

Communication Breakdown: Understandings of the Other and Caring for Others

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Abstract: Robert Litman describes four remarkable cases where individuals reveal this repressed knowledge through dream analysis after the suicide of the “other.” In each case, there comes a moment of recognition of the significance of the dream such that the subject realizes culpability. And in each case, this culpability had to do with a communication breakdown that is revealed through psychoanalysis. I want to deconstruct the transference / counter-transference relationship as a symbiotic reciprocity. I do not venture forth unchanged as I transcend who I was through language with others. Language is alteration of subjectivity. I offer a criticism of certain understandings of alterity involved in psychotherapy by examining the general situation of the encounter with others through the peculiar language-event of psychotherapy. I must recognize that the *threat* of the alterity of the patient is also the *promise* of my ability to offer help. If we take seriously the transcendence of the language-event of therapy, we see that the process of altering another involves changes for *all* involved. **Key-words:** Reversibility, transference, Maurice Merleau-Ponty, Robert Litman, alterity, phenomenology, transcendence, psychotherapy

Abstract: Robert Litman descreve quatro casos extraordinários em que indivíduos revelam esse conhecimento reprimido por meio da análise de sonhos após o suicídio do “outro”. Em cada caso, ocorre um momento de reconhecimento da significância do sonho tal que o

sujeito se dá conta da culpabilidade. E, em cada caso, essa culpabilidade teve que ver com uma interrupção na comunicação que é revelada através da psicanálise. Quero desconstruir a relação transferência-contratransferência como uma reciprocidade simbiótica. Não ousa adiante, inalterado, quando transcendendo quem eu era através da língua com outros. A língua é a alteração da subjetividade. Ofereço uma crítica de certas compreensões de alteridade envolvidas em psicoterapia pelo exame da situação geral do encontro com outros por meio do evento-língua, peculiar à psicoterapia. Devo reconhecer que a ameaça da alteridade do paciente é também a promessa da minha habilidade em oferecer ajuda. Se consideramos seriamente a transcendência do evento-língua da terapia, vemos que o processo de alteração do outro implica mudanças para todos os envolvidos.

Palavras-chave: Reversibilidade. Transferência. Maurice Merleau-Ponty. Robert Litman. Alteridade. Fenomenologia. Transcendência. Psicoterapia.

I. Until Death Do Us Part

Robert Litman has offered an analysis of “neurotic symbiotic unions” between adults which, he claims, can lead to immobilization in dealing with suicidal behavior. He indicates a certain reciprocity in these symbiotic unions that deserves further examination. Litman discusses four cases where the subjects of the studies were led to recognize that they had been repressing the knowledge of another person’s spiraling path toward suicide.

The focus of this investigation are those unfortunate cases in which a suicidal communication is made to an “other” within a close interpersonal relationship. The tragedy is that the suicidal communication is perceived but conscious recognition of its significance is avoided, denied, and repressed. Possible solutions to the problem remain unconscious. The potential rescuer is immobilized. (Litman, 1976, p. 442)

Litman describes four remarkable cases where individuals reveal this repressed knowledge through dream analysis after the suicide of the “other.” In each case, there comes a moment of recognition of the significance of the dream such that the subject realizes culpability. And in each case, this culpability had to do with a communication breakdown. Some degree of controversy exists in the literature on suicide as to how culpable such immobilized individuals may be in the subsequent suicides. Some attribute the immobility to an ignorance of what to do, absolving the immobilized individual; while others go so far as to levy charges of ambivalence, and even “psychic“ mentacide” where the victims were “willed to death by the conscious hostility of their partners” (Litman, 1976, pp. 441-442). But this *communication breakdown, it’s always the same*. So says the theory, at least. Just as with the reciprocity of certain symbiotic relations, this breakdown and the corresponding culpability deserve further examination. I want to indicate a disturbing similarity in the theoretical analysis and the situations Litman analyzes. (Duane, 1976, pp. 442-446)

Case One

First, Mary A divorced her unloved husband for a much younger man, John B, who had just completed his graduate studies. When Mary became pregnant, John became depressed, confused and impotent. Even after a spontaneous miscarriage, they never discussed these problems. Also, Mary quit her job after John received his degree and found employment. Gradually she developed phobias and demanded more and more special attention from John. Mary consulted an internist for medical evaluations, and insisted that John accompany her each time, which led to quarrels. During one such quarrel, John hung himself.

