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Creativity Finds Its Way Into the Psychoanalytic Consulting Room

Joseph Lichtenberg

This article presents an analogy between aesthetic creativity and the creative process in analytic treatment. The analogy is based on the dialogic nature of artistry in creative endeavors and treatment dyads. The openness to multiple realms of input, present and past, and mutual influencing are stressed. Clinical examples and modes of clinical approach are offered in illustration.

All creativity is about dialogues and a medium. A painter is having a dialogue with imagery in her mind—well-formed—and the dialogue is used to successfully make a transcription on the canvas, paper, or board. Loosely formed, the dialogue is used to interact with the canvas, paper, or board by sending and receiving visual messages back and forth to create, resolve, and recreate the messy dabbing to have the work come close enough to the realization of the goal or the intention. And all the while, sometimes very present and sometimes lurking in the background, is another dialogue between the painter and the audience/viewer, and the painting and the audience/viewer—with emphasis shifting between the viewer’s valuing of the painter or the painting. The medium enters the conversation—frames it, one might say. The medium, that is, creating a visual effect on a contained flat surface by use of pigments and a means of applying them—brush, spatula, pouring—must be learned. The craft that emerges from the learning introduces more dialogues—between apprentice and mentor, and between remote and recent ancestral precursors. Creativity then involves mastering the medium others have created and placing an individual vision on the specific work at hand. The creativity of a painter may proceed no further than adding his or her artistry to an existing form, and deriving satisfaction from an imagined approving dialogue with mentors past and present. Or the artist may modify form, method, or subject matter—adding risk and novelty—feeling her way along in breaching the dialogue, and looking for support from within, and hopefully from other artistic adventurers.

If all creativity is about dialogues and a medium, how does this apply to psychoanalysis? Or is it at all valid to consider an activity that has a goal of therapy as being meaningfully analogous to activities that have a goal of aesthetic realization? Parenthetically, an argument based on evolution can be made that the goals of therapeutic effect and aesthetic realization are not so disparate.

Like painters, analysts are having a dialogue with imagery in their mind and the medium they intend to influence. At any moment, the imagery in an analyst’s mind is an amalgam of his
prior experience (especially his own analysis), the word pictures and stories he has creatively assembled from his contact with the patient, and the skeletal structure of theory that he uses to give order to the ongoing multiplicity of the patient’s and his mental states. Unlike painters, analysts use the medium not to create a new rendering of their vision on a blank canvas, but to alter creatively an existing vision held already formed in a patient’s psyche. The analyst’s medium, affective verbal and nonverbal dialogue with an analysand, is much more interactively bidirectional than in painting. The dialogue is multisensory—visual, auditory, olfactory, kinesthetic, and visceral. The communication is spoken and sensed—and always affective if it is to be meaningful. The analyst’s medium also has its ancestral roots with modifications by successive mentors affecting words and wording, frequency and couch. Successive generations of creative experimentation has led to shifting emphasis on objectivity and perspective, on reality, subjectivity, and intersubjectivity, on interpretation, insight, and empathic immersion, and on verbal, nonverbal, subsymbolic, and enactive modes of communication.

At any moment, a painter dabs away to create a match between a pattern in her mind and what she is placed on the campus, and then, what she has placed on the canvas may lead her to modify the pattern in her mind. An identical dynamic dialogue is occurring in the analyst’s mind except greatly multiplied in complexity. The spoken or unspoken dialogue between patient and analyst leads to shifts in the dialogues occurring in the minds of each, and a shift in the affective domain they cocreate. At one moment, patient and analyst may feel each has reached a matching pattern with the other—they understand and are mutually influencing the other toward a shared perspective, a meeting of their intentions and goals. And then mutuality of perspective is lost, and recreated, and lost, and recreated, etc. For a view in the painter’s mind and on the canvas to achieve a matching pattern requires mastery of craft, inordinate visual sensibility, and a sprinkle of the Muse’s fairy dust. I will discuss approaches that I believe enhance analysts’ ability to achieve those moments of meeting of minds that transform seemingly fixed dispositions into open possibilities.

