

**ROBERT LANGS**  
**THE COMMUNICATIVE**  
**APPROACH**

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# ROBERT LANGS: THE COMMUNICATIVE APPROACH

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Expounding is propounding: It is not possible to expound another person's views without, at the same time, propounding one's own. This has been true of expositions of Freud and applies to those, such as the theorists in this volume, who went beyond Freud.

"Going beyond" is a spatial metaphor, which implies being in one place and then going somewhere else or toward something else. Psychologically, it means an identification with and a departure from. Thus, an exposition of thinking beyond Freud requires a preliminary exposition of Freud. But here, too, both the analytic and the lay expositions of Freud are face to face with the ever-present question: How to read Freud? For Freud is a protean thinker. Like Proteus, the Greek god of prophecy who, when consulted, refused to give answers but instead assumed various shapes, so Freud constantly eludes the attempt to give a definitive reading of his text. He has been claimed by many domains, from the biological (Sulloway, 1979), to the theological (Homans, 1970). Who can truly proclaim what Freud really said? Many of those who made such a claim have created the most hair-raising revisions (Lothane, 1983b). What the Italians say about translations applies here: *traduttore, traditore* (the translator is a traitor).

Robert Langs began as a Freudian analyst before he developed his communicative approach. Therefore, I shall present my reading of Freud and show what he took over from Freud and where he took off.

Freud the methodologist, rather than Freud the ideologist or metapsychologist, is my focus in reading Freud (Lothane, 1980, 1981a, 1981b, 1982a, 1983a, 1984b). The methodological focus is operational: it studies what mind does as against what mind is. From this vantage point, Freud's was from the outset a *depth* psychology, which was *dynamic*, *dialectical*, and *dualistic*—that is, concerned with the conflict of strivings and actions both between man and man (interpersonally) and within man himself (intrapersonally).

Freud's psychology encompasses the following varieties of dynamics and dialectics:

1. The dialectics of the surface versus the depth, of the conscious versus the preconscious, of the manifest versus the latent, of the remembered versus the forgotten, of the explicit versus the implicit.
2. The dynamics of defense, originally repression but later including other modes of defense (also referred to as resistance, both intrapersonally and interpersonally).
3. The dynamics of dream thinking versus waking modes of thought.

4. The dynamics and dialectics of transference versus love and self-love.
5. The dynamics and dialectics of emotion and desire, including sexual desire.

Historically, during the first two decades of his psychoanalytic work, from 1895 to 1915, Freud was concerned with method and clinical theory. Thereafter he became increasingly concerned with metapsychology. The gist of the method is given in the *Studies on Hysteria* (1895d) and *The Interpretation of Dreams* (1900a). Both the psychological symptom and the dream are seen as similarly constructed: They show the same correspondence between the way they were caused and the way they were cured. The memory of a painful (traumatic) or conflictual event in the past is transformed by the silent (unconscious) operation of defense (repression) into a symptom. The cathartic method (the technique of hypnosis) creates the conditions of widening of consciousness and the emergence of memories in pictorial (imagic) forms and in words. Overcoming defense (resistance) facilitates this process and thus erases the pathogenic sting of memory. To be sick is to reminisce. To be cured is to recall and erase the record. Similarly, the painfully or conflictually experienced event prior to the dream—the day residue—evokes a psychological reaction: the latent dream thoughts. Under the influence of the censor and through the silent (unconscious) operation of dream work, the latent thoughts are transformed into the manifest content, or the dream as remembered. The cathartic method is now replaced by the

psychoanalytic method. It is a homologue of the hypnotic technique and of the preconditions for dreaming. The withdrawal of attention from goal-directed pursuits and critical selection creates an altered state or frame of consciousness and fosters the emergence of pictorial modes of thought: images of memory, of imagination, of dreams and hallucinations. The combination of spontaneous free association and of directed free association to the separate elements of the manifest dream content leads to a retrieval of the day residue and the antecedent thoughts and feelings that were the reaction to the day residue. The central conception here is that action, whether symptom or dream, is determined by external reality (Lothane, 1983a). Both the symptom and the dream are a personal response to and a commentary on an episode of lived reality. Rapaport (1960) called this the adaptive point of view. I would like to refer to it as the action-reaction conception of the symptom and the dream.

What is being reemphasized here is that Freud's depth psychology is also a conflict psychology, and it is meant to explain inhibitions and distortions of memory and of sense perception. Both the symptom and the dream are shaped by defense in all its varieties and by the dream work in all its varieties. In this sense, the symptom is a return of the repressed and the dream a transformation of the latent content into the manifest content. Both are strange and puzzling manifestations and require a solution. To recall the memory that caused the symptom means to analyze, or dissolve, it; to trace the latent content from the manifest content is to interpret a dream, or solve it. As Freud (1900a) writes:

The [latent] dream thoughts and the [manifest] dream content are given to us as two *depictions* [*Darstellungen*] of the same content in *two different languages*....The dream content is expressed, so to speak, in a picture [hieroglyphic] script whose signs have to be translated, one by one, into the language of the [latent] dream thoughts. We would obviously be led into error if we were to read these signs according to their picture value instead of according to what the signs refer to.... [pp. 283-284; author's translation, italics added; see also Freud, 1900a, pp. 277-278].

The transformation wrought by the dream work can be undone by the activity which, Freud (1901) says, is “the counterpart of this [dream] work, which brings a transformation in reverse, which I already know of *analysis-work*” (p. 645; author's translation, italics Freud's). This original text, the first consciously registered reaction to trauma, is the cause of the second, edited text. The first text is now unconscious and replaced by the now conscious second text, which is a derivative, disguised, displaced, condensed, dramatized, pictorial, or *encoded* version of the first text. To analyze a dream, or a symptom, is not to read it cognitively or literally, according to the picture value, but to *decode* it. Such decoding can only be accomplished by a recourse to the special dynamics of the psychoanalytic situation: undoing of repression, fostering of images and memories, and tracing the associative chains of reference from the signifier (the manifest content) to the signified (the latent content). The emergence of imagic forms of thought proceeds hand in hand with a shift in the dynamics of repression. Just as the conditions of sleep and dreaming decrease waking vigilance, undo repression, and facilitate the emergence of the repressed, so the psychoanalytic situation also fosters just that; to the extent that waking, conversational give-and-



take is decreased, the repressed memories, attitudes, and expectations have a chance of emerging. In this way the psychoanalytic-therapeutic situation provides the conditions for a dynamic (undoing of repression) and associative (emergence of images) unfolding and decoding of the patient's story.