Two weeks before the suicide, Mary had dreamed that John had fallen over the edge of their balcony and was dangling by the leash of their pet dog, which was choking. She felt that she had to choose between cutting the leash resulting in the John’s death, or not acting,

which would result in the dog's death. That morning, she told John of her interpretation of the dream: I felt that I was the dog being choked by our marriage, but I couldn't end the marriage because it would kill you, John." A full day went by after the suicide before Mary recalled the dream in therapy. Then, Litman reports, "with the recollection came the knowledge that she had recognized her husband's suicidal state and by her subsequent actions was guilty of his death." Further analysis revealed many repressed indications that John was thinking of suicide.

Litman concludes that Mary was immobilized as she became depressed along with John. She was not guilty, as some would say, of "hostile psychic homicide," but was caught up in the depression associated with the neurotic symbiotic relationship, symbolized by the leash, with her husband as their communication broke down more and more.

Case Two

Mrs. C and Mrs. D became close friends while they were patients on a psychiatric ward. Mrs. C had been discharged from the hospital, but attended many day care activities in the ward. Then, Mrs. D committed suicide with her husband's pistol while home on a trial leave from the hospital. About a week before the suicide, Mrs. C reported having a dream. "Mrs. D tied me to a tree trunk with a rope and danced around. She piled branches around me and set them on fire. Then she was tangled in the rope, too, and we were caught. I was helpless and frightened."

During analysis of the dream and its symbols, Mrs. C discovers that she is sexually attracted to Mrs. D, whom she feels is less feminine. Then she admits that they do not think they will ever get well, that she and Mrs. D have often talked of ways to commit suicide, but that all of the ways they discussed "were female ways of killing oneself and like everything else female it is ineffective." Suddenly – a realization, even though she already has known all this information – she asks if she should warn the doctor that Mrs. D will kill herself.

Litman's analysis is that Mrs. C's case also shows a "close connection symbolized by the rope." And again, there is anxiety and immobilization, as well as a communication breakdown "(secrecy from her therapist)." Despite the fact that she knows that Mrs. D is in danger, "she is unable to mobilize her own ego sufficiently to recognize the danger consciously and warn the therapist directly."

Case Three

Mrs. E and her husband were a successful television writing team. Occasioned by some financial reversals, Mr. E became increasingly depressed and dependent upon sleeping pills. He had been unable to work for months, and was almost bedridden due to the pills and the depression. Mrs. E had a confusing dream that either her husband or she or both of them were dead by hanging. It was a source of anxiety in the dream as to who was who, who was dead, who had killed whom, etc. Mrs. E phoned a Suicide Prevention Center for help. During the conversation she recalled that Mr. E had talked repeatedly of suicide. She admitted that she felt depressed also and "helpless to contend with her problems." When Litman suggested emergency hospitalization for Mr. E, she rejected the idea, denied the seriousness of the situation, and expressed anxiety about making such a decisive move. She finally agreed to make an appointment, but would not accept any appointment before the next afternoon. The next morning, while she was away servicing the car, her husband committed suicide by ingesting sleeping pills. She found him dying when she returned home. Litman learned of this, and immediately went to her home, where he found she was "profoundly depressed and suicidal." Litman reports that "She was obsessed with the thought, 'If I hadn't told him we were going to see a psychiatrist, maybe he would not have done this.'"

Litman's conclusions are quite brief in this case, perhaps because they repeat the familiar themes of communication breakdown – the rope again symbolizing the symbiotic relationship – and anxiety at immobili-

zation. "I was impressed by the strong identification with her husband, the intense mutual dependency, and the unwillingness to accept any type of interruption in the relationship."

