two or more classic or modern forms, often with an experimental, even humorous, spirit concerning what may go with what. Not all of it works, of course, but the fusions, the crossovers, and the juxtaposed forms often make for interesting artistic expressions, connecting us with forms of the past unmistakably expressed in the post-modern present. From architecture to painting, to fashion and haircuts, this interest in the possible combinations and permutations of human expression surrounds us.

It is not coincidental, then, that in psychotherapy, we are in the midst of an overdue period of openness and integration. Many therapists are finally learning what competing schools of thought have to say about the task of understanding and helping people. Even in the two most conservative camps of behaviorism and psychoanalysis, there are many who are willing to learn new perspectives and loosen former rigidity (e.g., see Messer, 1986). Stephen Mitchell, addressing psychoanalytic techniques, writes "One of the great, generally unacknowledged truths about analytic technique is that it is developed on a trial and error basis, personally designed in the interaction with each individual analysand" (Mitchell, 1988, p. 212).

Psychotherapy is truly an improvisational, theatrical art form. Whatever theories are used in its execution, they must be well in the background for this moment-to-moment interpersonal interplay. As

1

in any interactional theater, the stimulus and demanded response are too immediate to permit one to check in with all the relevant theories or prescriptions that might influence that response. Anyone who attempts to do even a fraction of that will be hamstrung in the process and neglect her own intuitive, human resources, which are certainly more essential than the theories. As with any art form, psychotherapy relies on the particular disposition, temperament, and talents of the artist. Therapists, of course, gravitate towards those grounds of being and therapeutic techniques that suit their personal style and that prove to be most effective for them. In the post-modern period, it is probably useful to become more flexible in this regard, yet there will be personal and artistic choices in that flexibility.

In this book, I will once again present a general unifying theory of character and development which I believe can productively "hold," explain, or justify this integrative and flexible approach to psychotherapy. This "post-modern art psychotherapy," which I dub PMAP, is conducted using one cardinal rule. It is this: *The PMAP is not the territory* (a slight misquote of Korzybski). The truly interactive, intersubjective, interpersonal, spontaneous exchange of psychotherapy is the territory. And it is never a solo act. Here, I hope only to provide an integrative theory that will inform and direct it and I intend to take a stand here for this integrative approach as a legitimate, state-of-the-art expression of where the mental health professions and their supporting basic sciences have brought us in the post-modern era. In other words, this is not a "whatever works" eclecticism. Rather, the theory is a product of generations of basic research in psychology, psychiatry, and the social sciences. In this approach, there is a reverent respect for all those who have labored to bring us data, observations, theories, and techniques. But there is also the irreverence of a child of the post-modern era, particularly for the rigidity of most of our founding mothers and fathers.

At the level of therapeutic technique, for example, I believe it is very important for educated therapists to know why the classic psychoanalysts have insisted on neutrality and abstinence in the analytic process. Similarly, it is critical to know why humanists like Carl Rogers and Heinz Kohut have so emphasized accurate empathy, attunement, prizing, and even indulgence. These two positions, which frequently prescribe very different therapeutic responses, are each based on a separate rationale, which may or may not apply in any given

case or at any given therapeutic choice point. To be a truly effective post-modern art psychotherapist, one needs to know the underlying rationales and to know to what extent each applies at the moment. Then, the therapist makes the best therapeutic response she can, realizing that it may represent one pole or the other or an integration of the two. Finally, one must keep one's eye on the interactive partner — not on the theorists and their rationales — to determine the appropriateness of the response. To follow Korzybski's metaphor, *we must keep our eyes on the road, not on the map* (or PMAP).

I have made a list of analogous polarities which may need to be evaluated or integrated at various therapeutic choice points. I offer it here (Table 1) as representing only a few possibilities and as a preview of this volume's treatment of the dimension of technique. One's moment-to-moment choices in the midst of the interactive art form will, of course, not always be perfect. But they are far more broadly determined than therapeutic expressions that are constrained by a rigid adherence to one classic or modern form.