Both repression (defense) and the dream work are unconscious, or silent, processes. The emphasis is on unconscious as an adjective qualifying the nature of this mental activity, *not* on the reified unconscious and its various connotations. The reason for this emphasis is twofold: (1) to underscore the dynamic-reactive nature of this activity in response to a reality stimulus; and (2) to hold to the conception of a continuous counterpoint between direct modes of memory and perception and indirect, or distorted, modes. Freud provides his own emphasis in these words in a footnote added in 1928 to *The Interpretation of Dreams* (1900a):

I used at one time to find it extraordinarily difficult to accustom readers to the distinction between the manifest content of dreams and the latent dream thoughts....But now that analysts at least have become reconciled to replacing the manifest dream by the meaning revealed by its interpretation, many of them have become guilty of falling into another confusion....They seek to find the essence of dreams in their latent content and in so doing they overlook the distinction between the latent dream thoughts and the dream work. At bottom dreams are nothing other than a particular form of thinking made possible by the conditions of the state of sleep. It is the *dream-work* which creates that form and it is alone the essence of dreaming—the explanation of its peculiar nature [pp. 506-507; italics Freud's].

The action-reaction paradigm is from the start opposed by another line of

thought in Freud: the role of sexuality. At first, sexuality was considered as an aspect of external reality, and in the form of seduction it played the role of an external traumatizing event, evoking its proper response. The overthrow of the seduction theory by Freud went hand in hand with another development: the concept of the dream as wish fulfillment. These two ideas pave the way for the final conception of the body as an internal source, distinct from external reality, which generates two kinds of movers of human action: the drive and the (dream-) wish.

With this new emphasis on action in response to inner sources of stimulation goes a deemphasis of the environment as a stimulus to action in the service of adaptation.

A most important corollary to this new orientation is the attitude toward the dream and daydream, or fantasy. Fantasy is no longer, via the dream work, a reaction to and commentary on events in external reality but an internally generated action. This reformulation of the dichotomy of internal-external creates a new approach to defining paradigms of cause (pathology) and paradigms of cure (analytic technique). One example is the so-called structural theory and the preponderant preoccupation with metapsychology. Although a fuller discussion of these is beyond the scope of the present essay, the central implication of this ideological shift was a tendency among analysts to embrace scholastic debates about internality, the remote infantile past, hybrid concepts, and theories

removed from the realities we live in.

The internal-external dichotomy rears its head once again with the full blooming of the concept transference, first defined in *Freud's Studies of Hysteria* (1895). Although the notion of internally generated drives and fantasies only presupposes an object, the transference actualizes it; in the psychoanalytic-therapeutic situation, the other person is experienced simultaneously as a real and an imaginary other. Thus the one-person psychology of drives and wish fulfillment becomes the two-person psychology of the interpersonal realm—of dialogue, communication, and interaction. Of the many aspects of transference, in addition to its traditional definition as reenactment of the past, two others are immediately relevant to the present argument: (1) its relation to dreaming (Lothane, 1983a), and (2) its relation to the dichotomies truth/error and reality/delusion. The one-person psychology and the intrapersonal dynamics of drives and internally derived fantasies had this effect on the concept transference: They tended to convert it into a monadic instead of a dyadic reality, divorced from the reciprocal personal influences between the participants in the psychoanalytic dialogue.

These trends have resulted in a curious double standard in the analytic profession. Although the ruling theories (metapsychology) have been formulated largely in terms of a one-system, one-person psychology and mechanism, the clinical practice has been rolling along in the context of interpersonal relations, conversation, and interaction. On the one hand, the one-system orientation

created its dogmatics (Hartmann) and schismatics (Schafer) and bitter theological warfare within the psychoanalytic movement. On the other hand, the interpersonal approach has remained bereft of a systematic theory. Against this background, we can now proceed to examine the contribution of Robert Langs. I met Langs in 1980 as a result of having published a review of his *The Listening Process* (Langs, 1978a; Lothane, 1980). I later joined the faculty of the Lenox Hill Hospital Psychotherapy Program, of which Langs is the founder and director. In the exposition that follows, however, I have limited myself to the use of published material so that my assertions can be checked against verifiable sources and debated accordingly.

Robert Joseph Langs graduated from the Chicago Medical School in 1953. He later became a psychiatrist and graduated from Downstate Psychoanalytic Institute (now the New York University Institute). He joined the faculty there and was enrolled as member of the American Psychoanalytic Association. By 1971 he had become active in the practice of psychotherapy and psychoanalysis in clinical research and was on the staff of the Long Island Jewish and Hillside Hospitals. He had published clinical and research papers (Langs, 1978b). His first major psychoanalytic paper, "Day Residues, Recall Residues and Dreams: Reality and the Psyche," appeared in 1971. It contains the germ of his future views and "proved to be a fateful beginning" (Langs, 1978, p. 6).

In this paper Langs rediscovered external reality and its relevance for

fantasy life, past and present. The clinical fact that led to this rediscovery was that the day residue—that is, events in external reality—was crucial to the understanding of the dream. As shown earlier, this was Freud’s own perennial insight, which was replaced by formulations about the varieties of intrapsychic movers (the id, “the” unconscious, and unconscious fantasies). Toward the end of the paper, Langs(1971) argues for a

reassessment of Freud’s thinking regarding infantile seduction. In essence, we can see that Freud was actually correct in both of his formulations regarding the role of reality in the formation of neurosis: real seductions do occur on many levels, while unconscious fantasies are also constantly being created and revised from both experiencing and imagining. Together, interacting, creating a totality, they lead to the anxieties and conflicts out of which neurosis develops [p. 521].

In this, Langs anticipated the recent surge of interest in seeing the original seduction theory reinstated (Klein & Tribich, 1979; Lothane, 1983a; Musson, 1984; Swales, 1982).

This then is Langs’ fundamental idea, the foundation on which the Langsian approach rests: The day residue is the stimulus to which the dream is a response. If for the day residue we substitute the psychoanalyst, the analyst’s actions and conduct, and the way they affect the patient, we obtain the gist of Langs’ method. Every sequence of the psychoanalytic session shows an *adaptive context*, that is, the action of the analyst, the reality trigger, and the patient’s double-layered reaction. This reaction has its manifest content and its latent content, what Langs

(1978b) termed the “specific unconscious fantasies and memories contained in derivative and disguised form in the manifest material” (p. 10). This seminal idea has subsequently led Langs to a number of extrapolations, which are both an extension of Freud’s method and a departure from it. We shall have a closer look at these issues later.

The next stage in the evolution of Langs’ ideas is seen in the two volumes of *The Technique of Psychoanalytic Psychotherapy* (1973, 1974) as well as in a clinical paper, “A Psychoanalytic Study of Material from Patients in Psychotherapy,” (1972). The two volumes of *The Technique of Psychoanalytic Psychotherapy* constitute a textbook that reflects the best in the classical psychoanalytic tradition. They show Langs to be a seasoned psychoanalytic clinician who writes lucidly and persuasively.

Continuing the line of thought about day residues and dreams, Langs places central emphasis on

human adaptation in neurogenesis...Functioning, responding, and adapting are set off by environmental alterations...[the] environmental stimulus may, in general, be positive and supportive or negative and traumatic. Most crucial for the development of neurotic disturbance are the intrapsychic responses to traumatic stimuli. It is these major, currently disruptive stimuli which have the potential to set off inappropriate or maladaptive (neurotic) responses that I have identified as the primary adaptive task [pp. 281-282].