Case Four

Perhaps only Dr. Jack Kevorkian would open a work about suicide with the expectation that the case studies included would end "happily ever after." Yet Litman offers the reader a brief respite in this case study. Note the positive rhetoric here. "The situation and dream are in some ways similar to the first three with, however, a happier outcome. The dreamer is a psychologist in psychoanalysis." Presumably these statements are related – that is, the happier outcome is due in part to the fact that the analysand is himself a psychiatrist. One cannot help but introduce the Taoist quandary of whether the psychoanalyst is a really a patient dreaming that he is a psychoanalyst, or really a psychoanalyst dreaming that he is a patient. As we shall see, it is significant that it might be insignificant here.

The dream in this case is less convoluted. The psychiatrist is waiting for a patient, Mrs. F, in dim light. Mrs. F has not yet appeared for her appointment that was to have begun a few minutes before. The office seems smoggy. He tries to make a phone call, but cannot. "There is much anxiety." He wakes up coughing.

Upon analysis, the dream reveals to the psychiatrist-dreamer than he was anxious about Mrs. F for two reasons. First, she was usually punctual. [Litman somehow avoids the symbol of "the late Mrs. F!"] Secondly, he had repressed some hostility she had shown in her "resistance" – "sitting silently for minutes waiting and looking at him expectantly."

Litman concludes that the phone cord is the symbol for the consuming symbiotic bind. And, of course, there was a communication breakdown with Mrs. F in therapy. These, Litman suggests, lead to the anxiety and immobilization in the dream.

Litman concludes from these studies that immobilization results from “conditions of great tension and discomfort” as communication breakdown occurs amidst a neurotic symbiotic relationship.

These are interpersonal relationships in which regressive elements predominate. There is a great deal of mutual identification; psychic representations of self and object are frequently fused. The other person is experienced as essential to survival, and a separation or divergence from the other is equated with death or disaster to both. It is as if there were an umbilical cord uniting the partners. In dreams, this may be symbolized by a leash, cord, rope, or telephone. . . . Communication of feelings between the partners is primarily by action and gesture rather than words. “He knows what I’m thinking without my saying it.” (Litman, 1976, p. 447)

The problem in the context seems to be the mutual dependence tending toward identification in the symbiotic relationships. Once caught up in these dysfunctional relationships, partners can be sucked down to ruin like the waters claiming a sinking ship swallow even those who are swimming away. And in this context, language fails those who would most benefit authentic communication. Immobilization, Litman concludes, is a predictable result of communication breakdown in this context. *Rilke’s Letters to a Young Poet* describe love as opposed to codependence, and seem to confirm Litman’s findings about the dangers of neurotic symbiotic relationships. A lover who is strong enough to go on without the beloved is much more attractive, and their relationship will be much healthier.

II. Alterity in Embodied Speech

Next we must examine the dynamics of the relationships indicated in Merleau-Ponty’s general analysis of language. This will be useful to offer a unique criticism of an impoverished understanding of alterity that undermines the effects of psychotherapy in certain situations. In particular, we should now focus on the understanding of others as embodied

interlocutors in his analysis of speech in his 1945 work, *Phenomenology of Perception*.¹

For the first time in Merleau-Ponty's writings, language assumes a role of prominence in his important work, Phenomenology of Perception. (Dillon, 1988, p. 50) Two of the major themes of the book are embodiment and perception, yet Merleau-Ponty stresses that the problem of language must be reckoned with if his interrogation of these other themes is to be fully understood.²

The enigma of embodiment is disclosed in the expression of language, since it is there that the body is becoming significant intention or thought – *there* the body is transfigured. The body is both immanent and transcendent. And at the same time, the *secrets* of thought and intention are intelligible or significant as they become *secretions* of the body. “The spoken word is a gesture, and its meaning a world.” (Heidegger, 1993, pp. 184-214)

It is this analysis of language that Merleau-Ponty claims will divest us of the traditional notions of subjectivity and objectivity. For perhaps more than in any other aspect of human existence, Merleau-Ponty's radicalized notion of transcendence comes to the fore in his analysis of language. It will be instrumental in our analysis in the next section. A unique project of re-thinking communicating subjectivity

1 I have dealt with many other aspects of the topic of this section in my dissertation (Duane, 1992). The analysis of this section is used in a very different context here.