In making this point I am always reminded of an old story. It is about a man in a small European town who had achieved considerable success and, wishing to celebrate and announce it, went to the best tailor available, a man by the name of Zumbach. He ordered the tailor to make for him his finest suit. After several fittings, the

Table 1
POLARITIES AT PSYCHOTHERAPY CHOICE POINTS

Authenticity	Neutrality
Intersubjectivity	Abstinence
Supportive	Expressive-uncovering
Directive	Nondirective
Behavioral focus	Hermeneutic focus
Containment learning	Expressive learning
Focus on cognition	Focus on affect
Prohibition of transference	Provocation/allowance of transference
Empathy	Intervention
Current determinants	Historical determinants
Interpersonal focus	Intrapsychic focus
Systemic focus	Dyadic focus
Strengthening defenses	Weakening defenses

man came for his suit and, trying it on, noticed that one sleeve was longer than the other. He said, "Zumbach, I don't want to give offense, but this sleeve is half an inch longer than the other. You must fix it." Zumbach took afront. "It is not the suit, it's the way you are standing. Stand like this," he said, as he pushed the man's shoulder down so that the sleeves matched perfectly. Then, standing sideways to the mirror, the customer noticed the improper fit of his jacket and said, "Zumbach, there is this big pucker here in the back of the neck. My wife hates it when my jackets have that pucker in them. You must fix it." But again Zumbach said, offended, "It's not the suit, it's the way you are standing. Stand like this," and he pushed the man's head down firmly. Well, this went on for two or three more tailoring problems until the man, completely cowed by Zumbach and fearing even to breathe, left the store. Riding home on the bus, the man was approached by a stranger who, noticing the suit, said, "What a beautiful suit. Zumbach the tailor must have made that suit for you." Surprised, the man turned and said, "That's right. How did you know?" "Well," said the man, "Only someone as talented as Zumbach could fit someone as crippled as you."

The point? Only someone as talented as Freud, as brilliant as Skinner, or as creative as Perls could fit someone as crippled as you if you try to do this improvisational art, while restricting yourself to their theories and techniques. To do it their way requires a kind of twisting of yourself, a restraint of your spontaneity, a bridling of your intuition and good sense. As Frank (e.g., 1982) has repeatedly documented, it is psychotherapy's nonspecific effects that account for most of the variance in outcome, and those effects are related to these human factors. Other researchers, largely from the psychoanalytic side, are consistent in showing therapeutic alliance as the best predictor of success among several variables investigated (e.g., see Horowitz, 1984, p. 32).

It is time that therapists who practice this improvisational art form, which is based on sound psychological principles but unconfined by any particular dogma, declare themselves and stop feeling guilty about what is really state-of-the-art work. This is a book about individuation. That very process is required of any psychotherapist, who must finally individuate from his mentors and masters. It is not necessary to disrespect or lose them, but only to transmute their gifts so that they fit us and the multitude of situations in

which we find ourselves. It means that we grow up, leave home, and learn about the rest of the world.

The theory that I will be developing in this volume relies a great deal on the classical observations and theories about character which are pervasive in psychiatry generally, but which owe the greatest debt to the analytical tradition beginning with Sigmund Freud and Wilhelm Reich (e.g., 1949) and continuing through Alexander Lowen (e.g., 1958), David Shapiro (e.g., 1965), and Mardi Horowitz (e.g., 1984). The early figures in that historical chain emphasized more the conflict properties of character and the energetic expressions of defense. The later members of the chain have emphasized more the cognitive style and, influenced by object-relations theory, the self-representation and object representations associated with each characterological expression.

The other major intellectual line represented here is that of psychoanalytic developmental psychology summarizing the strains of ego psychology, object relations, and self psychology. This integration provides a characterological-developmental view of personality and psychopathology. I think of the therapy that derives directly from this intellectual tradition as *developmental psychotherapy*. But, like many others, I have been frustrated by the lack of any concrete information concerning how developmental psychotherapy is done. Masterson (1976, 1981, 1985) and Kernberg (1975, 1976, 1984) have been the most concretely helpful. But even by their work I have usually been more informed than assisted in knowing exactly what to do. In my earlier books (Johnson, 1985, 1987), I have tried to be as precise and concrete as possible about how I have created an art form that suits my particular experience, temperament, and style. I will continue to do that in this book: not to document *the way to do it* but simply to demonstrate *a way of doing it*.