This is in the spirit of Freud in the *Studies on Hysteria*. The traumatic

reaction is the paradigm of disease, and identifying the trauma is the cure. Such identification is barred by the patient's defensiveness, which must be analyzed first. But the traumas are not limited to intercurrent reality events in the patient's extra-analytic life. A major event may be the previous session, "the therapist's interventions or lack of them, which may have traumatized the patient and evoked responses in him" (p. 284).

The extension of the traumatizing event to include the actual behavior of the therapist is the beginning of the specific Langsian emphasis. Iatrogenic trauma, injury caused by the doctor's actions, is a medical commonplace. Speaking of the dangers of hypnosis, Freud (1895) states: "Where I caused damage, the reason lay elsewhere and deeper." (p. 266). Many analysts have acknowledged the potential of the therapist to cause harm by countertransference. But no analyst before Langs has defined the therapist as an ever-present traumatizing agent, and none has made this point of view into a system, as Langs has. This topic will be discussed further.

In this textbook, Langs also develops the other methodological idea of Freud's first two decades, the idea of the manifest and latent content.

This cardinal concept of dream psychology is conjoined by Langs with the idea of the adaptive task. In this way, a new methodological tool has been created for getting hold of the meaning of the patient's communications.

To understand a communication in context is different from understanding it in isolation. Freud addressed this issue squarely in *The Interpretation of Dreams*, where he contrasted the reading of a dream according to a universal symbol key with reading it in reference to a specific day residue and a specific decoding or tracing of the manifest dream thoughts to their latent antecedents. With the growth of the assorted psychoanalytic causal doctrines and ideologies, analysts have developed a fondness for stock formulas and clichés, used in the manner of what Freud called the “Egyptian dream book.” Notions like castration anxiety, penis envy, the Oedipus complex, identity, and separation became the stock-in-trade of what Sandor Feldman (1958) called “blanket” interpretations. Otto Isakower (1968, 1971) warned, similarly, against the habit of diagnosing set patterns and trends in a given sequence of an analytic session rather than getting the drift of the actual mental images and their role in the communication. Like many others, Langs was faced with the sterility of the analytic clichés and chestnuts and went in search of the truth of the given moment in the lived experience.

Freud’s idea of the manifest and latent was not limited, however, to the transformation wrought by the dream work. His depth psychology also addressed the issue of honesty versus hypocrisy in human communication, the difference between what is said and what is *intended* or meant. The content aspect of “meaning” has had a greater hold on both the popular and the professional imagination than the *intent* aspect. Although alive to the importance of intention,



Langs has followed established habit in using the shorthand “unconscious fantasy” to refer to the deeper, implied, indirect, concealed intentions in communication. The manifest content is seen as a hidden, disguised, allusive reference to the direct idea or intention that lies latent in the manifest material and manifests itself as a *derivative* of the antecedent direct idea. Thus, any piece of material may be read not naively and at face value, but as a derivative pointing to deeper-lying truths. This seminal Freudian idea underwent some transformations in Langs’ writings, which will be examined later.

It should be sufficient to note at this point that the use of the term “unconscious” is liable to certain pitfalls related to the tendency among analysts to reify the concept of the unconscious. Another tendency is, as in Freud’s caution quoted earlier, to sacrifice the manifest content to the latent content, as if the manifest were second hand goods to be bypassed on the way to the latent content. Here Langs (1973) notes that “manifest content screens or conceals, but also reveals some of what lies beneath it” (p. 296). To deny the manifest would imply a wholesale repudiation of all art. For what is art but the giving of artful, or derivative, expression, that is, in various guises and disguises, to what can be more simply and directly expressed?

Two central conclusions emerge from this for Langs: (1) what to listen for in the material of the hour; and (2) the order of priorities in such listening. Regarding the first, every hour revolves around two contexts: the therapeutic

context, that is, the manifestations of the patient's psychopathology as reported, and the adaptive context, as defined earlier. Both these are listened to on both the manifest and latent, conscious and unconscious levels. The highest priorities in listening in preparation for intervening, however, Langs concludes are indeed these "reactions to errors by the therapist and acute symptomatic crises" (p. 364). The other aspects, in order of decreasing priority, are "disturbances in the therapeutic alliance arising from sources other than the therapist's errors; other resistances; current intrapsychic conflicts and unconscious fantasies related to them; the genetic basis for the patient's reactions to the therapist and for his present symptoms and inner conflicts; reality issues and problems" (p. 364).

This exposition contains the essence of Langs' thought. It is on the one hand firmly rooted in the classical psychoanalytic tradition, and it marks a departure from it, on the other. The point of departure is the transition from a one-system, intrapersonal conception to a two-system, interpersonal or interactional conception. It should be noted that Langs has not completely given up the intrapersonal habit of conceptualizing. His clinical theories of symptom formation and the role of memory and fantasy are traditionally intrapersonal (intrapsychic). At the same time, his interpersonal formulations differ in this respect from those encountered in the classical literature: The delineation of the adaptive context has from the beginning led Langs to a consideration of the analyst, or therapist, as an ever-present traumatogenic agent. This one idea has been driven by him relentlessly to its logical limit. Let us examine this more closely.

The adaptive context emerges as the final common strand that gathers into itself all of the following threads: (1) how one *listens* to the session, how one discovers the sense, the point, the central *message* of any given session; (2) the *reciprocal action* of the patient and therapist upon each other, each manifesting a response to the other; (3) the two-layered *derivative* structure of each communication: the conscious/unconscious, latent/manifest, explicit/implicit (subsequently defined as truth/lie) levels of each utterance.

A convenient mid-point in the evolution of Langs' ideas is his book, *The Listening Process* (1978a), which I have discussed elsewhere at some length (Lothane, 1980). In it he spells out clearly the interweaving strands of the adaptive context.

The classical view stressed the *thematic content* of the patient's utterances in the psychoanalytic-therapeutic situation. The themes in the patient's narrative were related to the patient's memories, past and present-day realities. Initially, in the *Studies on Hysteria*, the analyst understood—that is, interpreted—these themes the same way a reader understands or interprets a told or printed story: by becoming aware of its meanings, messages, references. But in the *Studies on Hysteria*, Freud had already become aware of a story within a story, a drama within a drama: the emergence of transferences, or the effect of the patient-doctor interaction on the story as told. Thus, whereas at first memory was subjected to the same dispassionate scrutiny in the therapeutic session as was the histologic

section under the microscope, it soon became evident that such scrutiny had to be tempered by clarifying the personal equation. Thus, the evidential status of the seduction stories was reevaluated as an attempt on the part of the patients to fake such stories in order to have a personal effect on the listener. Even with the recognition of the distorting potential of the here and now on the there and then, however, the latter was still viewed as a result of the intrapersonal dynamics of the patient, with the therapist remaining the dispassionate observer and interpreter of the patient's inner drama as remembered and enacted in the analytic situation.