2 Maurice Merleau-Ponty (1986, p. 167 e 1945, p. 230): “The analysis of speech and expression brings home to us the enigmatic nature of our own body even more effectively than did our remarks on bodily space and unity. It is not a collection of particles, each one remaining in itself, nor yet a network of processes defined once and for all – it is not where it is, nor what it is – since we see it secreting in itself a ‘significance’ which comes to it from nowhere, projecting that significance upon its material surrounding, and communicating it to other embodied subjects.” In subsequent citations from this work, I will refer to it as Ph.P., and give the English translation followed by the original French.

reveals transcendence, and thereby a fundamental ambiguity of human existence between subjectivity and objectivity.³

Language can be explained as an effect caused by a subconscious, or by an array of environmental stimuli. But such causal explanations presuppose that there is no speaking subject. Meaning is then taken to be pre-given in its presence as an artifact. The ontological significance of language as the emergence of Being, as the coming-to-presence and abiding of what is, escapes such approaches.

It is important to note that I am not claiming that the explicitly developed ontological formulation of transcendence as described in the text here can be found in *Phenomenology of Perception*. Such explicit attention was devoted to ontology only in the latest writings of Merleau-Ponty. Nonetheless, it is certain not only that this ontological formulation of his account of transcendence is consistent with his writings in *Phenomenology of Perception*, but that it subtends it and is implicit in his account.

Rather than describing language as just another product of environmental stimuli or as a formal signifier whose only meaning is representational of thought, language is seen as the completion or achievement of thought. Speech, and language in general, are not distinct from their concept or idea; and they accompany thought.

Furthermore, communicating subjectivity does not only encounter itself in language. If language were merely the projection of consciousness in such a way that it brought nothing to communicating subjectivity, then communication would be an illusion. Instead, the power of language exceeds any such one-sided projection typical of traditional notions of subjectivity. What sets Merleau-Ponty's account apart from these is the bi-directional power of language.

³ Ph.P., pp.71/86: "We cannot remain in this dilemma of having to fail to understand either the subject or the object. We must discover the origin of the object at the very centre of our experience; we must describe the emergence of being and we must understand how, paradoxically, there is for us an in-itself."

There is, then, a taking up of others' thought through speech, a reflection in others, an ability to think according to others which enriches our own thoughts. Here the meaning of words must be finally induced by the words themselves, or more exactly, their conceptual meaning must be formed by a kind of *appropriation* of a *gestural meaning*, which is immanent in speech. And, as in a foreign country, I begin to understand the meaning of words through their place in a context of action, and by taking part in a communal life....(Ph.P., pp. 208-209F)

It is this participation in a context, this transcendence, which yields appreciation of a style of the other, and which makes language intelligible for me in a way such that its meaning always exceeds my contribution.

Language is the project which exceeds both the contributions we, as individuals, make, as well as the contributions made by the structure of our language. Language is not best thought of as a representation of thought. It is the accomplishment of thought, the completion of thought, it *is* thought.

We must recognize first of all that thought, is the speaking subject, is not a representation, that is, that it does not expressly posit objects or relations. The orator does not think before speaking, nor even while speaking; his speech is his thought. In the same way the listener does not form concepts on the basis of signs. The orator's *thought* is empty while he is speaking and, when a text is read to us, provided it is read with expression, we have no thought marginal to the text itself, for the words fully occupy our mind and exactly fulfil our expectations, and we feel the necessity of the speech. Although we are unable to predict its course, we are possessed by it. The end of a speech or text will be the lifting of a spell. It is at this time that thoughts on the speech or text will be able to arise. (Ph.P., pp. 180, 209-210)

It is through this incantation of language that I have access to another's way of seeing things. It is through this type of transcendence that I find expression with the other, not in spite of him or her. The moment of interiority traditionally depicted as the speaking subject is revealed to be inadequate. The interiority which results from Merleau-Ponty's account of communicative subjectivity is an embodied, stylized, locus of experience

and meaning. This interiority is not some isolated, silent, transcendental, intellect-ego radically separated from its own language.

