

## INVOKING THE ACTUAL IN PSYCHOTHERAPY

WILSON VAN DUSEN

*University of California, Davis, California*

My theme is simple. The actual, existential, or real can be invoked so that it stands forth in its own apparentness. It is just as though one struck a bell with a hammer and the reality of the bell vibrated in its uniqueness. The bell then calls out something of its nature. How different this is from most psychotherapy where one is not certain what is hammer and what isn't, where is the bell, and how can it be touched. I am thinking of ways of making the situation more concrete, and I will give concrete examples from my own experience. These examples will range from simple obvious ones to things that could be attempted and are yet mostly untried.

By the actual in psychotherapy I mean something with its own obvious nature so that when one runs into it you know you have hit something solid, living, critical. When the actual is involved you find it powerful, and therapy gets up and has body and moves. In simile, therapy is like my visiting your basement. As I go down the stairs in your place I find all sorts of odds and ends; dolls, bits of string, collection of stones, children's books, a bent nail. In the corner of the basement I might find odd store dummies that look like mother and father. I may hear something alive, moving, like a rat. I go looking for this rat and he scurries away, defensively. The rat has more life than the rest. The rest is scattered bits of history or images of the self.

But in everyone's basement there is a lion sleeping. His snores fill the whole basement sending life everywhere. I can locate this lion and awaken him. But, like waking all lions, one ought to be careful. He may be ill-tempered and hungry. So one awakens lions carefully, with due respect. Perhaps one's respect is so great Sir Lion isn't bestirred. This is wisdom in respect to invoking actualities. One can examine string and bent nails forever, but powerful living actualities are another matter. They have claws and teeth and uncertain dispositions. One invokes them, just as one calls upon heaven, with regard.

There are old, easily recognizable examples of this. The main one that comes to mind is the analysis of transference and countertrans-

ference. Instead of speaking of things removed, such as wife, and children, mother and father, one is suddenly speaking of us two here, how we feel about each other. This is a present actuality. One wakes this lion carefully. Best have so many months of acquaintance before patting him on the head. Stroke the fur, speak softly, hope he had a recent meal. This is an invocation of the actual—what is actually going on now between us here. “Why do you keep coming to me?” “What do I mean to you?” “Should we quit seeing each other?” This stirs the lion.

In this you will see that I gravitate towards action and show no particular fondness for words. Often, when people speak at length to me, I tune out the words and study the music of the voice and the dance of their movements. From this I can see them better than I could from many words.<sup>1</sup> In part this prejudice of mine may stem from ten years work with chronic schizophrenics in whom words can be a morass that can swallow up an armored division without a trace. I would prefer the actuality of a little rat or even a store dummy or a bent nail. I am wary even of symbols, images, the mythologies produced by people. They are not useable coin to me unless they are translated into the actualities of a person's life. A learned therapist told a lady of my acquaintance that four in dreams means completeness and three is incomplete. All very fine. But what, mam, is complete and incomplete in your life, and does it look like the dream symbol? The sign word “death” is a long long way from the chilly feeling of “this is it, here I go,” in one's personal death. Words are just brief sounds. Words and symbols are lifeless unless they choke up, frighten, bring tears or alert like the actually numinous. The actualities I speak of are all more or less visible and palpable.

#### THE FORCE OF THE ACTUAL

Let me give examples of invoking the actual. A pale young man tells me of difficulties with authority figures such as boss, father, teacher, etc. They could be spoken of because they were removed. But I am an authority for him too. Could we experiment and see what happens as we play with the authority role? What happens as

---

<sup>1</sup>The same principle was expressed by Adler in the following way. “I have found it of considerable value to conduct myself as during a pantomime, that is, for a while not to pay any attention to the words of the patient, but instead to read his deeper intention from his bearing and his movements . . . In doing so one will . . . recognize clearly the meaning of symptoms” (1, p. 330).—Ed. note.

I walk up to him? How does he feel as I stand over him and look down at him? It frightens him a little, yet he knows it is partially a drama that can be controlled or stopped. It cuts through circumambulations about the issues. The issue is alive here.

One young man was frightened of murderous thoughts. Of course it was others he killed, not me. Words are mostly about things and people removed from the here and now. But could we experiment with a little murder? His preferred mode was choking. Could he try choking me? He was reluctant to try. He warned me he might lose control. I wasn't particularly afraid since he was a small fellow. Reluctantly he strangled me a bit and then turned away in shock. It took a while to find out what had been invoked. He was shocked to feel overwhelming love for me. He wanted to touch and carress. In a few moments we had cut below aggressive issues to touchier ones of love.

Words play a role, but they need to be living ones of present actualities. A common problem is of the very passive patient. All he sees is that the therapist has all the answers. He asks should he do this or that? He feels that clever doctor will show him the way. My comment back is passive. "There it is again. You lean on me." He asks what do I mean. "You are leaning on me again." All very fine but he brushes it aside. Yes, but he again asks how he should live his life. "There it comes again. You lean on me." This invokes the issue of passivity. You call it by name. This is perhaps what is meant in the Bible by calling the spirits by name. Address by the name which reflects their whole nature. The one who really knows their nature can call them out. Eventually the patient gets the impression that I am talking about what he is doing at this moment. He becomes vaguely aware that perhaps he often does this same thing. We have a wonderful game going. Once we know what is meant we can even coin a symbol and represent his passivity by a gesture. He leans on me and I show this by one hand leaning on the other. He demands an answer and one hand leans even more aggressively on the other. It is important that the symbol be natural to the situation—preferably one chosen by the patient. One doesn't tease lions. It is done in the spirit of play and honest communication.<sup>2</sup> I recall a session years ago where the actualities of a person's life were represented by a burnt match lying in a match box. All the words are forgotten, but the spirit of the situation is recalled. We had arrived at the wordless actuality of a man's life.

