

Talking Treatment: It matters what your therapist thinks.

In spite of what Freud claimed (at least not without considerable qualification), therapy does not consist in expanding self-knowledge but confronting the illusory nature of "the self" and all the ideas about ourselves that we cherish and which lend support to this illusion. It is thus not the progressive accumulation of self knowledge that replaces the missing parts of our life otherwise consigned to unconsciousness. As Michel Henry reminds us in his trenchant critique of Freud, the unconscious is life that animates us but refuses to be reduced by the puny grasp of representational thought. Far from the colonialist aspirations of not just Freud, being human really does mean having to accept that the ego is not master of the household. Rather than the usual account that has Freud at the epicenter, this therapeutic practice has a longer tradition uniting the Pyrrhonian Sceptics (Sextus Empiricus) and the Buddhist Madhyamaka and Soto Zen (Nagarjuna and Dogen respectively), right up to that colossus of contemporary philosophy, Wittgenstein. This lineage suggests an underlying harmony to all life which resists scrutiny and yet is always present because always lived. Yet as the major exegeses of this tradition all attest to, most of us are so caught up in the gravitational pull of our ideas about life such that we seldom, if ever, experience life as it is. To properly engage with life -to find our "way out of the fly-bottle", means to confront our everyday illusions as they arise in our everyday use of language -this is where the talking cure can be helpful. On this account, psychological disturbance of all kinds might be thought to arise when the connection to life is so attenuated by being pushed and pulled around by our thoughts that the latter is seen as all there is. Here it is not so much a different category of experience that is at issue but a formidable attachment to the structure of language, as if life depended on it. The Soto Zen practice of Shikantaza, the Sceptics' and Wittgenstein's philosophical practice both lend force to the central feature of psychotherapy which, paradoxically, turns language against itself as a means to loosening its seductive power and what it seems to promise.

Even when certain expressions of this attachment fall into the psychiatric domain, the diagnostic categories of mental illness and attendant treatments hardly make the task of liberation any easier nor make the attention to the gravitational pull of language superfluous. Indeed the positivist inclinations of much of contemporary psychotherapy and psychiatry -appealing to science and statistics to not only define the self but to prove which brand of therapy really works, seems to make the problem worse by strengthening the impulse to turn human life into an object. Freud's early ideas about transference (before he and his successors turned it into some kind of sterile laboratory of the mind) are helpful in pointing towards the place where the gravitational pull can be tackled. As the patient attempted to talk freely Freud noticed that he hesitated and then ground to a halt. When asked about this the patient confessed to having some thought or other about Freud which was disturbing his flow. Freud suggested that the particular idea (about him) was acting as a resistance to the possibility of a more disturbing thought

arising that was currently unconscious. We do not have to follow Freud and his followers' tortuous excursions in their subsequent efforts to nail down the identity of the evaded unconscious thought or indeed the peculiar notion of the unconscious as some kind of psychological storage place. More productively (but harder for all concerned to accept) is the idea that the transference thought ("false idea" or indeed "credulous expectation" that the patient connects with the therapist) is indeed a resistance but not to another thought more deeply hidden because more disturbing, but towards a glimpse of life as it is - untrammelled and exceeding all description. In short what disturbs the patient is not what he (mistakenly) attributes to the therapist, neither is it what the therapist (mistakenly) attributes to the patient's unconscious but rather the disconcerting experience that the identity of life doesn't conform to our expectations and evades all substantiation.

Freud was right to describe transference as a battleground where the central questions about a patient's life are relived and replayed as a matter of life and death. He was also right in suggesting that the falsity of the transference idea was not just a mis-attribution but rather more in the nature of a ruse to distract attention from elsewhere. In suggesting that because of the ferocity of the transference battle over "some little church ... there is no need to suppose that the church is a national shrine", he was giving the lie to the patient's attempts to conceal the true motives of the battle. But Freud couldn't resist the idea that this elsewhere itself could be exhibited- that indeed there was a national treasure to be had in the form of the unconscious and that he could be its curator. So in the end Freud succumbed to his transference -to his need to objectify life in the form of the unconscious, conceived by him to be no different to the form of life it was said to subsume. Neither was this Freud's unique problem - in fact it is a problem for all of us who proclaim ourselves to be therapists of whatever persuasion, particularly now it has become such a booming industry. Nor does this lead, by the same token, to a vindication of those observers who loudly proclaim that what therapy needs is science, or exactitude or research or direction. We may indeed presently sense a cultural disquiet and mistrust in the spoken word such that its transient nature is more often reduced to the language of bureaucracy and the audit trail. But this is to participate in a cynical and hopeless view of human life which can hardly help liberate people from the paradoxical plague that language imposes on us. So whilst the talking treatment can indeed be liberating, it can only be so to the extent that it truly leads nowhere: that it allows someone to glimpse life as it really is beyond the constraints and contortions of language. Anything else means being led up the garden path.

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