Thought is no *internal* thing, and does not exist independently of the world and of words. What misleads us in this connection, and causes us to believe in a thought which exists for itself prior to expression, is thought already constituted and expressed, which we can silently recall to ourselves, and through which we acquire the illusion of an inner life. But in reality this supposed silence is alive with words, this inner life is an inner language. (Ph.P., pp. 183, 213)

And this inner language is a latent transcendence. Language, as embodied, is a gesture. This gesture is not only a presentation of something for another, but also can be seen as a “synchronic modulation of my own existence, a transformation of my Being.” (Ph.P., p. 214F)

This sense of the gestures is not given, but understood, that is, recaptured by an act on the spectator’s part.... The communication or comprehension of gestures obtains by the reciprocity of my intentions and the gestures of others, of my gestures and intentions discernible in the conduct of other people. It is as if the other person’s intention inhabited my body and mine his. (Ph.P., p. 215F)

Language, as gesture, allows me access to a commonality in lived-meaning – to communication. It is neither mine alone, nor dictated by the world, nor by another, nor by some coincidence of cognitive representations. The meaning of such gestures is not in some intellectual realm “behind” the gestures, but in the interactive gesture itself.⁴ Language is a kind of transcendence; and incarnate communicative subjectivity is always that latent transcendence.

⁴ Ph.P., (pp. 185, 215): “I become involved in things with my body, they co-exist with me as an incarnate subject, and this life among things has nothing in common with the elaboration of scientifically conceived objects. In the same way, I do not understand the gestures of others by some act of intellectual interpretation; communication between consciousnesses is not based on the common meaning of their respective experiences, for it is equally the basis of that meaning.”

We must therefore recognize as an ultimate fact this open and indefinite power of giving significance – that is, both of apprehending and conveying a meaning – by which man transcends himself towards a new form of behavior, or towards other people, or towards his own thought, through his body and his speech.⁵

Language is where thought outruns itself, where it gets outside of itself – it is the place of transcendence. It is important to see that the expression of language affords not only a de-centering, ecstatic effect for communicating subjectivity, but that this same event of expression also affords an openness upon others, and an intimation of communion.

Language transcends us and yet we speak.... In fact analysis demonstrates that... language transcends itself in speech, that speech itself brings about that concordance between me and myself, and between myself and others, on which an attempt is being made to base that thought. (Ph.P., pp. 393, 449)

Transcendence in language is not a one-way street. I must respect the alterity of the interlocutor, and the vulnerability I exhibit in his or her presence. *I do not venture forth unchanged as I transcend who I was through language with others. Language is alteration of my subjectivity.* But surely that is not all there is to say about this transcendence. Language simultaneously involves a transcendence of other interlocutors, and hence their alteration along with me. And this bi-directional alteration through transcendence is essentially a carnal matter. All of this must be kept in mind as we offer a few remarks to offer a unique criticism of an impoverished understanding of alterity that undermines the effects of psychotherapy in certain situations.

⁵ Ph.P., (pp.194/26). Cf. also: "Speech is the surplus of our existence over natural being. But the act of expression constitutes a linguistic world and a cultural world, and allows that to fall back into being which was striving to outstrip it." [*Ibid.*]

III. Altering the Other in Caring for Others

When someone, by one means or another, comes to seek psychotherapy, he or she needs help. As we have seen in the cases discussed by Litman, the situations these individuals face are often dire. When I offer a criticism of certain understandings of alterity involved in psychotherapy by examining the general situation of the encounter with others through the peculiar language-event of psychotherapy, it is very important to remember that my goal is not to defame the entire discipline, nor to imply that its practice is impossible or unnecessary. Some of my best friends are psychotherapists, really! So rest assured, I shall present information that could be used to understand how therapy is productive, if one were so inclined.