I would like to emphasize that, for me, the integrated characterological-developmental theory not only informs my therapy at all levels but, not infrequently, *is* the therapy. There is very little in this volume that is of purely theoretical and unapplied nature, even if it is only potentially applicable. For example, I frequently tell clients of the basic existential life issues underlying the basic characterological adaptations with which I see them dealing. Further, I share with them what I know and ask for their collaboration in understanding how these issues became problematic for them. In my contributions

to that understanding, I include not only the evolving understanding of the precise nature of the environment in which they grew up, but also what their *child's mind* would have made of that environment. Among other things, this knowledge of a child's perceptions of and assumptions about the world and self often helps the client understand why some events, which his adult mind now sees as relatively inconsequential, could have been so devastating to him as a child.

Characterological development is a function of not only the evolving demands of the child and the environment's ability to meet them but also the child's evolving *consciousness* and what meaning the failures will have concerning self, others, and the world. Script decisions (Berne, 1964) or pathogenic beliefs (Weiss & Sampson, 1986) are typically arrived at by a child who not only has a very limited view of the world but also has predictable distortions about how the world works (i.e., about cause and effect, about his own exaggerated or diminished responsibility, about the boundaries of the self, etc.).

THE PROCESS OF PSYCHOTHERAPY

I think of the psychotherapy process, as I execute it, in these three basic steps: (1) "*getting the story straight*," (2) *corrective emotional experience* both in and outside psychotherapy, and (3) *repertoire expansion* through interaction and special technique.

"Getting the Story Straight"

The comedian Jerry Lewis has referred to himself as "the keeper of the idiot"—i.e., the Jerry Lewis idiot. I think we are all keepers of our own idiot—our personality, our complexes, our areas of sensitivity, and those other places where we are not really up-to-date with ourselves and our circumstances. The better we know and understand the "idiot," the more able we are to keep her or help him become less idiotic, more mature, more contemporary with our other development, etc. This is what "getting the story straight" does. It is a largely hermeneutic or meaning-oriented intervention, and, in that, it is in most debt to the classic form of psychanalysis. But, both for the therapist and the client, there is in that hermeneutic dimension one additional and very important element—that is, the understanding it provides about the way out, the way to maturation and resolution of the complex, point of sensitivity, or arrested development.

An additional element of the hermeneutic intervention is the contemporary adult understanding it can help achieve of one's own parents, siblings, childhood friends, etc. The adult's reconstruction of his childhood is just that—a reconstruction. But in that reconstruction is the opportunity for a conscious re-sorting of what it all really meant and an understanding and correction of what it meant to the child's mind. The hermeneutic intervention, as such, is valuable, as are all such interventions in helping the person understand and thereby have an increased sense of control or mastery not only of the historical situation but of current situations.

Like most therapists, I have seen accurate interpretations, reconstructions, and explanations followed not only by a sense of relief and completion, but also by a diminution or even a disappearance of symptoms. On occasion, I have seen symptoms recur and then disappear again with the self-administration of the accurate interpretation. Behaviorists and cognitive therapists have erred in diminishing the potentially pervasive importance of this kind of understanding. Kohut (1977, p. 184) has written "The purpose of remembering . . . is not to 'make conscious' the unconscious . . . but to strengthen the coherence of the self." Such coherence through knowing is, I believe, the best content beginning for psychotherapy.

Corrective Emotional Experience

As Gustafson (1986) has noted, Alexander and French's concept of the corrective emotional experience has been widely misunderstood. They presented a truly sophisticated concept which was oversimplified by the classic psychoanalysts who attacked it and the legion of overly supportive therapists who used it to justify almost anything (Gustafson, pp. 38–39). Extending the work of Ferenczi and Rank, Alexander and French's central point was this: It is pointless for the patient to experience again and again the trauma of his childhood. What is therapeutic, maturing—indeed healing—is facing that trauma and mastering it in a "strengthened context." That strengthened context can, among other things, exist in the therapeutic alliance of psychotherapy. For Alexander and French, a semi nal part of that alliance is the belief on the part of the client that the therapist will not reinjure her in the way she was originally injured.