As I have argued elsewhere (Lothane, 1983a), Freud replaced the trauma and dream paradigms of the symptom with the concept of intrapsychic dynamics of instinctual drives and defenses and intrapsychic determinism, as consistent with a one-system psychology. However, the fact remained that the analyst was not only a *naturalistic observer* from above of the goings on within the patient, a diagnostician of symptom complexes and mechanisms of defense; the analyst was also a *participant observer*. This placed an insoluble strain on the one-system conception. For whereas it takes one person to remember or to dream, it takes two to talk. Speaking and listening are in their very nature interpersonal and interactional. The basic one-system orientation persisted with the emergence of the concept of transference. The analyst in the transference was seen as an inert screen onto which dreams and memories were projected. And such projecting does exist. This mode of functioning of the psychoanalytic interaction is still valid

as an instrument for the clarification of the there and then. But it is insufficient for the understanding of the here and now, the actual goings on in the living doctor-patient encounter.

This emphasis on the here and now and the present-day relationships as opposed to the there and then and past relationships first began with Ferenczi (see Lothane, 1983a). It was followed independently by Sullivan (see Lothane, 1984), Wilhelm Reich (1949), Szasz (1961), and now, among others, by Langs. In this connection, however, it should be appreciated that Freud's concept of the hysterical symptom was interpersonal from the start; the symptom was a statement with meaning that was intended for another person and thus could be decoded by an observer or listener.

It is the *theories* that were either intrapersonal or interpersonal, *not* the phenomena in question. Similarly, the doctor-patient relationship was viewed as a personal relationship from the very start, in the *Studies on Hysteria*. It is only the politics and ethics of this personal relationship that were not spelled out till some 20 years later in Freud's (1912-15) papers on technique. Thus the often-touted achievement of the so-called object relations theorists is not a finding but refinding of a truth already present in Freud.

To return to the main thread of this exposition, the gist of Langs' communicative approach (the latest designation of what was formerly called the

adaptational or interactional approach) is these two ideas: the *adaptive context* (Freud's trauma paradigm) and *derivative communication* (Freud's dream language paradigm). Having explained the idea of the adaptive context, let us now turn to the concept of derivative communication.

The notion of derivative is in Freud. He defined derivative in the context of intrapersonal dynamics; Langs has redefined it in the context of the dialogue, in a specific way. Freud used the idea of derivative to refer to something observable that was seen as arising or formed from something else and prior to it. The notion of derivative is basic to Freud's method of determining causes and origins of phenomena. In linguistics a word derives from an earlier word. In chemistry one compound is a derivative of another. Freud (1915) used the word *Abkommling* (literally, offspring), to state, for example, that "repression *proper* concerns *psychical derivatives* [*psychische Abkommlinge*] of the repressed [instinctual drive] representation, or such trains of thought which, arising elsewhere, become related to it through association" (p. 250; author's translation, second italics added). Symptoms and dreams are psychological derivatives of trains of thought that are hidden, repressed, or warded off. Freud's psychology thus necessarily implies a surface and a depth. His depth psychology is based on the manifest and latent dichotomy.

The concept of derivative thus implies two basic judgments: a judgment about cause and origins, and a judgment about what is primary and what is

secondary. A formulation about the dynamics of a case history, or of a sequence in a session, will thus entail a discussion of all sorts of derivatives.

The idea of the derivative is another centerpiece in Langs' communicative method. It is locked into the idea of an adaptive context and the two are an indissoluble whole. Langs (1978a) made the following distinctions:

[In] clarifying the types of communication from the patient and the ways in which the analyst could organize and conceptualize the material...on the first level, a patient's associations could be organized around their *manifest contents*. This approach, which is essentially nonanalytic since it totally rejects all notions of unconscious process and content, confines itself to the surface of the patient's communications.

On the second level, the analyst organizes material from the patient by attending to the manifest associations, isolating various segments of this material and imputing to each a specific unconscious meaning; I term these inferences *Type One derivatives*. Here the manifest content is addressed in relative isolation and the latent content—the unconscious communication—is determined by the recognition of obvious displacements, the use of symbols, the intuitive understanding of underlying meanings and a knowledge of a given patient's communicative idiom.

A third level of organizing the material from the patient is feasible through the use of an adaptive context as the dynamic organizer of the patient's associations; this yields *Type Two derivatives*. The model here is that of the day residue and the manifest dream, the latent content of which is fully comprehended only with the knowledge of the dream's precipitant and the related associations....

Each adaptive context itself has both manifest and latent meanings. ... A true understanding of the nature of an adaptive stimulus and of the responses it evokes (associations and behaviors) is founded on the self-

knowledge of the analyst—his sensitivity to the conscious, and especially, unconscious meanings and projections conveyed in his verbal interventions, silences, and efforts to manage the frame.

Type Two derivatives, then, are always viewed dynamically and as responses to adaptive stimuli. As a rule, they imply that virtually all of the communications from the patient must, on this level, be appended or related to the analytic interaction—those representing perceptions and introjections as well as fantasies and distortions. At this level, many seemingly divergent and relatively indecipherable associations accrue significance in the light of the recognized adaptive content [pp. 562-563].

“The efforts to manage the frame” are the most important doings and sayings of the therapist and the most telling impingements on the patient. This is the crux of Langs’ interactionist emphasis. Consequently, the realm of the ground rules of the therapeutic situation is viewed as the prime arena of interaction. It comes to this: Any action by the therapist or the patient intended either to make or break the “frame,” or the ground rules, will create a most important reality stimulus. The reaction to this stimulus is the adaptive context, expressed in an encoded form, or in Type Two derivatives.

The above defines a model of disease and a model of cure. Neurosis is an interactional or communicative creation, and its treatment, or resolution, is also interactional and communicative. The treatment, is a series of ever-evolving interactions and communications, but all betray a basic pattern of action and reaction. At all times the stimulus emanating from one person produces both a conscious or manifest level and an unconscious or latent level of reaction in the



other person. The conscious or direct message is only the misleading surface of the communication. The true and valid level is the latent, encoded, derivative, embedded, or hidden message. The manifest message has to be decoded, unmasked, driven from its hiding place of disguise and exposed to yield the hidden message. All is in the interaction and in the here and now, and therapy means decoding the latent meanings of this interaction. All else is secondary. The most mature expression of this idea is given in Langs' latest systematic exposition of the communicative approach, *Psychotherapy: A Basic Text* (1982), and in a recent paper (1981).

It is essential to appreciate Langs' insistence on derivative, or encoded, communication, and the distinction between manifest content, Type One derivatives, and Type Two derivatives and formulations (Langs, 1981,1982). In this distinction, Langs remains rooted in the classical analytic tradition but develops a new emphasis. The traditional way is to view neurosis as confined to one person who relives the memory of his past in the form of symptoms, dreams, and daydreams. Langs (1981), following Freud, refers to this as the unconscious fantasy constellation. The traditionally oriented therapist will treat these constellations as self-contained products and apply to them, in Langs' (1981) words, to the

familiar avenues of affective cognitive insight, through which the nature and effects of the unconscious fantasy constellations are interpreted to the patient, who then affectively understands them and works through them. This procedure, on all evidence clinically prevalent today, frees the

patient's ego for growth and the development of relatively flexible and adaptive resources with which to cope with and resolve intrapsychic conflicts, and to modify pathological aspects of the unconscious fantasy constellations.

