NOTES ON ROBERT LANGS' CONSPIRACY

This ambiguous title covers a discussion of some problems posed by The Therapeutic Conspiracy (Langs 1982) and the interplay which its author initiates with his readers, an interaction thought of as akin to the very conspiracies treated in his above-mentioned work and typical for relations between analysts and therapists, supervisors and supervisees, men and women in our culture[1].

The authorship of Robert Langs is monumental, not only with regard to its volume - more than 20 titles by now - but also in regard to its ideational contents and to the considerable void it fills in the psychoanalytic litterature. The interactional perspective is indeed strangely neglected and the art of interpreting remarkably undeveloped, considering that interpretation traditionally has been regarded as the therapist's main tool and that psychoanalysis has been established as a hermeneutic science and praxis. However, paying the ideas of Langs the serious attention they obviously deserve means critically discussing them, testing their validity and appreciating them accordingly.

In doing so I find it essential to try (I.) to establish the validity of encoded perceptions; (II.) to define the limits of applicability of trigger decoding and to deepen the understanding of type B- and C-communication and the technique to handle it; (III.) to point out some problems connected with the learning of trigger decoding; (IV.) to notice the above-mentioned interaction between Langs and his readers; and finally (V.) to question the distinction between psychoanalysis and psychotherapy.

I.

Langs pushes his thesis that the patient's perceptions always are valid. He makes it seem self-evident what is perceptions and what is neurotic distortions, fantasies and memories. There is,

however, no easy way of distinguishing between these. Patients do in fact continuously - and sometimes even simultaneously - communicate a mixture of them. The decoding of patients' encoded derivatives is therefore ultimately dependent upon the self-reflection and reality-testing of the therapist; it is only to the extent that the therapist is successful in these respects that he or she can decide whether an encoded message contains a correct perception, a neurotically distorted one, a memory or fantasy that by being analogous to a correct or distorted perception is either non-neurotic or neurotic. In contradistinction to classical psychoanalysis, which as a rule does not recognize unconscious perceptions and therefore tends to see the patient's communication as transference-based, Langs champions the contrary view that the customer is always right. In this case - as so often in similar polarities - the truth of the matter self-evidently lies somewhere between the two extremes.

II.

Since the patient continuously perceives the therapist and his or her interventions and continuously communicates with these perceptions as adaptation-evoking stimuli, the therapist's interventions should be based on understanding derived from decoding efforts guided by these stimuli as adaptive contexts (trigger decoding). This is in short Langs' view, which seems to unduly simplify matters.

In my opinion patients do sometimes under ideal therapeutic conditions communicate essentially manifest messages with quite an insignificant measure of latent contents related to an adaptive context within the therapeutic situation while carrying out pertinent therapeutic work reflected in communicative material vir-

tually devoid of unconscious derivatives with interactional implications. This goes for a great deal of mourning and for working through of separations and crises[2]. The patient is then working over largely unneurotic psychical problems that have little bearing upon the therapeutic interaction. The psychical labour involved is carried out rather independently by the patient, who communicates about it in a way that is essentlially lacking interactional implications. In this kind of therapeutic sequences the scarcely called for interventions can therefore neither be based on type II derivatives nor formulated in interactional terms.

Severely splitting[3] masochistic patients tend to completely neglect one or more of the ground rules during periods of resistance. The patient may for example display an open or implicit dis regard for the rule of free associations. But this does not give rise to conscious conflicts, since the severely split patient has no emotional contact with his or her contracted obligations, which suddenly have assumed quite an unsubstantial and shadowy character On this developmental level, whether habitual or regressive, the therapeutic task primarily consists in working over the splitting by bringing together the conflicting elements that thereby are kept apart. And so the underlying conflict eventually becomes accessible in its full width. Such a sequence certainly has important interactional aspects, but these can usually not be fully understood and interpreted until the frames have been reestablishe through such confrontational interventions, since up to then the patient produces but a type C-like communication with acting-in qualities. One may say that on this habitual or regressive de-

and the supposedly shared aim of understanding his or her problems

velopmental level the therapist's work mainly involves safeguardin the framework and containment - i.e. holding. When splitting seriously affects the patient's attitude towards the ground rules like this, his or her communication often deteriorates to a point where it may be impossible for the therapist to interpretively handle the resistance, especially as the working alliance is weakened to apoint where the patient would be virtually unable to accept an interpretation, even if it could be formulated. Though Langs is of a different opinion[4], I do contend that the therapist then has to confront the patient with the two incompatible sides of his or her split: the neglect of the ground rules in spite of the fact that these rules have been accepted as the basis for therapy. In opposition to him I am suggesting that such confrontations aimed at preventing the patient from defensively destroying the therapy are quite constructive one more than one level.