What I do want to point out is that when an individual is so troubled that he or she seeks the help of a psychotherapist, that therapist is caught in a dilemma. First, the individual demands that the therapist help as one who is fundamentally *different* from the patient – *as an authority*. The patient has sought-out someone with professional training and experience. This individual literally wants the therapist authority to re-script or *author* his or her life in some way. The therapist would be the author of the recovery. This, of course, is unrealistic and unfair to the therapist. And this is unfair precisely because of the second horn of the dilemma: the therapist must be humane if he or she is to obtain an understanding of the situation so as to help the patient. The therapist must be fundamentally *like* the patient – *a peer*. In short, therapy demands that one be *both like and unlike* the one who needs help. It demands that one be authority and peer, neither and both.

I will apply Merleau-Ponty's notion of transcendence [very briefly] to the concrete terms of the therapeutic situation. Then I will return to the case studies of Litman's study to offer a criticism of certain impoverished understandings of alterity – misunderstandings of transcendence – that can limit the effectiveness of therapy.

Merleau-Ponty's understanding of transcendence in language indicates not only that it is possible to embrace this apparent contradiction, but much more – that we are only acting in bad faith when we pretend that we are doing anything else when we communicate with others. If I am right about this, of course, it means that embracing that paradox is insufficient to actually helping anyone. Therapy demands not only that we account for alteration, but also a means of discriminating between different types of alteration. All language entails this notion of transcendence, whether we acknowledge this or not; and all language is *not* therapeutic. We can see weaknesses in clinical situations where the therapist pretends to break free of the dilemma, or is forced to pretend to break free of it. Or, conversely, the therapist who attends to this in his or her practice is a better therapist than one who does not. However, it is dangerous to do this, as we shall see.

As we saw, Merleau-Ponty presents us with a robust notion of transcendence in language. When we are engaged with others in language, we are neither and both, subject and object. We are with others in such a strong way that our language at once defines communion and implicates us in our individuality. Likewise, therapy demands that the therapist be both and neither, the same as and different from, his or her interlocutor, the patient. If the therapist were completely different from the patient, demanding transcendence from the patient while he or she is immune, obviously there would be no opening upon the world of the patient. He or she would have no understanding of the patient's situation.⁶ This means that the therapist is only completely in power when the patient is completely impotent – the therapist is as much a traditional subject as the patient is traditional object. Likewise, if the therapist were completely the same as the patient, he or she could offer no critical perspective for therapy. The patient would be abandoned to his or her desperate situation.

⁶ Perhaps in extreme psychotic situations, where therapy is very difficult if not impossible, this is almost an accurate description. One assumes absolute authority only when the patient is stripped of all autonomy and becomes a *tabula rasa*.

Obviously, these are extreme roles, and do not reflect the ways we deal with one another for the most part when we speak. But it is not even a good model to think of language as a situation where we are oscillating between these extremes. We are never in either of these roles. We should not idealize these roles. We should not aspire to either of these roles. Yet it is very difficult, if not impossible, not to think in terms of these roles.

Nonetheless, we must observe that the risk incurred by all involved in the language-event of therapy involves respect for the alterity of the patient. I must respect the ways the patient differs from me rather than attempt to translate without remainder the situation of the patient into my own. I must recognize that the *threat* of the alterity of the patient is also the *promise* of my ability to offer help. Traditional notions of subject and object do not account for this promise, because they fail to account for the risks involved for all involved.

Let us return to Litman's case studies for further instruction. As opposed to other positions, Litman points out that the immobilized individual is immobilized not by a malicious act of will, nor by willful neglect, but by a communication breakdown that was perhaps inevitable given the context of a neurotic symbiotic relationship. Let us examine this claim. The symbiosis he indicates is a mutual dependence, a regression in object-formation development. We can now explain this in terms of transcendence. The neurotic symbiotic relationship is one where subjectivity melts down – where one partner inappropriately identifies with the other partner in such a manner that both tend toward objectification. Transcendence is objectified. Another perspective of the same situation reveals that subjectivity is hypostatized – again, where both individuals tend toward objectification.⁷

⁷ Cf. Jacques Lacan, (1977, p. 174) "...that which [the analyst] proposes for us to attain is not that which can be an object of knowledge, but that which creates our very Being..." This is not a facile objectification of which we speak here – it is the nihilistic tendency toward the inert manifest in suicide.