Weiss and Sampson are probably the most articulate representa-

tives of this intellectual lineage, with their emphasis on the client's therapeutic tests of this proposition. Their hypothesis is that clients try to provoke the therapist into delivering the very psychic injury from which they are trying to recover. The client's unconscious hope is that the therapist will not fall for that gambit but will truly assist and help the client understand and master it. As the therapist passes the test by not rising to the bait or by correcting her error if she does, the client becomes more and more confident that this is indeed a "strengthened context." The therapeutic alliance that is so rein-forced strengthens the therapist's interpretations, explanations, and reconstructions and helps the client to gain the understanding—and thereby the hermeneutic control—and, eventually, the environmen-tal mastery of the injury and its related existential issue. Psychothera-peutic process, in this view, involves the continuous here-and-now reexperiencing and relearning surrounding this issue, resulting in its maturation, resolution, and completion. We have to thank the intellectual lineage of that buddy system represented by Ferenczi and Rank, Alexander and French, and finally Weiss and Sampson for explicating this process. In the acknowledgments for explicating this essential process, we shouldn't fail to credit Winnicott, Kohut, and Rogers for, each in his own way, strengthening the position that advo-cates both *holding* and *interpretation* (e.g., see Winnicott, 1987).

What I would like to add to this intellectual lineage is that we as psychotherapists can help our clients structure their lives in such a way that their whole life becomes a "strengthened context" or an opportunity for corrective emotional experiences. One or even five hours a week of psychotherapy is not that much in a client's total life experience, particularly insofar as that small amount of time has as its objective the correction of complexes and patterns based on an entire life's experience. The therapist's and the patient's evolving understanding of what is a strengthened context, of what a corrective emotional experience for her would be, of the normal human learn-ing processes involved in the existential issue in question, creates the possibility of engineering a life of altered context. Here the contribu-tions of the sociological, social work, and behavioral schools can be appreciated and integrated into a psychotherapy that directly im-pacts the patient's day-to-day life.

Additionally, psychotherapy can help provide the strengthened extratherapy context by assisting the client in understanding not only

his projected contents but also others, their history, motivation, etc. Here the characterological-developmental theory can also be quite useful. To the extent that the client understands his significant others, their character, and where they are coming from, he is more able to understand their actions and thereby less prone to react with his own overdetermined responses. Sometimes the client needs to learn that certain of his wife's reactions have to do with her own phenomenology, and this understanding can assist him in both responding to her and controlling his own overdetermined reactions to her. This kind of understanding can insulate the narcissist from a reinjury to self-esteem, it can keep the oral character from being drawn into a co-dependent role, or it can prevent the symbiotic character's typical overreaction to another's distress. In other words, knowledge that will help the client discriminate the present from the past includes the phenomenology and motivation of significant others in the present. This provides, in a very special way, a strengthened context for one's day-to-day life experience.

Repertoire Expansion

Here is where I place many of the special techniques from psychoanalysis, gestalt, bioenergetics, hypnosis, neurolinguistic programming, cognitive-behavioral psychotherapy, etc. These techniques and their more subtle talk-therapy derivatives are certainly used by many therapists to facilitate the first two processes — getting the story straight and the corrective emotional experience. But in addition to this, these more active procedures provide the opportunity for a kind of direct learning that might not otherwise be available.

We have learned, for example, that people who are phobic or who have panic reactions, particularly those who are agoraphobic with panic attacks, require more than insight and intratherapy experience to reliably face the feared circumstances. The insight may be useful, but repeated direct learning with the phobic stimuli in strengthened contexts is usually necessary. The strengthened context may involve a relaxed state achieved in systematic desensitization, a new way of looking at oneself and the situation as provided by a cognitive reframe, or most commonly, the presence of a soothing other who accompanies the agoraphobic in the in vivo desensitization to the feared stimuli. Although agoraphobia provides the clear-

est and best documented example of the need for direct learning of new behaviors, I believe that there are any number of problematic affects, behaviors, and ideas which similarly require direct experience of some kind. In general, the special techniques of this third category may be used to provide these experiences that increase the flexibility of the patient's repertoire.

The desensitization metaphor from behavior therapy is a good one for understanding one aspect of the necessary intervention in any number of characterological problems. The schizoid needs to be desensitized to people, the obsessive-compulsive to his own warded-off feelings, the oral to his own needs, the symbiotic to his expression of aggression, to separation, and often even to success in the world. Getting the story straight about how one was sensitized and learning precisely to what one was sensitized can be extremely useful. But the actual desensitization *experience* is usually required for any real transmutation of character. Such new learning can occur spontaneously, but the therapist's prompting and arranging for this learning, both within and without the therapy contact, is often necessary and usually facilitative. While it can often be arranged in a less formal manner than that typically emphasized by traditional behavior modifiers, cognitive therapists, hypnotherapists, or neurolinguistic programmers, more deliberate strategies are often valuable adjuncts to the therapist's repertoire of skills for engineering new learning.