An example of the interplay of shifting patterns of recognition in an analyst’s mind and the communications of a patient that led to creative changes in the patient’s internal dialogue comes from my residency training at Sheppard Pratt hospital. I was assigned the care of Mr. E, a young man in his second hospitalization for an acute paranoid schizophrenic episode. Although I was relatively experienced in working with psychotic patients, I could achieve no rapport with Mr. E, whose dialogue with me consisted of his looking at me with murderous rage. I described Mr. E’s silent frightened, frightening behavior, and the fear he activated in me, to Lewis Hill, our director of therapies and a leading psychoanalyst (Hill, 1955). Lewis, who was my favorite mentor, said he remembered Mr. E from his prior hospitalization and was fond of him. I told Lewis I was glad he was fond, but I was scared to death, and completely ineffective. He agreed to see Mr. E with me. I arranged for two of the largest attendants to accompany Lewis and me into Mr. E’s seclusion room. Mr. E moved into a corner looking frightened and very menacing. Lewis suggested we all sit down and, to my surprise, Mr. E complied. Lewis made a calming gesture with his hand to him and said: “I don’t do my best thinking when the hackles on the back of my neck are up.” Then looking slightly to the side of Mr. E, who was glowering at me, Lewis said: “You hate him,” pointing to me. Mr. E, who would give no response to my comments or questions, nodded his assent with more angry grimaces. After a pause, Lewis asked: “Is it because he’s Jewish?” Mr. E gave a vigorous nod of assent as his eyes widened and he looked directly at Lewis. Now, looking directly at Mr. E, Lewis asked: “Is it because the Jews killed Christ?” Another vigorous nod of
agreement and a murderous look at me as the thought clicked through my mind that, in the chart from his previous hospitalization, Mr. E identified himself with Christ. After what seemed a long pause, Mr. E looked back to Lewis—I thought questioningly—and Lewis commented: “Who do you think taught Christ everything he learned?” A puzzled look came over Mr. E’s face—a breakthrough of a different affect state. Lewis continued: “He learned from the Jews.” Puzzled consternation for Mr. E followed. Pointing to me, Lewis rapidly added: “And this Jew knows something you need to know. He knows how to get out of this room and he’ll teach you if you let him.” As Mr. E’s expression softened from terror and rage to confusion, Lewis leading, we all stood and left.

An hour later, I went back and found a nonbelligerent, fragile, confused, boyish-looking Mr. E. I asked him if he wanted to get out of the seclusion room. He nodded yes and I could see him on the edge of flaring up. I told him the first thing he had to do was to stop urinating in the room, and, instead, call the attendant when he needed to go to the bathroom. I added I would come back tomorrow and tell him something else he could do so he could get out.

In this example, Lewis can be thought of metaphorically as a painter who has an image of a portrayal of a dialogue occurring in Mr. E’s mind about his terrifying relationship with a murderous Jew that he must kill to survive. Like a painter, Lewis applied dabs of his portrayal in tentative but bold strokes, and then allowed the impact—Mr. E’s facial, bodily, and visceral responses—to reorient his creative offerings. His creative offerings were not pigments applied with brushes, but were words couchèd in a symbolic language that is concrete in word choice, but highly metaphoric in its potential for making an empathic entry into Mr. E’s delusional state. Lewis’s concrete symbolic language said: “I know that’s the linguistic code you are using to make what sense you can of your organismic distress and panic. So let’s forge a meeting of the minds—yours and mine—about him—me, the Jew carrier of ills. But wait a minute—paradox—Jews—wisdom?—knows something—can share your goal—freedom—it’s OK. I, Lewis—your friend who knew and knows you, say it’s OK. He—the Jew—is OK—wisdom—get you out of here. That’s all for today—all the day can handle.” Dabs of paint—given with pauses and leaving plenty of open space.

If psychoanalytic creativity involves facilitating more open inner and shared dialogues, what do analysts do with the double input of their and the patient’s inner messages? Freud (Breuer and Freud, 1893–1895) offered the metaphor of the archeologist who searches for shards that reveal, buried in layers, the true story of the past. The archeologist learns the patterns of the pottery and other artifacts of each epoch, finds the shards, and reconstructs the life cycle, the trade patterns that sustained the society, and the calamities that befell it. When I was trained in the 1950s, I learned to pierce together three sets of shards gleaned from the patient’s mostly spoken verbal (some nonverbal) dialogue that would identify the patient’s inner dialogue. The first were the patient’s relational configurations with special attention to those that represented triangular, that is Oedipal, configurations and those that represented regression from it. The second were his use of symbols—pistol for penis, purse for vagina, money for feces, body stroking for masturbation, river for sister, and many interesting others. The third were the constructs of the layers that obstructed the view of the relational configurations as they presumably really happened—the telltale signs of infantile distortion, repression, isolation, denial, projection, introjection, and more. Despite their limitations, these tools for discovery did facilitate a remarkable range of pattern matching. But the archeologist does to, that is acts on, not with, the site or dig, or the
surgeon (another early analogy) does to the anaesthetized patient (much as the coroner does to the cadaver). He uses his knowledge of history and how to rearrange shards and other sources, but less so the resource of his inner dialogue of personal feelings—his rich fantasy life as primary or even secondary source of constructing a dialogue with his subject. The analyst’s own analysis was to free him of impediments to objectivity so the hidden history of the patient’s past could emerge uncontaminated by the analyst’s unwitting suggestions, or hindered by the analyst’s own blind spots. In another metaphor applicable to the period, the neutral, abstinent analyst, like a sculptor, could release intact the figure hidden in the block of marble. Referring to the experience of Mr. E in the seclusion room, Lewis Hill began by identifying and bringing directly into the developing dialogue his own state—“I don’t do my best thinking when the hackles on the back of my neck are up.”