The one-person emphasis is characterized by Langs as resting on two misleading and interrelated approaches: (1) concentrating on the manifest content of the patient's consciously expressed thoughts and the manifest themes; and (2) formulating Type One derivatives. The manifest content approach takes the patient's statement at face value and the analytic relationship is addressed on its surface only (Langs, 1981). Type One derivatives, related to such conscious thoughts and themes, are the traditional dynamic and genetic formulations applied to such material. But this is tantamount to throwing the book at the patient. Such Type One derivatives exist in a vacuum, and they do not become useful until activated in response to a stimulus from the therapist. The manifest content and Type One derivative approach, furthermore, implies that "the burden of pathological inputs is placed almost entirely on the patient and the sources of his seemingly distorted communications are seen to reside exclusively with his own unconscious fantasy constellations" (Langs, 1981). Langs will not deny that the manifest unconscious fantasy constellation is in itself a derivative. But here is the crucial point of departure: Since Langs (1981) goes for interaction, he chooses to emphasize interactional, or Type two, derivatives, over all else: "This lays the foundation for the second avenue of symptom resolution [which] involves the object relationship between patient and analyst, the nature of their unconscious

communicative transactions and projective and introjective identifications of each.”

Once again, Langs invokes Freud’s notion that the manifest content of the dream is a disguised edition of the latent content and of perception in external reality. In the context of the interaction, the patient’s reaction to the therapist’s impact upon him or her is not expressed directly, but in a derivative, that is, disguised and allusive, manner. In ordinary social intercourse, hypocrisy is more common than honesty. Like the king’s jester, the patient disguises his or her true reaction to the therapist. Like Pinel, who came to the rescue of the insane, Freud went out to rehabilitate the worth of the opinions of neurotics. Similarly, Langs makes a case for the patient’s correct and astute perceptions of the therapist’s mistakes, foibles, lies, evasions, and abuses. The rigid therapist, like the authoritarian parent, may think he or she is above criticism and be quick to attribute the patient’s complaints to “transference,” “sickness,” or “acting out.” The correspondingly cowed patient might talk in allusions, or, as Langs puts it, in derivatives. Langs (1981), however, generalizes an indirectness to *every* patient and every interaction:

In essence, every association and behavior by the patient is analyzed in the light of the stimulus or *adaptive context* that provoked it. Extensive empirical evidence suggests that these precipitants are almost without exception the silences and interventions of the analyst. ... All other stimuli, whether from within the patient himself or from traumatic outside relationships, are seen as secondary adaptive contexts and are, as a rule, linked to primary adaptive contexts within the therapeutic experience. On

this level, the patient's material is given specific organization and meaning in the here-and-now as derivatives that must be understood in the light of the stimulating adaptive context, a concept modelled on Freud's conception of the day residue for the dream....Listening at this level consistently addresses all manifest associations as derivatives of unconscious contents and processes, a term of both *fantasies* and *perceptions* [italics added]...[of] the extensive pathological communications contained in the therapist's and analyst's erroneous interventions and mismanagements of the framework. With remarkable consistency, patients unconsciously perceive and introject the implications of these errors. Similarly, when the analyst intervenes properly, representations of a positive introject and Type Two derivative validation ensue....Making use of Bion's discussion of lies, liars, and the thinker (1970) we might advance the flowing postulate: truth as it pertains to the patient's neurosis within the psychoanalytic situation can be identified only by taking into account the unconscious communicative interaction between patient and analyst as this relates to the manifestations of that neurosis on the one hand, and to the central adaptive contexts for both patient and analyst on the other (Langs, 1980a, b). Truth must include a recognition of introjective and projective processes, transference and non-transference, countertransference and non-countertransference, and the valid and disturbed functioning of both participants. Any formulation which excludes any aspect of this totality, or which makes use of one part of the total picture as a means of denying or excluding the rest, should be viewed as a barrier to the truth. On this basis it becomes possible to distinguish truth therapy from lie therapy, and to develop a conceptualization of distinctive modes of symptom alleviation.

Langs (1982) also notes: "The distinction between Type One and Type Two derivative listening shows the need for a basic revision in the nature of psychoanalytic listening in the direction of adaptive context formulations." This claim makes the current milestone of the fruition of a seminal idea. Starting with a reaffirmation of the importance of reality, via clinical investigations of the role of

day residues in dreams, Langs found the importance of the reality impact of the analyst. The focus on the actions of the analyst upon the patient, on the here and now interaction between the participants in the analytic encounter, then shaped two major areas of concern: (1) concern with the *content* and *form* of the communication, inspired by dream psychology, such that the patient's stream of consciousness is read for covert allusions to his or her thoughts and feelings about the therapist, even though the patient is overtly talking about his or her present and past life; and (2) a concern with the *ground rules*—the ethical norms governing the therapist's professional conduct.

Langs' emphasis has brought about a transvaluation of the traditional objects of analytic exploration. The patient's life, past and present, life's events and crises, and the time-hallowed transference are all viewed as secondary to the here and now and as merely a vehicle for the patient's reactions to the therapist's impact upon him or her.

Langs' innovation is evidently of great heuristic usefulness. It raises our consciousness to the actual and real inputs of the therapist and shakes our complacency about them. At the same time, in spite of Lang's repeated claims, it does not achieve a definitive degree of certainty about the intent of a given communication. In a given moment, who is the patient *really* talking about—the patient or the therapist? Entertaining a silent hypothesis about the intent, not merely content, of a communication can only lead to *presumptive*, not *conclusive*,

inferences. We are dealing with interpreting matters of degree, intensity, accent. Such matters are in the realm of opinion. As such, they become open to debate and create debate. Their ultimate validation is subject to developments in time—to the judgment of history.

It is useful to invoke at this point the dialectic of content and form. This dialectic, and the varying emphasis on now one, now the other aspect of the content-form unity, has been in evidence from the very beginning of psychoanalysis. At first the idea predominated—the *what* (content) of the communication; for example, hysteria was defined as ideogenic, an idea persisting in time. Later Freud discovered the *how* (form) of the communication—the mood of dreaming, latent and manifest content, and free association. As dream psychology and interest in content waned, form came more and more to the fore, first as the emphasis on *manners of disguise and encoding*, later as transference and especially transference-resistance. This focus on resistance then led to two further developments: a shift of interest from *communication to conduct*, from the what to the how, and from the how to the what-for—that is, a shift from *content to intent* (Lothane, 1983a). Consequently, there was a greater stress on the *contract* aspect of the conduct of the two people, on their interactions in the here and now rather than on events in the there and then, and on the ethical norms governing this conduct. This development was traversed by Freud in his movement from his works on hysteria and dreams to the 1912-15 papers on technique. Along this path Freud gave his attention to two basic sorts of form: (1) the depth-surface,

latent-manifest, straight-encoded forms of *communication* and conduct revealed by dream psychology; and (2) the honest-dishonest, cooperative-resistant, love-hate, gratification-abstinence forms of *conduct* reflected in the observance of the analytic contract. Langs has traced a similar course. On the one hand, he defined what to listen to in the communication (identifying the adaptive context) and how to listen for it (decoding derivatives). On the other hand, he has defined the ground rules (the frame). Over the decades, analysts have debated and battled about both these aspects of the analytic encounter.