And here we must go beyond Litman to say more. He describes the therapeutic situations that revealed to these individuals that they were already familiar with the possibility, or even likelihood, that a suicide could occur. Let us look also at the dynamics of these therapeutic situations – the transcendence in Litman’s account of interpersonal relations *in the process of therapy* in addition the relationships he discloses at the root of the problem of immobilization he analyzes.

The *sine qua non* of therapy in psychoanalysis is the transference / counter-transference complex. In each case, transference is necessary for the analysand to engage in the work of therapy. Only when a bond of trust – of love, perhaps – is established can the “talking cure” begin. Likewise, only when counter-transference occurs can the therapist consummate the therapeutic relationship. This relation can be construed in a healthy manner so long as one attends to the transference of the situation rather than reducing either the analyst or the analysand to a static role, objectifying the subjects.⁸ Yet transference and counter-transference can warp the situation such that both individuals involved are in an artificial relationship where both are playing roles. Indeed, this role-playing might be demanded and exacerbated by the transference / counter-transference complex.

Now one might object that the goal of the analyst here is not to script meaning for the analysand, but merely to allow the analysand to reveal himself or herself the exciting cause of the trauma. The analyst, after all, does not tell the analysand what the problem is or how to deal with it. This would be an obvious abuse of the transference / counter-transference complex – one that denies the dynamic transcendence of the situation, and one that has surely received attention in psychoanalytic theory. So long as the psychoanalyst refrains from this overdetermination, one might argue, the proper use of transference and counter-transference

⁸ It would be fruitful to analyze the pedagogical relations between teacher and student – between lover and beloved – in Plato’s erotic dialogues in order to disclose more of this activity of transference.

are maintained and these problems are avoided. It may not be so simple, however, to avoid these problems.

The well-known question of how active the analyst should be in this discovery process is a crucial one. It is imperative that the analyst should acknowledge another risk as well. The analyst must not hide behind the psychoanalytic mirror, which is said to *reflect* the authority of the analysand and to *deflect* the responsibility of the analyst for that labor accordingly. It is the analyst who deems it necessary to lead the analysand to confess prior knowledge of the suicidal behavior in Litman's cases.

The work of therapy, as with any language event, is collaboration. There is risk involved for everyone involved in transcendence; and this risk is exacerbated in therapy since the avowed goal is to alter another's behavior. The risks of transcendence ought to be acknowledged rather than ignored if we are to move beyond a theory of the other and begin to care effectively for others.

What we should see is not the either / or of a bad dialectic – swinging like a pendulum between the subject and object roles. This relation, like the inter personal relationships Litman criticizes, risks pulling the therapist into an economy of power such that he or she will assume the role of despotic subject and inscribe the ultimate meaning of the relationship for both partners. This is accomplished via the bad faith theoretical assurances that allow for all involved to believe that the analyst is passive.

The event of therapy must avoid such roles and affirm the dynamic transcendence involved if the transference / counter-transference complex is to avoid collapsing into a “neurotic symbiotic relationship.” Again, *transcendence always involves risks*. Therapy is a venture – an ad-venture, a venture out to effect changes, *and at once to be changed by the process*. We must not deny the risks involved in this volatile situation in the name of a theoretically sanctioned safety. If we take seriously the transcendence of the language-event of therapy, we see that the process of altering another involves changes for *all* involved. We enter into a labyrinth from which

neither of us will emerge unchanged. Understanding this properly can help therapy avoid a communication breakdown of the sort it aspires to remedy.