When we make fuller use of our life experiences and our creative responsiveness, what patterns are we then able to learn to recognize, help to emerge, and alter adaptively? What means do we use to recognize and transform? I will discuss two approaches that utilize complex dyadic dialoguing: First, the forming and working with model scenes, and, second, a way to deal with attributions about the analyst that evolve during analysis (Lichtenberg, 2005; Lichtenberg, Lachmann, and Fosshage, 1996). I propose that, for creativity to occur, the critical requirement is the emergence of a puzzle. A painter who does not have a puzzle about how to work out the emergence of his inner vision on his canvas produces a lifeless impersonal rendering. Her solution to the puzzle formed in her dialogue with the medium is the painter’s signature. Painters with no puzzle needing their personal creative solution would be comparable to analysts who interpret, that is, label, patient’s associations by simple translation from a grid that diagrams an Oedipal triangle, an anal struggle, oral dependence, a superego prohibition, and a list of symbols and defense mechanisms. Fortunately, this caricature is impossible. Analysts or painters with no puzzles, only answers, would not only be ineffectual, but also likely bored to death. However, our early mentors were often more inclined to warn us what not to do (Lichtenberg, 1994) then to describe ways we could bring our inner dialogue, our internal creative potential, forward.

Danny, a college student, on the insistent recommendation of his family, began four-times-weekly analysis with me after a drug-induced psychotic episode requiring hospitalization and drug detoxing. Danny was clear about his dislike of being treated by me, and of analysis in general. I met his defiance and contempt directly. I told him that I knew he didn’t want to be in analysis, and if he had to be, he didn’t want me for his analyst, but someone he thought would be more open to his rebelliousness. I added that I also knew he had been through a really rough time and was mighty scared by it. He didn’t have to like me, I assured him, but what he had to do was to come and do his part, and I would do mine. Grudgingly, he agreed and we began a successful analysis as he completed college and a professional graduate school.

Many of our puzzles were about his anger; his sadistic treatment of women and, earlier, his siblings; and his terror of softness, femininity, and homosexuality. Other challenges to understand dealt with his rivalries, the strong pull to return to drugs for relief, his fear to do so, his connecting not using drugs with submission to me. All these puzzles and challenges unfolded and were made understandable as, gradually but persistently, he revealed the story of his life experiences. Using his reluctant cooperation and, especially, the manifold forms of the reluctance itself, I was able to build in my mind and in our shared dialogue a rich portrait of Danny with the people in his past, those in his immediate present, and with me.
The criticism that remains puzzling to me was his periodic, but repetitive, charge (attribution) that I was one or even a half-minute late. I was particularly puzzled since I am more than average punctual—both starting and ending sessions on time. I could acknowledge to him that I could have been a minute or half a minute late, but what did it mean? That I cheat him? That I don’t care about him? That I don’t want to see him? Each time we tried to open this attribution to exploration, Danny would return to his usual rant about me—burying the specific in the general. I can draw an analogy between the effect on my mind of this kind of puzzle and a grain of sand that irritates a clam until a pearl is formed. My pearl of wisdom came with the advent of an enactment leading to a model scene. In a session when it was no longer routine for him to do so, Danny returned to droning on in a negative state, and I restlessly reached over to my desk, resulting in my rustling a piece of paper. Danny erupted with an angry scream—something he had never done before. I was startled and astonished. I thought it had to do with the rustled paper, and asked him if that had upset him. With a stream of expletives, he described a memory from childhood of needing to tell his mother about something upsetting that had happened. He went to her home office to tell her but the door was shut. He insisted and she opened the door a crack. As he was telling her what had happened that had disturbed him, he heard her put paper in her typewriter and start typing.

The two scenes of inattentiveness and dismissal, the one enacted in my office in real time, the other enshrined in memory, were used by both of us subsequently. The scenes served as models or exemplars that we could each refer to puzzle out repeated episodes of his traumatic disappointment with a series of young women, and his generally unreasonable demands for their (and my) attention. The two scenes also offered an opportunity to consider our shifting roles: Who was the speaker who felt he wasn’t being listened to? Who was the listener who didn’t want to listen, or was uninterested, or had more important things to attend to?