Psychopathology can accurately be seen as universally restrictive of the repertoire of human responses. Indeed, it is this rigidity that hampers the organism's otherwise rich array of possibilities for handling situations. Often, the arrest of development and learning surrounding a certain existential issue has cut off the natural learning and adaptation process, and it is that process that must be reactivated. Special techniques for doing this are the legacy of those more modern, usually active, forms first initiated by Wilhelm Reich and furthered by such pioneers as Alexander Lowen, Fritz Perls, Joseph Wolpe, B. F. Skinner, Milton H. Erickson, and many others. It is time that we integrate these unique contributions within the mainstream of psychotherapy. Of course, not every therapist will learn or feel comfortable with all of these techniques, but one who has not exposed himself to at least a few of them or who is unable to identify with any of them is not really operating with the fully available therapeutic repertoire. Such a therapist will be particularly ham-

pered wherever the engineering of new learning is a critical part of the therapeutic program.

In integrating a number of approaches to understanding psychopathology and doing psychotherapy, I have done what any practicing therapist must do—employ these various perspectives in developing my own unique view of things and my own unique style of working. In so doing, we interpret the work of others. Interpretation is not necessarily a literal translation. Wherever I am aware that my interpretation is substantively different from the original, I will acknowledge that. However, it should be clear that it is not my intention to present an exact replication of the original author's work. Rather, I intend to acknowledge the sources behind the development of my own integration and offer my interpretation of that work as it has been useful in my clinical thinking and practice. In short, this work represents an integrative interpretation of a number of schools of thought and practice rather than a literal translation. This approach is consistent with the theme of this particular volume on the development of autonomy, individuation, and self-expression.

The section that follows this introduction presents a thorough introduction to the characterological-developmental model which is the bedrock of this approach. Although I have done this in each of the other books in this series (see Johnson, 1985, 1987), this section represents the most comprehensive and integrated presentation of the model. Each of the basic existential issues that underlie character development are presented, together with a greater emphasis on the current developmental research that applies to the model.

In this book, I also attempt to provide the reader with a number of tools to assist in learning this way of looking at human behavior and change. This includes the summary tables outlining each character structure in Chapters 1 through 4, one appendix that summarizes the most useful concepts from object relations (Appendix A), and another (Appendix B) that summarizes chronologically the results of relevant developmental research.

For one to fully utilize the conceptual and change approaches to the symbiotic character suggested here, one must understand the entire model underlying them and be prepared to deal with those themes that are representative of other characterological issues. I have never seen a client who could be understood solely through the insights provided by understanding one character structure. The

issues underlying the structures are common to the human condition, and we all share more or less the human dilemmas that they represent. I believe that it is the integrative model presented in Chapters 1 through 4 that is perhaps my most useful contribution to the practicing therapist—this is reflected in the length of this section and the auxiliary tools provided for understanding it.

Chapter 5 is an expanded, detailed presentation of the etiology and defining characteristics of the symbiotic character. My objective here is to assist the reader in not only recognizing the character structure, but also developing a resonant empathy with the phenomenology of a person with these issues. Understanding the phenomenology is helpful in getting inside the often neurotically complex expressions of the disorder and making change safe.

Chapter 6 presents a selected review and integration of theoretical approaches that particularly apply to the symbiotic issue. Most central to this chapter, as well as the subsequent ones on treatment, are Fairbairn's ideas about the internalization of bad objects. Fairbairn's work leads to the very useful modeling of the psychopathology as internal self-object relationships. This view is potentially very powerful in explicating and exorcising the problem. This chapter also reviews the similar and very helpful work of Masterson on the essential etiology of the symbiotic issue, the contributions of the family therapists, and the insights of Weiss and Sampson on control mastery and test theory.

The final three chapters explicate the treatment of the symbiotic character using these theoretical structures and incorporating a potentially broad range of techniques. These chapters are particularly influenced by Fairbairn's theoretical propositions, which are made quite concrete by the ways in which these patients symptomatically express their internal object relations. The therapeutic process derived from this model is essentially aimed at releasing patients from the internal, closed, and autopoetic system that blinds them to the freedom of experiencing a social system that is external, open, and potentially corrective.

In writing this book, I have attempted to make all this as easy to understand as I could without losing the necessary complexity of the human being. I hope that this complexity has been retained and that truly grasping this material will be difficult enough to represent new and meaningful learning.