When it comes to intensely dumping patients trigger decoding has similar limitations. There has been some controversy whether the therapist should interpret the patient's projective identifications. Ogden (1982) has in my opinion solved the problem by pointing out that such interpretations are meaningful for the patient provided that he or she is relating to the therapist as a whole-object. If not, the therapist must try to contain and metabolize the projections as far as possible. Under such circumstances the therapist cannot confine himself or herself to interpretive interventions and has to rely upon non-verbal-interpretations. Thus trigger decoding has considerable limitations on this early developmental level as well.

In essence, then, it seems like trigger decoding as a technique mainly belongs to therapy with fairly well structured, neurotic, patients. As part of an interactional approach to psychotherapy, however, it naturally belongs to all therapy, the treat-

ment of severely disturbed patients included (Davidson 1984).

III.

When setting out to learn trigger decoding you need at least a few well structured patients to work with. In my experience it is namely quite difficult for a beginner to practice this technique in therapeutic work with less structured patients, whose communication tends to be rather fragmented (more or less type C), filled with interactional pressures and projections as well as acting out (type B). When there is but little symbolic communication (type A), it is quite hard to identify representations of the adaptive context and unconscious derivatives in sufficient number to arrive at a cognitive understanding of what the patient is communicating that can be shaped into an verbal interpretation; it is also bewildering not to be able to identify enough unconscious derivatives to properly validate ones interventions. In a B-communicative field the therapist is taxed with so much stress in the form of internal and external pressures that he or she may have difficulties performing the complex cognitive and emotional, conscious and unconscious mental acts involved in the decoding process. The therapist is then so busy defending and reerecting the frames that he or she neither has the inner peace nor the proper outer conditions for carrying out the decoding he or she wants to practice. In a B-communicative field the beginner soon is faced with adaptive contexts in a number that exceeds what he or she is capable of handling. (The importance of the analytic couch in this respect will be discussed below.) The complexity gets so great and the pace so high that the therapist soon is lost in a chaotic situation and runs the risk of giving up his ambitions at trigger decoding - or therapy altogether. Therapeutic work

with relatively unstructured patients involves by necessity more of holding and less of analyzable unconscious derivatives, verbal interpretations and cognitive understanding (Ogden 1982).

Learning trigger decoding also requires an optimal level of therapeutic regression. This very important factor has been well understood among analysts since the days of Freud. For reasons later to be discussed therapists, however, regularly neglect the central importance of regression for the emergence of the so-called transference fenomena or more correctly derivative communication. Since derivative or symbolic communication is essential for trigger decoding, this factor can hardly be over-emphasized. The fact that the patient's position is one of the two main variables by which the therapeutic regressive depth can be influenced hints at the importance of the legendary but in wide circles unfortunately tabooed analytic couch. Akin to this bereavement is the ineffective technique prescribed by Langs for the handling of type C-communication discussed above. This leads us to the interactional questions alluded to in the ingression.

IV.

In classical psychoanalysis the defensive use of the concept of transference, the denial of the therapist's pathological inputs, the disregard for the patient's unconscious perceptions, the presupposition that the therapist communicates manifestly and unneurotically in contradistinction to the patient, who is supposed to communicate latently and neurotically - all of this so well described by Langs belongs to a repressive kind of interaction with sado-masochistic qualities, which we are all quite well acquainted with, because it happens to be of the same kind as the predominant interplay between the sexes in the western hemisphere. This inte

