

THE CREATIVE IMAGINATION

▣ PSYCHOANALYSIS *and*
the GENIUS *of* INSPIRATION

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▣ THREE CREATIVE PHASES
IN PSYCHOANALYSIS:
THE ENCOUNTER,
THE DIALOGUE AND
THE PROCESS OF
ARTICULATION

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I do not intend to add anything new to the different methods of psychoanalytical work. I will talk about some creative aspects of psychoanalysis, not because these aspects are in themselves creative, but because they impress me as suitable material to be related to the problem of creativity. These aspects are found in any analytical work. They are the working parts of any analytical effort from the side of the analyst as well as from the side of the patient. There is no sure method by which psychoanalysis brings about creativity. By creativity I do not mean merely the creating of art works or

works of genius, but also the true human nature which is given to growth.

It would take another paper to make clear what I understand as growth. In this case growth is, of course, not growing in size; it is not related to success nor to any other outside quality or value. It is something quite different indeed, namely, the ability to live, to survive, and to face the world against the evidence of failure, death, and other misfortune; it is the quality to possess and keep the vision of justice against all evidence to the contrary. Growth is a quality *against*, which means that an individual possessing this quality is able to see the deeper realities of life, though they are covered up and distorted. Growth is therefore something to learn, to find, to understand, something to act on. Growth is also the understanding of the even deeper structure of the world, by which I mean the understanding that life and the human being in life are faced with irrational powers trying to distract and divert us from our path and trying to destroy our direction—what we call the meaning of our life.

I have selected three stages or phases of analysis—the encounter, the dialogue, and the process of articulation—because they are important and related to the creative work of the analyst and the creative possibilities in the patient. There is no logical sequence applicable to these three phases.

To start with the first: I consider the encounter with the patient a most revealing creative process for the two participants. Patient and doctor meet under special circumstances, though these special circumstances enter the picture only secondarily. They are two human beings meeting under special circumstances in the doctor's office. The patient is willing to pay a certain amount of money and comes to the doctor to get help because of an ailment, in this case an emotional disturbance. There are many forms of emotional disturbances. I shall leave out the psychotic patients; I would rather think of

a patient coming to the doctor for minor disturbances. In this case, patient and doctor meet like two other human beings on a normal level to talk out certain problems, the solution of which is expected from a collaboration between the doctor and the patient. The atmosphere of such a meeting is definitely non-medical but it is definitely also more than a meeting or should be more than a meeting.

It is for this reason I call this first meeting an encounter. The first meeting can also be a series of first meetings serving to settle certain questions between two persons who are intent on accomplishing a special kind of work. The fact that they intend to accomplish a special kind of work gives such a meeting or series of meetings a special coloring, though it is also not more than a meeting between two human beings. A meeting between patient and doctor in the office of a psychoanalyst is different from a medical meeting in the sense that no distinct diagnosis is expected. The patient does not come to be subjected to any unusual form of scrutiny. The patient is simply there and the doctor is simply there. Such a meeting is an encounter in the sense that two persons of different personality and often cultural background come together to find a level of communication without knowing whether their search will be successful.

The encounter between doctor and patient is of the greatest importance to the course and the subsequent possible success of the analysis. The encounter is actually a collision of two different worlds: the world of the patient and the world of the doctor. To reach a level of communication is the aim of a proposed and planned process, called psychoanalysis. Therefore, what is mostly wished for is the readiness of two greatly different human beings to co-operate in reaching a common goal. Consequently, the encounter should arouse in the doctor as well as in the patient a creative curiosity not unlike the creative curiosity felt by an artist before he starts painting,

writing, or composing. Thus, right at the start, there is a distinctly felt, immediate reaction. The patient quickly knows whether he likes the doctor or not and this like or dislike colors his whole attitude during the analysis. The collision of two worlds of reality creates the immediate need for an evaluation of the first meeting after which both parties ask themselves about the possibility of continuance.

They come to the conclusion that the differences which will always be there are either tolerable or not. They feel clearly and painfully that there is no equality in such a meeting on a commercial, or rather professional, basis. The possibility of continuance, to extend the talks beyond the first meeting is either there or not. If the patient decides to continue, he has given the first proof that he possesses a potential amount of transcending ability. He then probably will be able to see the differences between himself and the doctor as a mirror of his own differences with other persons. Consequently he will see the nature of conflict and the nature of complexes. The second, third, and the following meetings—all will have the quality of the encounter. There will be, from both sides, an evaluation and re-evaluation of the differences of two worlds of reality. Patient and doctor are thus pushed toward the hard facts of being, and obliged to leave the world of abstractions. The need to take the world as it is, as a sequence of experiences and changes, hits the patient as well as the doctor in these series of interviews, but mainly in the first interview.