Having given what is hoped is a balanced critical exposition of Langs' views, I shall now proceed to quote two reactions to Langs in the literature. To date, the orthodox analytic establishment has ignored Langs totally. To this, the reaction of Leo Stone, is both a unique and instructive exception. Searles has always been a maverick himself, viewed with suspicion by the orthodox.

In two dialogues of Langs with Leo Stone (Langs & Stone, 1980) and Harold Searles (Langs & Searles, 1980), there are expressed many interesting opinions, agreements, and disagreements. In both dialogues the disagreements are not so much in the realm of the frame of communication but in the realm of conduct.

Stone comes across as a pillar of the orthodox analytic establishment, a man both humane and urbane, who believes that the situation is more important than the rules. The Sabbath is made for human, not human for the Sabbath. He admits

to having been influenced by Ferenczi (via his first analyst) and espouses an approach to the patient marked by common sense, justice, reasonableness, flexibility, and a modicum of gratification in the relationship. In this dialogue, Langs espouses a fundamentalist position on ground rules and their rigid application. He takes Stone to task for giving a patient an extra session when the patient requested pills to calm his anxiety. The patient's subsequent dream of the pills slightly chewed up and accompanied by an image of two worms was read by Langs as indicating the patient's view of the extra hour as "a dangerous contaminated gratification" (Langs & Stone, 1980, p. 173). Stone, pressed by Langs to concede the point, defends himself by seeing Langs' position as "Calvinist" and prohibitionist.

This brief vignette highlights the perennial problem of interpreting a record of a live text, especially when its author is not around. The interpreter can never be certain about the exact referents of an author's content or intent; the interpreter can only offer a plausible hypothesis. In this case, furthermore, the debate is not so much about the dream's meaning as a proposition as about the dream as the patient's *judgment* of the usefulness or helpfulness of the analyst's conduct. As such, it is less a matter of logic and more a matter of love. But the canon of love differs essentially from the canon of logic. Yes and no, true and false have different implications in love; they mean acceptance or rejection, like or dislike, preservation or annihilation. In logic it is possible to achieve certainty a priori, before the fact; in love, in fortunate circumstances, certainty comes a



posteriori, after the fact. The truth of love is tested in time.

Stone feels that Langs views the frame as sacrosanct, as a bed of Procrustes, as too rigid. Certainly, an important difference in background surfaces in the dialogue: Stone speaks mainly of his own experiences with patients, Langs of his reactions to accounts of cases by students and residents, who, in Langs' view, are both prone to error and vulnerable to countertransference. Such facts are important to remember in order to understand the positions espoused. Langs also makes reference to his experience as an analytic candidate. Both Langs and Stone concur about the "conditions of training analysis [as] a disastrous fact of our training...a gross modification of the analytic situation. Gross!" (pp. 18-19). Langs also expresses the view that "all analytic research is an effort to complete the unfinished business of one's personal analysis. The gift is to do it in a creative way" (p. 17).

The unfinished business of men in analysis with men is often the father-son relationship, a problem for Freud and his followers and for many analysts and their analysands-students ever since. It is endemic to the profession. The father-son dilemma is in evidence here, too. Langs' efforts to educate Stone to see the unconscious implications of his consciously well-intentioned behavior are met with Stone's temperamental query, "Are you 'wild analyzing' me?" (p. 286).

Perhaps the most interesting exchange between Langs and Stone is about

the relationship of reality to fantasy. Invoking the patient's true and valid unconscious perceptiveness as manifested by the patient's introduction of a modification in the frame, Langs proceeds to interpret—that is, to translate—the manifest as a derivative communication:

I would argue that the patient has actually perceived, unconsciously, kernels of truth regarding unconscious motives within yourself for deviating. These would be communicated indirectly, as a rule, in what he is saying, and his response would not be totally distorted. Granted that the therapist is not consciously involved in homosexual fantasies about the patient, granted that he does not have conscious sexual wishes for his wife, nonetheless, I think the patient would be entitled to feel that there are some unresolved, unconscious, homosexual and seductive problems within the therapist and that they were expressed through the acceptance of the modification in the frame [pp. 284-285].

Trying such a formulation out for size on himself, Stone cannot hold back his sense of outrage: "I think you are absolutely wrong here, due to the fact that unconscious fantasy is given preeminence and predominance in life that is utterly unrealistic" (p. 285). Stone here and elsewhere feels that Langs is ignoring reality. Langs' surprise is just as poignant as Stone's outrage: "It is odd to hear you imply that I ignore reality when I am actually stressing it—realities of which the analyst may be unaware. You are addressing manifest reality; I acknowledge its presence and add latent reality, if I may use the phrase, as well" (p. 284).

This exchange amounts to a reversal of roles. The orthodox Freudian analyst professes a commonsense faith in the external, consensually validated reality of

overt action as prior to an internal, intrapsychic reality of a hypostatized unconscious fantasy. Langs the innovator is ultraorthodox in his faith in an intrapsychic reality as a valid criterion for judging external reality. This contradicts his other emphasis on day residues. The dream is a reaction to an event, not prior to an event. The dream or daydream is not an unconscious fantasy—it is an outcropping into consciousness of unconsciously transformed other thoughts, prior in time, which can be recalled.

But who is the proper judge of the validity of memory or of the validity of imputed motives—the person who remembers and who avows motives, or another person with a vested interest, who listens to the story? How can the debate between Langs and Stone be settled to satisfy the requirements of scientific, or other, proof?

From Freud on, analysts have been tempted to consider themselves experts in the unconscious, implying a special perceptiveness about other people's hidden motives. This expertise betrays a hidden authoritarianism stemming from the reality of social, economic, or other status. As authoritarian as Freud was in his politics, he was egalitarian about "the unconscious." In "the unconscious" we all covet, lust, and murder, but in real life a father can say to a son: "Do as I say, don't do as I do." Langs has again created a transvaluation. Whereas the traditional analyst is an expert on the analysand's unconscious, the innovation is to set up the patient as an expert adjudicating the analyst's unconscious, or hidden, motives. No

wonder Stone was outraged at such a revolutionary turning of the tables.

This is also related to Langs' pervasive skepticism toward direct and truthful human communication. He will not take a straight yes or no for an answer. Yet, although the concept of encoded, derivative communication squares with the human capacity to conceal truth and practice duplicity through the use of language, it does not follow that direct communication does not exist. Langs has converted a potentiality into an actuality, a probability into a certainty—a consequence of taking the notion of “the unconscious” too literally. Furthermore, the suspicion of direct communication, if pushed too far, can be as disabling as the disregard for indirect, or derivative, communication. Both modes of communication need to be subjected to the test of truth.

