
Into the Cocked Hat: Notes on a Personal Position in the Field of Psychotherapy

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Abstract

A brief resume of three ideas seen as central to the field of psychoanalytic psychotherapy - meaning, mentality and relationship - are presented for the purpose of generating discussion.

Silence and stillness are the canvas of our work. All communication takes place against this background. For me to chart my position, to locate myself in the field of psychotherapy, I think of the 'cocked hat' of marine or land-based navigation (where back bearings are taken from three known landmarks intersecting in a, hopefully, small triangle - the 'cocked hat' that gives one's position).

My first landmark then must be the idea that psychotherapy is a search for hidden meaning, a finding of the words or way to say it, in order to give the symptom speech. The French analyst, Jacques Lacan, is known for his aphorism: "The unconscious is structured as a language". Psychotherapy from this point of view centrally concerns itself with meaning, play, language, speech, symbol, metaphor, metonymy - the whole field of signification and its many 'styles' in the emotional inner-world. The answer to the oft-asked question "What good will talking do?" lies in the recognition that *the symptoms treatable by psychotherapy are "a manner of speaking" and contain both the history and the wishes or desire of the subject. Psychotherapy is the elucidation of this history and desire.*

I met with a man once who both feared and experienced the fact that his skin was unravelling and his body falling to pieces. One day he had a simple but profound insight: "I guess that when I come here (to psychotherapy) I'm speaking my wounds."

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The second landmark that locates me must be the notion that psychotherapy concerns itself with 'states of mind' or 'mentalities'. I believe that we seek to work not with the many and various manifestations of a problematic state of mind but fundamentally with that state of mind itself. I imagine that a person in difficulties might be living his or her life very much under the influence of a single and less than useful state of mind. Examples might include the mentalities of 'make-believe', 'a divided mind', 'severance', 'killing', 'being inside-out' (where the inner world is habitually projected out) and many others.

Here I think of that British seaside holiday treat, a stick of rock-candy where the writing "A Present from Brighton" goes right the way through the stick. It does not make any difference where you break it - that is what is written inside. In the same way a presiding mentality goes right through a person's life and their every relationship and even their every action. As a clinical example you might think of a person with a difficulty around eating. While it could be true to say this person refuses to take in food but prefers to use it as a powerfully destructive expression of his will instead, this may be only one manifestation of the presiding mentality. Perhaps it would also be possible to see the same mentality at work in a refusal to take in prescribed medicines. The person may prefer instead to store up medicines in order to destructively overdose. The mentality might be visible again in a refusal to take in and think about the therapist's thoughts and words, preferring to store them up ready to hurl them back as missiles rather than digesting them as potentially useful to emotional growth. This idea of a presiding constant in the psyche is in my understanding close to Wilfred Bion's conception of 'the Infinite', which he uses in place of the idea of the Unconscious.

For another illustration of this idea of a mentality at work you might think of an alcoholic wondering if he should drink or not. From a certain point of view it makes no difference that he does not drink if his state of mind does not change. This state is familiar to all and even carries a name – the 'Dry Drunk'.

Simply saying someone is narcissistic, if it is only to diagnose or categorise, has no significant therapeutic action in itself. But *to delineate and illuminate a person's inner state of mind and its activity, so that a person can see it in action inside himself, is the path to cure.* The narcissist must actually see, working within himself, his destructive anti-life cutting off, his envious contempt, his terrified and terrifying arrogance. It is important to note in this connection that an

interpretation is not something a therapist says, it is something that takes place in the mind of the person in therapy. We try to bring about interpretations, we do not make them.

There are three further elaborations to this idea of mentalities being of importance in therapy. The first is that therapy may need initially to help a person to 'mentalise', that is to bring something into the field of mental contents. This may be true for example in somatic conditions where the meaning is not in the mind, or 'mentalised', at the outset of therapy. The second is that the concept of a presiding state of mind is as useful and instructive to understanding in the case of a couple, or even a group, as it is in the case of an individual. The third would explore the idea that, perhaps most fundamentally, all states of mind reduce either to a need for love or to a capacity to love.

What of the final landmark? It is Relationship. There is a story from the East of a pupil who asks his teacher, while they are in a boat together, "Master, who discovered the water?" The teacher replies, "I know who didn't discover the water: The fish didn't discover it!" We, as therapists, constantly talk about transference and counter-transference but we are so constantly *in it* that we are like the fish trying to discover the water. *The foundation of therapeutic action is the mutual understanding of what is actually happening in the relationship with the therapist in vivo.* A while ago in therapy someone became distressed and enraged with me in what I thought was a most blameful and unfair way. The attack was so wounding to me that I could not contain myself and became angry in response. The force of this unprofessionality shook me and I realised that I had failed the person. Then I became curious about what had happened. Here was a mind (my own mind) that could not contain the distress of the other - like a parent who cannot contain and detoxify the projections of the infant. I spoke to the person about how awful it must have been for them when I could not contain their distress without retaliation. This was a turning point in the therapy.

Here then is the 'cocked hat'. But anyone who is familiar with navigation will know that it is possible to draw a fourth line and that this may not confirm the other three! All of us have stories that seem to indicate the existence in the field of psychotherapy of other territories altogether. When my first analyst was dying of cancer I was unable to say goodbye. I could not visit him in his last months of life. The analysis had been broken by his illness. One night I dreamt

that I saw him gathering his things at his upstairs bedroom window. In the dream I said to myself, "Ah, that's because he's getting ready to go on a journey". In the morning when I talked with my wife about my dream and my difficulty, she said, "Well, then you must go and say goodbye". There and then, at first light, I drove to his house. As I entered the garden gate I met his daughter coming down the stairs and out of the front door. I explained that I had come to say goodbye to her father. She looked shaken and asked "How did you know?" He had died about an hour earlier that morning.

Here is another example of this other angle on the field of therapy. I recently had an odd experience. I had been working with someone who had suffered from a psychotic-like break (a psychiatrist might easily have called it a psychotic breakdown). At the end of a session and apropos of nothing that had passed between us at any time beforehand that I could see, he told me that he had a good cure for mouth ulcers which he would like to pass on to me. I asked him why he mentioned this and he said he did not know, but that it was hard for people to find a good remedy and he had a recommendation that really worked. In fact *I was* suffering from a mouth ulcer at the time, a relatively rare occurrence for me. I was all the more surprised as in this work he was using the couch and would not have had much opportunity to observe me directly.

Wherever these further wonderings take us, certainly at the best of moments in therapeutic work, I often have the feeling that perhaps I have been like a journalist who happens to find himself at the crossroads of some great moment in history, a bystander, a witness. The word 'therapist' derives from that of 'attendant'.

In navigation we must move from 'location' to 'direction'. For me the direction of therapy must be towards emotional growth, perhaps particularly towards the reduction of narcissism: that is to say a move from 'the need for love' towards 'a capacity to love', and a move or at least a striving towards the articulation of truth. And no doubt this last raises as many questions as it answers...