action is in essence an interplay between narcissistic and masochistic disorders, the driving force of which is castration anxiety that consciously or unconsciously come to the fore as a bilateral contempt for women (Davidson and Derkert 1985). Since we are all to some extent involved in such interactions and since they are ubiquitous, most of us fail to recognize them as neurotic and it takes (a) Robert Langs to draw our attention to the fact that they exist in psychotherapy too. But when he sets out to resque the repressed patients (women) and forcefully takes the repressive ignorant an not so insightful therapists (men) in hand, something quite interesting happens: exactly the same repressive interaction that he is combatting comes into existence between himself and his rebuked colleagues. They are called lie therapists and their work is criticized to pieces. Though this is done objectively, with understanding, with the best possible intentions and for excellent reasons, one is nonetheless left with a sense of disdai - and with certain pressures to submit masochistically broken-heartedly. Langs does indeed invoke strong feelings and his readers tend to be either all for him or all against him. The interactional pressures thus communicated to the reader taxes his or her containing capacity rather heavily, while at the same time constituting a first-rate personal and professional challenge. Therapists with an unsublimated masochism run the risk of becomi repressed not only by Langs but also by his or her patients accor ding to the implicit formulae: 'the customer is always right', 'the patient's unconscious perceptions are always valid', and 'confrontations always dump the therapist's aggressiveness'. Su an outcome is of course no good for anyone. On the other hand a therapist with an unsolved narcissistic disturbance may be strongly inclined to defensively repudiate Langs without much reflexion and by doing so miss a both personally and professiona

immensely developing experience. - If we, however, exchange 'always' for 'surprisingly often' in the formulae above, the repressive pressure abates while the veracity increases.

V.

It is too bad that Langs does not complete his analysis of the chaotic situation in the therapeutic field by formulating a criticism of the strange terminological division into psychoanalysis and psychotherapy. - Or should his consequent neglect of this established distinction be understood as an implicit criticism?

In my opinion this terminolgical dichotomy is an artifact designed to create an illusory discontinuity on several levels. The usual criteria of analysis - the declined position and a frequency of sessions of at least three a week - are not tenable, since psychotherapy in reality does not exclude neither one. Remains the formal criterion: psychoanalysis is the practice of a (formal) psychoanalyst. However, since the difference between a therapist and an anlyst may be no more than the diploma - and hence just formal, this criterion is also untenable.

When the fog of illusion scatters, one perceives that the varying needs and qualifications of the patients constitute a continuum corresponding to the continuum of the necessary variations of frequency and position in psychoanalytic therapy. If the needs and qualifications of the patients are to decide, therapy in some cases has to be designed like a classical analysis with six sessions a week and the patient declining on the couch, while in some other cases it has to be designed (at least initial like a so-called ego-supportive therapy with one session a week face to face - but in most cases in some intermediate fashion. As I see it, there is but one therapy: it is psychoanalytic and

it adapts itself according to the patient's needs and qualifications.

Though this illusion may also[5] prove hard to kill because of the powerful interests supporting it, I do not want to desist from calling attention to it, even at the risk of hurting someone's feelings, since it does indeed have considerable negative consequences for patients and therapists alike. One important example of this is the otherwise inscrutable fact that therapists generally shun the use of the analytic couch - even when a proper depth of regression cannot be achieved without it and eye-contact for other reasons is contraindicated. The result is a suboptimal therapeutic regression and consequently a suboptimal "intensity of transference" (i.e. a relative lack of derivative communication) and corresponding decoding difficulties.

The couch is also of excellent help for the management of certain difficult types of patients, e.g. patients with a C-communicative style and deep-rooted hysterical tendencies to let their associations be guided by their sensitive registering of even the slightest reaction in the therapist. This is not the only situation when the couch is virtually indespensable for the maintenance of proper frames. - And yet, when did an anlyst supervisor recommend his or her therapist supervisee to use this excellent device? Is it maybe since Freud's 'Wild' Psycho-Analysis of 1910 that this advice so seldom has been given? That was namely the year when "we founded an International Psycho-Analytic Association to which its members declare their adherence by the publication of their names, in order to be able to repudiate responsibility for what is done by those who do not belong to us and yet call their medical procedure 'psycho-analysis' (ibid, p. 227). - Was it at this point that the destructive split in psychoanalysis and psychotherapy occured and the monopolistic

pretensions emerged? If a therapist is not analyzing the psyche, i.e. practicing psychoanalysis, what is he or she then doing? This terminological distinction between analysis and therapy, analysts and therapists is clearly fictious, hierarchical and repressive.

The destructive interplay between analysts and therapists that come to the fore not only deprives the therapists of an important device but also makes them experience themselves as second hand. This experience, reinforced by the unsatisfactory results that are the consequences of their inappropriately restricted technique, is probably also an important factor behind such desperate deviations from sound and validated technique that give rise to this endless row of school formations.