The dialogue between Langs and Searles (1980) creates a different atmosphere. Two circumstances make for an immediate affinity between them: Searles' political status as a maverick in relation to the analytic establishment; and his ideological approach (inspired by the teachings of Sullivan) that psychopathology is an interactional product, that the patient cures the doctor, and that the doctor may himself be disturbed, or have a “psychotic core.” Searles has been known for years as a therapist marked by originality, probity, courage, and bluntness in his dealings with some of the most severely disturbed patients at Chestnut Lodge, Maryland, and for his numerous imaginative contributions to the literature.

Searles is sympathetic to Langs' position on the frame, the concept of the adaptive context and derivative communication, and the approach of monitoring one's behavior toward the patient rather than chalking problems up to the patient's transference.

The two men also share many private sentiments about the injustices of the analytic establishment. Langs describes poignantly his dissatisfaction with his training analyst: "I think I will be forever ungrateful and angry about the modifications in the framework of my analysis and its lasting effects on me. And then I have to have a perspective. Such deviations have been and still are a reflection of a shared blind spot" (Langs & Searles, 1980, p. 93). He also described his break with his institute and society:

One of the very positive things about my alienation from my colleagues and Institute is that it helped me to resolve a good piece of—I'll never resolve it entirely—but a good piece of my largely inappropriate need for their approval, for their sanction, for their love, which had been among the conscious motives for my work....These needs are reflected in my technique books (Langs, 1973, 1974), which I wrote with my teachers at the Institute in mind. At the time, I believed that what I wrote was true, and I was already establishing my independence by working in ways regarding which they openly disapproved [p. 99].

The break between Langs and the group has been complete. (A number of Langs' former teachers and peers, whom I approached recently for reactions to his work, declined to get involved.) Langs' isolation has even led him to "keep asking myself, Am I trying to be a martyr? Am I inviting all of this condemnation? And I

have absolutely decided that this is not martyrdom or masochism, but a love of truth—yes, a dedication to fathom the truth regardless of personal cost” (p. 86).

But Langs still worries:

...On one level, I really feel that I have freed myself in many ways, but I don't mean to imply that it's not still a great concern. In fact, one of the things that disturbs me most at this time—in all honesty—is that I am still preoccupied with just that very area. How much is my work being accepted? When will I have my day? When will they regret it? When and how will it all be resolved? There is something I haven't worked through. I know it, I am working on it. Still, I think that in terms of what I am writing and creating now, I have become far more free of those shackles than I had been before, in a very positive sense. I didn't mean to imply, though, that it doesn't remain a kind of hurt and almost a damned obsession [p. 102].

These personal statements illustrate the ubiquitous connection between the man and his creation in matters belonging to the sphere of thought and action. The personal equation has even penetrated such a priori, impersonal disciplines as physics and astronomy. How much more important is the personal element in a profession like therapy or in a discipline like psychoanalysis.

Scientific consensus, doctrinal compliance, and group loyalty are forever a vexing problem for analysts. It is possible to be a lonely investigator in the laboratory, but a psychotherapist cannot survive in isolation. He needs a group and a public. Freud rightly described himself as the leader of the psychoanalytic *movement*. He also created the paradigm of the drama of the innovator and future leader—the initial experience of the revelation of truth, the revolt against an

establishment, the gathering of faithful disciples and the appearance of schismatics, the spread of the message and the creation of a wide following, the institutionalization of the group as an organized body, and the conversion of revealed truth into dogma.

The story of Langs' "schism" has not been published. It was not a heresy but a manifestation of individuality and a quest for independence. The problem is with the group, which cannot accommodate an ideological variant in its midst, and with the individual, who craves the approval of the group but will not sell his originality short. The docile stay and the naughty go away. As Langs, inspired by Winnicott (1949), avows: "Whenever an analyst writes, it is an effort to complete his own analysis" (p. 48). And, he should have added, it is to resolve the business of relating to the group, to teachers, students, and patients as well.

Give a dog a bad name and hang him, as the saying goes; such name-calling is a strategy for maintaining group cohesion. The epithet "wild" (Chessick, 1981) is one of the mildest of those thrown at Langs in a number of reviews of his books. On the other hand, a follower of Langs qualified the absence of serious debate on the communicative approach in the psychoanalytic literature as narcissistic defensiveness (Raney, 1983). Cursing enemies, excommunicating heretics, and pinning psycho-pathological labels on opponents—the varieties of name-calling. In this case, the establishment chose silence. Obliteration is a fate worse than excommunication.

But we are dealing with careers, not curses. Langs has gone on to create a career, to win friends and influence people, in imitation of Freud's example. Freud's motto in *The Interpretation of Dreams* (1900b), "*Flectere si nequeo superos, Acheronta movebo*" (If I cannot bend the upper gods, I shall move the underworld) had a political correlate: Since he could not conquer the Viennese academic establishment, he went directly to the public and created a world movement. He understood the sociopolitics of groups and of ideologies (Lothane, 1983a). He chose to express it in the terminology of the sciences. Like Freud, Langs has shifted from the career of therapist to a career of teacher, author, lecturer, leader, and reformer. Freud and others published their cases; Langs has decided to refrain from writing about his cases. His clinical examples are from the caseloads of students in supervision. This sociopolitical fact deserves some consideration, because it has a bearing on the evolution of his theoretical emphases. What Einstein said about physicists applies even more so to analysts: "If you want to find out anything from theoretical physicists about the methods they use, I advise you to stick closely to one principle: Don't listen to their words, fix your attention on their deeds" (quoted in Szasz, 1961, p. 2).

In Langs' case, he has largely taught residents and young therapists. These are practitioners in institutional settings or beginning in private practice, therapists who are relatively inexperienced and insecure. People in institutional, as compared to entrepreneurial, settings often treat individuals who lack social or economic independence. Both therapist and patient are at the mercy of the



system; they are not free to choose what they want or to decide policies. This situation is not unlike the fate of the training analyst and the candidate in an analytic institute. Only the most powerful training analysts in a system can call their own shots. Others, along with their trainees, are subject to scrutiny and pressure. The institutional frame is a compromised one from the word go.

It is thus understandable that Langs, dealing with interactions in such settings, should have placed such a great deal of stress on issues of frame and developed a method so heavily focused on the therapist. To be sure, increased self-awareness and responsibility is a moral duty of every practitioner, institutional or entrepreneurial. Free entrepreneurs are beholden only to their conscience and to society at large, whereas those within the system are beholden to their supervisors, an obligation that becomes a third-party infringement in the patient-therapist relationship. Ultimately, the patient bears the consequences of the supervisor-supervisee struggle. This struggle is often irrelevant to the patient in the system, it is relevant only to the needs of the other two players, and the patient is used as a pawn in their game. From the outset, furthermore, it has to be decided whose agent the supervisor is going to be, the patient's or the therapist's. Langs (1979) defines his position unequivocally: "The supervisor's commitment must be primarily to the patient in therapy and only secondary to the trainee; physicianly responsibilities precede all else in any type of therapeutic situation. Supervisory interventions for which the supervisee may be unprepared are thus at times indicated, in the interests of securing for the patient a sound therapy

situation” (p. 324). Such an advocacy of the patient, a third party to the teacher-student relationship, can result in the interests of the student being sacrificed (see Lothane, 1984b).