Working with a model scene is different from an analyst working out a problem in his own mind and offering the patient’s his empathic understanding of the patient’s state of mind, or interpreting the meaning of a symptom or behavior or event. Working with a model scene is distinguished by the joint participation of analyst and analysand in the exploration. Unlike the painter whose canvas or muse only tells her what she projects onto it, analyst and analysand each act, modify, and recast the model scene. Tronick (2005) and I believe that the dyadic expansion of awareness is a more powerful, one can say creative, medium for apprehending meaning then each individual would achieve alone. The caveat to this two-minds-are-better-than-one proposal is that it is most likely to occur when the exploratory motivational system is dominant in both minds. Working together to creatively expanding understanding of a model scene occurs best in special moments during analysis when analyst and analysand can share a view from an observational platform free of domination by aversive motivation, but with all the access to aversive and other motivations needed for their exploration.

In the course of working with the two related model scenes, Danny and I were able to solve my puzzle about Danny’s outrage at the presumed loss of a half or a minute. I referred to it as my puzzle because I doubt that the same question existed for him. Danny viewed his father as demanding macho behavior from his son while offering little hands-on mentoring and often being away for his business. Danny turned to his mother, who combined enticing beauty with emotional understanding and sensitivity. The problem he had with his mother was that, as an energetic ambitious person with multiple creative endeavors, she very carefully parcelled out the time she made available to the children. Danny was drawn to her for her ability to turn on to him with her beauty,
brilliance, and sensitivity. Alternatively, he was outraged at her ability to turn her attentiveness from him to her professional endeavors like a clock-driven on–off switch. His protest and outrage at my presumed or actual momentary lateness concretized and condensed his ambivalence about his mother’s time rationing. Or, more accurately, only the angry side of his ambivalence, because experiencing, or worse, expressing, his desire for my empathic responsiveness would activate his terror of tenderness and homosexuality.

The most common analogy to analysis is to the theater. Using this analogy, we can think of the analyst as a stage director. The analysand has a script in his mind. The script may be newly formed by a recent, even immediate, event. The script may be sequestered in more or less remote memory as a peopled interplay. One might even think of a proto-script based on a disposition or proclivity that narrows expectations. The analyst/director’s task is to bring the script forward in a mixture of word–pictures and enactments. No storyline, no affect-laden dialogue, no interaction, then no empathic entry can be made. I have described the director’s role as filling the narrative envelope. Analogous to the “unities” of plays and novels, a coherent picture-story or narrative requires a context of time, place, and person—the who, what, where, when, and how of an event. Patients tell their story in whatever form they will or can. Building the narrative to the level of coherence falls to the discriminating listening, questioning, and encouraging of the analyst. More than just obtaining information, the spirit of inquiry, of jointly working on a puzzle, itself is contagious. More than mere storytelling, narrative richness opens the curtain to metaphors that provide entry into the patient’s inner sanctum, their private collection of personal experiences, remembered and co-constructed with the analyst.

Although a director is not on stage, analysts always are. They have a presence even when they are not directly in the script of a peopled interplay, or, at the moment, involved in an expectation skewed by a predisposition. Terms such as holding environment, unobjectionable positive transference, working or therapeutic alliance, and mirroring selfobject have been used to describe this presence. In my words, analysands draw on prior positive attachment experiences with caregivers, mentors, and sponsors—hopefully real, or, if necessary, imagined—as safe, trustworthy, interested, beneficial empathic listeners. For some patients, in these moments, their analysts may be experienced in a personalized form, for other patients in these positive moments, their analysts are less personalized, more the analysis, or a transitional object background, or the good feeling ambience they have co-created between them. Some analysts, by dint of their forceful personality, create a greater sense of their presence. The analyst’s contribution works in conjunction with the inclination of those patients’ with a preoccupied attachment to be more open to personalizing, and those patients with an avoidant attachment to be more resistant.

What I’ve just described may be hot or cool theatrical moments depending on the script, but are cool moments with regard to the analyst as offstage director. To be effective, analysts must come on stage and enter the script. To do so effectively, analysts often have to discover who they are—what is the role their actual or imagined participation has led their patients to assign to them. As I will describe, wearing patients’ attributions provides analysts with a golden opportunity to move themselves onto the stage in a manner that provides a rich sense of authenticity to the dyadic interplay. Some attributions made by analysands are overt: You were impatient with me yesterday; I think I’m boring you; you don’t like it when I spend the hour talking about my work; I feel today you are being exceptionally helpful. Some attributions are implied: All the analysts I know are bleeding-heart liberals; I never like it when my wife or anyone challenges what I say.
Some references that may be attributions are too ambiguous to be taken as such without further inquiry.