I would call the first interview the decisive encounter, when, as I said, the two different worlds or realities of the patient and the doctor meet in collision. The doctor as well as the patient, but the patient more than the doctor, are like two adventurers traveling into unknown countries. Consequently the encounter takes a great deal of its realistic impact from the anxious psychology of exploration. Both parties find them-

selves ready to proceed with certain plans but there is complete uncertainty as to how well the plans will work. The problem of chance and the irrationality of life are distinctly and intensely present in the encounter. Therefore, as Tillich has said, and as I have also asserted when I spoke about the human situation and "acting against evidence," man in any situation, but mostly when he is faced with another human being, unknown to him, acts somewhat "in spite of."

In the encounter, the course to take, the analysis as a scientific process, the success which depends on money, duration, and the procedure, emotionally and psychologically, of not yet present events—all these are possibilities and not more than possibilities. The creative process is very much a possibility and we never know whether possibilities can be transformed into realities. The element of chance present in the described situation is an element of not knowing. The encounter is therefore a creative vacuum, a form of emptiness that may be filled with knowing later in the process of treatment. It may be or it may not. The awareness of uncertainty surrounding the encounter, so deeply felt by both parties, makes it a creative stage in the sense that no preconceived formulas can be conceived. An analyst's ability to experience the creative vacuum of the encounter makes him different from an adviser, as for instance most marital counselors are, who know all the answers before they even see the persons coming to them for help.

The dialogue is the second creative activity between the patient and the doctor which can be identified. One cannot really call it a stage or a phase of the analysis as it accompanies the analytical work from the beginning to the end. The ontological meaning of the dialogue is seen in an advance of the participants toward the reality of communication. The dialogue replaces the purely impressive state of the encounter, the mutual seeing, evaluating, and measuring, by a different

form of creativity. As I indicated, a greater effort is made toward finding a common level by using words instead of using only the senses. The changing of the meeting atmosphere toward the dialogue atmosphere is an important moment of the analytical work. It takes the two persons who have come together for a definite aim out of one situation and places them into another, though both efforts or situations or stages work and happen simultaneously. It is nevertheless a fact that a decision has been made in the sense that both parties find and use new means for mutual understanding.

There are many forms of dialogizing and I would say that creative dialogizing in analysis is a special sort of creative ability. Some dialogues come from one person trying to convey a definite opinion to another person, either because the situation may require it or because one person finds his opinion to be more important than the other person's opinion. In contrast, the analytical dialogue originates from silence. It actually is the transformation of silence into words after recognizing the fact that other means are necessary to cope with a different world. The use of words is definitely a stronger instrument toward understanding than the use of the senses.

In primitive times, for example, when language was born, the use of words most likely came from the earnest will to overcome differences. It soon then becomes obvious that the use of words and of language is not an ideal means to find a common level of understanding. If, for instance, the analyst would say: "Put yourself on your own feet. Become independent," or use similarly well-known phrases, it might mean anything.

Each time one speaks, one has to take oneself into account, evaluate one's own ideas, one's own subjective approach as it is conditioned by former parental and present cultural influences. In orthodox analysis this caution is very much

neglected. Since the system is strictly adhered to, the meaning of the system is conveyed even in small conversation. The fact that the analyst sits silently behind the patient neither denies nor distracts from the fact that a dialogue is taking place. Free association is only a specific form of dialogue. The possible directing by the analyst, his influencing of the patient, is as great as if they were facing each other.

On the other hand the silence I talked about is a preceding phase; the dialogue is a cautious waiting, an intention to reduce one's own influence to a minimum. Only if the influence of the analyst upon the patient and the possible influence of the patient upon the analyst through words or simply through the impact of personality are reduced to a minimum, can dialogue arise as a creative phase in analytical work.

Then in the course of analysis the dialogue becomes more intense and as time goes on it becomes clear what every dialogue is, namely, a proposition for reason. But even so, when it has become clearer that reason, as a possible remedy for anxiety and guilt, is proposed, there is no defined system for doing so in creative analysis. It is simply that between two persons reason, as such, has appeared as a possibility for the settlement of the patient's ailment. It becomes clearer what reason is, namely a category of thinking which, in contradistinction to intellect, is able to transcend. Reason is then recognized as a means to relativize facts and hindrances. It finally becomes clear to the patient that the doctor has something in his mind pertaining to logos, or to the meaning of that part of the patient's existence that he lost through his neurotic sickness.

The proposition for a reasonable settlement of the patient's problems has nothing or very little to do with the contents of the neurotic difficulties. In the appeal, as conveyed by the dialogue, the logos refers to the meaning of the patient's life in a special and in a general way. What I said by implication

is that the loss of the meaning is the real problem, and the contents, whether they are in the area of the patient's occupation, his marriage, or anywhere else, are secondary. As soon as the reluctance to talk is overcome, the patient leaves the area of detachment—his hideout, his frozen attitude toward his own person. He puts himself again into life, though, of course, it is only a semblance of life, a small part of life, the doctor's office, which then gains in significance. The doctor's office reveals itself as a form of enclosure, different from the enclosure with which the patient surrounded himself in his detachment. While the doctor's office is away from the reality of life, it is at the same time already a part of life, and it offers certain aspects of real life that the outside imposes on the patient to a much greater extent.