The fourth case is most interesting because of the situation where a therapist is the patient. Here, while we are of course happy that the suicide was prevented, we are almost disappointed that the patient is not used as an example of how the therapist can be trapped into the subject-object roles in the transference / counter-transference complex. Here, the therapist *cum* patient is lured into the subject role by providing authoritative meaning for Mrs. F., while being objectified when his therapist leads him to a moment of realization.

What we see in this fourth case is not quite the reciprocity of the other cases, which misconstrues or at least misrepresents the transcendence of the situation – a reciprocity not unlike the “neurotic symbiosis” Litman diagnoses. Drawing upon the later writings of Merleau-Ponty, we must see why this is still not an example of reversibility (always incomplete). Litman acknowledges the vulnerability of the analytic enterprise, albeit insufficiently, by showing the analyst as analysand. However, it remains insufficient because these roles are not from the same analysis. Mrs. F. is not the analyst here. The transference / counter-transference complexes are different in the two therapeutic situations; they are not exchangeable without remainder. We may not blithely substitute the new therapist for Mrs. F. and learn anything about the dynamic transcendence of the former situation. It still fails to explore the risks of transcendence and hence the real promise of therapy. We must acknowledge our reversible engagement with others as we care for them. This demands divergence [*écart*] of transcendence instead of the reciprocity without remainder defining a bad dialectic.

That there has been a problem with this in psychotherapy is a trite and unpleasant point. It is not difficult to show that Freud’s universalizations of individual cases to general psychoanalytic law fit the descriptions he gives of the symptoms of paranoia in his own analysis

of the Schreber case, for example. Freud (1911) Consider also Ludwig Binswanger's account of what seems to aptly describe the encounter of a therapist and a patient who seeks counsel, where the therapist assumes authority and surveys the patient with suspicion.

This calls for a world-design in which beings in general and, particularly the co-existors [*Mitdaseinenden*] are accessible by way of a pre-design of unfamiliarity, of the Uncanny, or – alternatively – of the expectation of the Threatening. (Binswanger, 1967)

Of course, what is most enlightening about these words is that they is not advanced by Binswanger as an account of the existential situation of the therapist, but as an account of the attitude of a psychotic patient, in the case study of Lola Noss.

Now I have not intended this essay as a critique of Litman's methodology, his theoretical standpoint, nor even of his specific findings on immobilization. But it must be acknowledged that I have been engaged in a violent deconstruction of Litman's account. I have used his short article as if it were intended as a treatise on the transcendence of psychotherapy. Furthermore, there is some irony in a philosophical analysis of a psychology paper resulting in some universal proclamation for therapists not to be overly theoretical! Perhaps it will help only a little when I say that I know I am taking risks here in this kind of discourse, and that they are fundamentally related to the risks of transcendence to which I have alluded here....

All of this notwithstanding, I think that Merleau-Ponty's rich understanding of transcendence can help us understand the therapeutic situation.⁹ It can do so by calling our attention to the dynamic

⁹ The best account of transcendence as it develops throughout Merleau-Ponty's career is still M.C. Dillon's, *Merleau-Ponty's Ontology* [op.cit.]. Also, more directly related to psychology, I want to acknowledge George Kunz' important work on applying the philosophy of Emmanuel Levinas to the therapeutic situation. While I disagree with Kunz about the promise of Levinas' account of transcendence and alterity in

transcendence of the therapeutic situation, the risks we take, and the malleability of the personal identity of everyone involved as we care for others. When the therapist stops being human in the name of issuing an objective authoritative assessment, he or she undermines the possibility of having that assessment be meaningful and effective. Likewise, when the therapist stops being an authority in the name of identifying with the patient's plight, he or she precludes the possibility of helping the patient. These last two statements may be obvious to anyone who has counseled others; but it may not be obvious that this is borne out by an analysis of the very linguistic event of therapy. The therapist's authority is always compromised and his or her confederacy is always betrayed. Psychological reciprocity cannot and should not provide an existential prophylaxis; and good therapy remains risky behavior.

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therapy, he does a masterful job of explaining the necessity to rethink the issue of transcendence in contemporary therapeutic situations. Cf. George Kunz (1998).

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