To analyze transference or interaction - that is the question Robert Langs neatly demonstrates his interactional way of thinking and working. It ought to be a matter of secondary importance that it is presented as the one and only way - unless his definitive and categorical attitude pushes his colleagues away. However, whether this is to be the case - and whether we will profit by the provoking insights he offers - that is ultimately up to us.

SUMMARY

A few aspects of Robert Langs' interactional approach to psychoanalytic therapy is critically discussed with special reference to The Psychotherapeutic Conspiracy (1982). It is suggested that the patient's encoded perceptions of the therapist, which are so important for an understanding of the interactional dynamics, cannot easily be differentiated from encoded messages of different origins.

An effort is made to define some limits of applicability of

Langs' trigger decoding. It is suggested that some types of problems, as for instance object loss, separation and crises, are worked over largely ouside the interactional sphere and hence cannot be handled with interactionally formulated interpretations. Functioning on early developmental levels is another factor that entails limitations of this technique. Severely splitting and intensely dumping patients thus call for non-interpretive interventions and non-verbal interpretations respectively; whole-object relatedness constitutes an important line of demarkation as pointed out by Ogden (1982).

Some problems concerning the learning of trigger decoding are indicated: the need for some fairly well structured patients to work with, awareness of the importance of an optimal depth of the therapeutic regression, the use of the analytic couch and a more active approach to type C-communication than recommended by Langs.

Further, the interaction between Langs an his readers is analyzed and some of its consequences and liabilities are pointed out.

Finally a logical extension of Langs' analysis of the chaos in the psychotherapeutic field is outlined. The strange terminological division into psychoanalysis and psychotherapy is criticized as arbitrary, fictious, hierarchical and destructive for both patients and therapists. It is viewed as reflecting a repressive interplay between analysts and therapists, one important consequence of which is the taboo of the analytic couch among therapists.

FOOTNOTES

1 This paper is based on the author's post-script to the Swedish edition of Langs' (1982) The Therapeutic Conspiracy to be published in 1985.- and on chapters 1, 3 and 13 of the author's (1984 Psykoanalytisk terapi. Teknik i förändring /Psychoanalytic Therapy Technique in Change/.

2 Crisis is used in a norrow sense implying a psychical reaction that is proportionate to its causing trauma, which should be abnormal in kind and degree.

3 Splitting is throughout this paper used in Kernberg's (1976) sense, i.e. implying a special defensive way of storing conflicting psychical contents permitting but an alternating (full) acces to consciousness of the two opposite sides of a conflict subjected to this mechanism.

4 Langs is critical of the use of confrontations, which he regards as principally dumping. As for C-communication he recommends that the therapist remains silent until a metaphor for the typical emptiness, superficiality, destruction of mening and of relatedness (etc) emerges for then to use this metaphor for an interpretation of the C-communicative defence (Langs 1978). The author is opposed to this technique, because he finds it ineffective.

5 Just like the one Freud (1927) alluded to in The Future of an Illusion: religion.

REFERENCES

Davidson, C (1984) Psykoanalytisk terapi. Teknik i förändring /Psychoanalytic Therapy. Technique in Change/, Altum, Stockholm

- and Derkert, T (1985, unpublished paper) Manligt - Kvinnligt. Kastrationsångestens roll vid masochistisk och narcissistisk problematik /Male - Female. The role of Castration Anxiety in Masochistic and narcissistic disorders/

Freud, S (1910) 'Wild' Psycho-Analysis, Standard Ed 11:221-227

- (1927) The Future of an Illusion, Standard Ed 21:5-56

Kernberg, O F (1976) Borderline Conditions and Pathological Narcissism, Jason Aronson, New York

Langs, R J (1978) The Listening Process, Jason Aronson, New York

- (1982) The Psychotherapeutic Conspiracy, Jason Aronson, New York (Swedish edition in press: translation, footnotes and post-script by Claes Davidson, W & W, Stockholm)

Ogden, T H (1982) Projective Identification and Psychotherapeutic Technique, Jason Aronson, New York

Claes Davidson, M.D.
Björngårdsgatan 16 A, 1 tr
S-116 26 Stockholm, Sweden