To be able to regard themselves as portrayed in the attribution, that is, to wear the attribution, requires analysts to be introspective, sometimes deeply and uncomfortably. Often, analysts easily can recognize themselves in the portrayal. At times, recognition is less clear, but with further questioning of the patient about the source of the attribution, analysts can picture themselves as portrayed. At other times, after a period of self-analysis, analysts may discover an aspect of themselves, a walled-off or dissociated not-me that fits the portrayal. When the portrayal seems to the analyst to be without a recognizable or discoverable basis, he can use his imagination to place himself into the attributed interaction. When analysts can step on to the stage having achieved a meaningful connection with an attribution, a highly revealing further dialogue and exploration generally ensues.

I regard wearing patients’ attributions as a creative approach to discovering who and what analysts have come to be for their patients. Analysands are consciously and unconsciously searching for and registering cues that confirm or contradict a positive or negative response they are dispositionally prone to expect. And analysts are continuously communicating aspects of themselves through hundreds of cues that emanate from them. Registering the cues may be known or unknown to patient and/or analyst. Gaining access to unrecognized portrayals facilitates the understanding of the puzzling unpredictability of greater-than-anticipated patient reactions to some seemingly minor cues and less effect from others that would seem more potent. I believe that when, via a shared spirit of inquiry, analyst and analysand can create a background of safety for the analysand, for the analyst, and for the co-created realm between them, the uproar from occasional problematic disclosures inherent in bringing some negative attributions into the foreground can be contained and resolved with mutual generosity and tolerance.

A sense of inspiration can occur for analysts on a small-scale when they recognize the meaning of an interaction in a dream, association, or enactment, and on a larger scale when they recognize a broadly integrative motivational theme. How are moments of recognition created? Empathic listening has been implicated correctly as providing fertile ground for recognition to spring up. I believe that forming inferences is a creative component of empathic perception that has been under appreciated (Lichtenberg, Lachmann, and Fosshage, 2010). When analysts sense into analysands’ state of mind and view the analysands’ experiences from the analysand’s point of view, analysts do more than position their listening stance. They draw an inference. Some inferences are drawn with conscious purposeful intent, although many, many inferences are drawn automatically at an implicit level. The inference may be as simple as the implicit read that leads an infant to adjust his body to be picked up as he sees his mother coming toward his crib, or an analyst to stiffen from a blink-like glance at the angry look and rapid pace of a patient entering the office. These inferences are made rapidly, often out of awareness, and are derivative of an evolutionary ability to apprehend situations, especially danger, and make automatic bodily adjustments accordingly. Other inferences are made in either more deliberative nonreflective or fully reflective modes. During analytic sessions, inferences about emergent themes, intentions and goals, affect states, and the state of the dyad, commonly occur in two stages: a rapid present-moment blink-like intuitive assessment, and a more pulling-together integration commonly made in two to five minute intervals. An example would be an at-a-glance instantaneous assessment of the tired draggy depressed appearance of a patient entering the consulting room, followed by
her mention of a sleepless night, and an inference that she had yet another fight with her husband over money. Or, in the course of several two- to five-minute intervals, forming inferences that connect an instantaneous appraisal of an analysand’s calm state, first, with a work success, then a memory of a happy event in high school, then a related insight arrived at in the previous hour, and, finally, a further expansion of that insight. What creative role do training and theory play in these ordinary accounts of analytic processing? I believe training and gaining experience sensitize analysts to more skilled initial intuitive inferences, and theory facilitates more skilled deliberative inferences. I, of course, don’t mean the obsessive spelling out of theory, but the creative absorption of a coherent theory held loosely in the back of the mind. A theory such as motivational systems with an emphasis on affects, intentions, and goals when held in the back of the mind can guide at an intuitive implicit level inferences about affective experience, and at a more explicit level inferences about motives, scripts, and complex relationships. I suggest that the creative moment in which inferences are formed is the opportunity or portal through which analytic (or personal) theories enter and influence automatically and/or deliberately the understanding of scripts of past and present, unfolding intentions and goals, and emerging dyadic tensions. Inferences a painter draws as she responds and dabs, or the stage director makes as he adjusts the actors’ dialogues, or an analyst forms as he shifts the dialogue in his mind and the one he will participate in, bear the influence of an operational conception or theory that makes its entry at the working moment.

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