Langs has commented in print on his analyst but not on his supervisors at the institute or how they affected him personally and the analyses of his patients. The amount of pressure to which he may have been subjected can only be surmised from its reverberations in the dialogue with Searles (Langs & Searles, 1980), where Searles expresses the following reaction:

I feel you are going to destroy me. You are starting to put the squeeze on me. It is similar to what you did with some of those poor bastardly therapists in the “*Bipersonal Field*” (Langs, 1976a) and, my God, I dread it and I cringe and I can’t supply those answers. ...I have told many audiences that, in my work with nonschizophrenic patients, at one or another juncture, relatively infrequently, I express feelings with an explicitness which is relatively commonplace in my work with schizophrenic patients; but what determines my timing of my doing so I cannot, I can’t possibly say (p. 124).

Searles juxtaposes his freely flowing, intuitive style with Langs’, who says of himself: “I am a stickler on methodology” (p. 125). Searles is also critical of Langs’ stance as teacher: “...I doubt very much that you realize how pulverizingly critical and condemnatory you are being, at least verbally, to the therapist....Nonverbally you’re much less unkind than your words would indicate” (p. 131). Speaking doctor to doctor, Searles offers the following advice: “I would recommend to you that, in your work with the therapists in your seminar, you utilize something of

the same allusive subtlety that you recommend they utilize in their work with their patients, as regards any implied acknowledgement of the therapist's psychopathology as it becomes revealed by their work with the patients" (p. 138). Langs concedes the point and notes in self-defense: "And I do use discretion and modulation....It's a dilemma. It is not me that disturbs the supervisee, but the patient; I am trying to be open and helpful" (p. 139).

Langs' teachers at the institute may have also sincerely felt that they were critical of their student for his own good, or for the good of the patients they thought they were protecting. It is easier to achieve consensus in medicine, where the target of treatment is the disease, not the patient. In the field of psychological treatment there is the perennial conflict of personal vested interests. There is also the inflated narcissism of minor differences. An interpretation may be brilliant, but also off by a hair's breadth; it is a matter of personal taste. But in medicine as elsewhere the dilemma has always been: whose interests come first, the patient's or the doctor's?

Can beggars be choosers? The wave of consumerism that has changed the nature of the practice of medicine and psychiatry may soon sweep through the schools that teach psychoanalysis and psychotherapy. Students will claim that the teacher should be their advocate primarily and the patient's secondarily. Physicians have traditionally stuck together. Psychoanalysts have persecuted peers and students in the interests of their own power and in the defense of their

own orthodoxy. The principle of the adaptive context will have to be applied to the teacher-student relationship. What is the teacher's impact on the student? What is the teacher's hidden agenda? How truthful or deceitful is the teacher being with the student, how exploitative?

Coming from a different direction than Stone, Searles (Langs & Searles, 1980) disagreed with Langs' skepticism about the ability of patients consciously to "tell me when something is quite off the mark" (p. 98). He also found his own analyst's self-revelations "very helpful, very helpful. It would have been intolerably impersonal without them. A lot of it was pretty impersonal anyway; but there was enough leaven of a person there to make it reassuring. It was very useful" (p. 42). For Langs this is anathema. Yet, this "leaven of a person" is the leaven of love in human relation. Without it there is no relationship. Since psychological treatment is a personal relationship, since the person is the instrumentality of that treatment, it cannot be and grow without this leaven.

Thus posited, the problem of technique can be examined in a new perspective: what is the right technique, what is right love, and how do the two relate to each other in the enterprise called psychotherapy? Freud began with the phenomenon of hysteria, stumbled on the phenomenon of love, and invented transference in an attempt to bring law and order into love. The analysis of transference became his definitive conception of the right technique. He did not often treat of love, but did on occasion treat with love. Ferenczi, by contrast,

emphasized love.

Freud's abandonment of the seduction theory had momentous consequences for the development of psychoanalytic theory and practice (Lothane, 1983b). What would have happened if he had not abjured the seduction theory? He would have been like Ferenczi, who remained true to the traumatic conception of neurosis and the neurosogenic effect of cruel parents on their children. Ferenczi also advocated, according to Szasz (1965), the "abandoning of transference-analysis and, indeed, analysis of any kind in favor of dwelling sympathetically on the patient's past disappointments and making heroic efforts to undo them." Ferenczi is thus the father of the here-and-now wave: of Horney's and Sullivan's emphasis on the present over the past; of Wilhelm Reich's character analysis; of Franz Alexander's corrective emotional experience; of Merton Gill and Robert Langs.

Langs is between Freud and Ferenczi. He does not treat of love directly, except, in the manner of Freud, by default. Love comes to you indirectly when you do things right, when you apply the right technique, when you say the right words, when you express the right ideas. Direct love is as impossible as direct consciousness of it. In his stress on the ideogenic nature of the symptom versus its affective side, on the pathogenic nature of unconscious fantasy, on the negative value of failed communication, Langs is like Freud. Like Freud, he also stresses interpretation. But as Freud (1933) himself saw:

The associations to the dream are not yet the latent dream thoughts...An association often comes to a stop precisely before the genuine dream thought. At that point we intervene on our own; we fill in the hints, draw undeniable conclusions, and give explicit utterance to what the patient has only touched on in his associations. This sounds as though we allowed our ingenuity and caprice to play with the material put at our disposal by the dreamer and as though we misused it in order to interpret *into* his utterances what cannot be interpreted *from* them [p. 12; italics Freud's].

This is the perennial problem of interpretation: How do we know whether we are interpreting from or into? Are we not dignifying the analyst's thoughts, the *analyst's* associations, by the pretentious title of interpretations? How do we know whether patients are alluding to the analyst or talking about themselves? We do not know for sure. But if interpreting is nothing more than entertaining options, it is of service in making further discoveries, subject to the judgment of history. The danger lies in claiming premature validity for such interpretations. As the expert in the unconscious, rather than as an observer of reality, the analyst may be tempted to engage in a kind of imperialism toward the patient or student.

In Langs' primary focus on the interaction, in the short shrift he gives to the notion of the transference neurosis ("for me that is a denial-based myth" [Langs & Searles, 1980, p. 55]) pointing to the traumatogenic behavior of the therapist, in his views on the seduction theory, Langs is more like Ferenczi than Freud. Is it technique or love? Technology or personology? Idea or feeling? Content or form? The choices between these pseudopolarities make up the body and soul of psychoanalysis, past and present. Langs' effort is a challenging link in this

historical chain.

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