The dialogue, as it gradually progresses in the analytical process, is a creative experience between the doctor and the patient. It becomes, therefore, a sort of rehearsal of real life. It is a substitute but, at the same time, a near to real experience for the patient who, after his cure, is supposed to be in life again. In the dialogue, the patient learns to speak and to regain confidence in the possibility of defining himself and his environment, the objects surrounding him, including the persons he has to deal and cope with in his individual existence. He regains confidence in the fact that there is a method (whatever method this may be) to approach his problems and, therefore, he is able to lose the attitude of disgust and utter despair characteristic of so many patients in the beginning of the analytical process.

As the dialogue puts the patient into the perspective of logos, a new conflict arises in him. He now becomes keenly aware of the paradox between the possibility of a reasonable settlement of his problems and the nature of the unreasonableness of his own world. Through the quiet imposition of the dialogue carrying the suggestion of the logos, the patient,

as a last refuge, tries to flee into his neurosis and its gains. This is the period of vehement arguing about what is "right" and "wrong." The patient not only displays a sort of artificial morality while trying to prove his case, but he also criticizes the value system of the doctor. It sometimes takes a long time before the patient sees through the fact that the cure consists not of the acceptance of the doctor's values but of the insight into the nature of values or the logos. To put it differently, resistance is caused by the difficulties in understanding the need to accept values or the logos in spite of its relative value. The patient, finally losing his rigidity, also loses the trend to absolutize his "truth." Only then, when he is willing to transcend his truth without giving up the idea of truth, can the cure really make progress. Only then is the patient willing to leave his state of isolation.

I decided to call the creative phase relating to the persuasion of the logos the "phase of articulation," because it consists of a constant attempt at the definition and redefinition of the patient's and the doctor's standpoints. The phase of articulation appeals to the ability to accept the paradoxicality of life and its inner contradictions. The process of articulation is the phase when the patient finally accepts not only the possibility of the meaning of his life, but also the possibility of giving life a meaning. Articulation, transcending the simple search for communication, examines the basic tools and instruments in the possession of the patient with the help of which he may put himself into the position of being a person or an individuality.

In *Winston's College Dictionary* I find the following definition for "articulation": "The act of forming sounds, enunciation, utterance as regards its distinctness, also that which is pronounced distinctly." Then, under the same heading, it says: "A point of juncture or of union between parts of bones or plants." Articulation as a creative psychoanalytical process is not the forming of sounds, but just as the sounds underlie

words and language, so are they the first primitive attempts to form means of speaking. Thus, articulation forms the means of understanding the human situation of the patient. Articulation, by bracketing the contents of a person's life, by going through all the different expressions and all the consequent conflicts, is listening to the sounds of personality.

In modern poetry and literature the principle of reducing the aesthetic elements to a minimum without which the work cannot be done goes through a process similar to what psychoanalysts have to do with their patients. Just as the sound poems reflect such basic emotions as hatred, love, etc., so are basic emotions and attitudes, as we find them in the psychoanalytical work, revealed in the process of articulation which is an analytical and creative process at the same time.

All of us know to what extent these emotional attitudes of a patient can be covered up by rationalizations and intent to mislead the analyst as well as the patient. To teach the patient to see his basic attitude toward life, to make him aware of the fact that these basic attitudes determine his being-in-the-world, is the task of the process of articulation.

In art, the reduction to mathematical symbols, such as Mondrian did, and in poetry, the sound poems as they were produced, are accompanied by the wish to start again. This is the positive side of the process of articulation and its specific creative side, namely to arouse the earnest wish to start again through simplification.

This is not the place to describe the various aspects of the articulation phase of psychoanalysis. It seems arbitrary to select the problem of simplification but still, to my mind, simplification is one of the most important aspects of articulation in psychoanalysis. By going through the contents of a person's life the analyst is involved in the process of personal history. The contents in such analytical activity assume a symbolic character as they are subjected to the aim of the analyst

to simplify and relate them to the basis of a person's character structure. In a person's life the different events revealed in analytical activity are comparable to a play on the stage in which the patient plays most of the roles simultaneously and, as we ask ourselves about the plot after seeing a play, about the story, about the meaning, so we ask ourselves and the patient about the plot, about the story and the meaning of his life. We find out in the material of his life, what makes him tick.

We see, through the reducing and desymbolizing, what Sartre calls the primary choice. The patient, in the process of articulation and with the help of the analyst, will find out about his primary choice and how his life was taken away from his primary choice and why, as Sartre puts it, he dwells in the state of bad faith. Why did he lose the ability to make new choices, and so why did he lose the ability to be in life instead of being beside life, next to life, or above life?

Let me close this short description of three creative stages in psychoanalysis with a quotation from Maimonides which refers to the self and which I think has much to do with the primary choice. Maimonides says, or is supposed to have said: "If I were not interested in myself what would the others be able to do for me, and if I were not interested in myself, what would I be able to do for the others?"

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