---

<sup>2</sup>The necessity and value of "insisting on straight talk" with the schizophrenic patient was also pointed out by Deane (2).—Ed. note.

An attractive example of this comes from a psychoanalyst friend of mine. He is a gifted man who had three classical Freudian analyses by men of the era and caliber of Fenichel. As with the Freudian drift of things, and as actually appropriate to this man, several years of conversation boiled down to issues of his potency or male adequacy. As they got down to cases, the issues evolved around the penis itself. Then my friend participated in the most remarkable therapeutic coup he had ever seen. In a mild manner the psychoanalyst asked his patient to produce his penis so that they might examine the offending organ. The patient couldn't believe his ears. The fool wanted to see the thing they had been talking about for a year. Well, with the offending organ in hand, the whole case shifted. He had been viewing his organ through subjective feelings colored with inferiority. The objective fact didn't look inadequate. A refreshing breeze of actuality had blown away some smoke of fantasy. My friend later became known for cutting through words to actualities. More than a penis was brought out.

With chronic schizophrenics a good deal of such ingenuity can be useful. I commented earlier how language with them can be a morass that swallows up whole batteries of therapists. I recently read an army manual on survival. To try to stand up in quicksand is deadly. To cross quicksand it is best to fall flat on one's face and swim across. Perhaps there is a vague analogy here for dealing with schizophrenics.

After a year I found a schizophrenic was using words in an unusual way. He planned speeches for me. All went well if he could anticipate the conversation and work out all his ploys ahead of time. The usual psychiatric examination he had down pat so that nothing meaningful would be revealed by him. We shifted to more actual things. We walked together, examined his work, and looked into his locker. These patients often collect things in their pockets. With respect we went through the things he had with him. Here were all the items precious to him. I could handle these actualities of his life. He collected empty tobacco bags. He asked what happens to them when thrown on the ground. It was said with tears. For a moment it sounded as though he were speaking of the death of people. By saving them it was as though he were salvaging lives. Why string and rubber bands in his pocket? Well, should a situation arise he would be prepared to meet it. He collected hospital administrative bulletins found in garbage cans. If a question arose regarding some fact or figure about the hospital he might be able to prove his adequacy. He couldn't let anything new be thrown away. It was too much like a man going to waste in a mental hospital. He had pockets full of self images.

I always feel like going out to meet any actuality that intrudes into the situation with the patient.

One woman had killed her husband while in a distraught schizophrenic state. She had loud, nasty hallucinations plaguing her in spite of electro-shock treatment and ataraxic drugs. The day before, she had thrown a chair through a window because the voices seemed to come from that direction. With reluctance she revealed they were mostly pressing her towards a perverted sexual act with

her son. The voices were unavoidable so we went to meet them. With her help we could deal with the voices. In fantasy she could try complying with them. As she approached them, they seemed to become more considerate. They also lessened in intensity. Finally they disappeared when she saw that she had been far from her son and they wanted her to express her love for him.

One meets many devils in state hospitals. The more one flees them the more devilish they are. In fact, they seem to be an image of the patient. Their negative intensity reflects the patient's attitude. Consideration of them lessens their opposition until finally they fuse as one with the patient.

One meets actualities one is afraid to invoke such as the sexual or aggressive. How can one go to meet obsessive sexual thoughts, for instance. Where it cannot be invoked directly I am inclined to let them be enacted in fantasy.

One woman was plagued by an attraction to older females. She felt a horrible homosexual possibility. She misinterpreted and blocked the impulse because it seemed repulsive. With nervous restraint she explored the drift of her feelings in fantasy. The fantasies rose from the pubic region to the breast. It became clear to both of us she was looking for a mother on whom she could again depend and be child-like. The homosexual issues had disappeared.

Over and over again it seems these terrible demons of the unconscious reflect the patient's terror. Like well-intentioned masked actors at a dance, they scare the audience out of proportion to the real spirit behind the mask. Devils can be decent chaps made malevolent by frustration. They represent something that insists on being in spite of any opposition and becomes negative with opposition. The patient's negativism reflects in them as can a more cooperative attitude.

This use of fantasy to explore the real drift of the inner self reminds me of the impressive work of Desoille in his guided daydream (5). One is free to invoke anything in fantasy; parents can be killed, and cities blown up. If there is difficulty, fantasy armies can be rushed in to help. The fantasy world of some people is narrow and prison like, but with help one can knock a hole in the walls and escape. Whenever the invoking is too much to represent in action, fantasy can be tried. This is not the hasty and socially contrived fantasy of an unpracticed person but an artful practiced fantasy which emerges from the other individual with its own definite form—a form reflecting the actualities of a life. Where one can't tap the actual bell one can try fantasy bells which have definite notes of

their own. Most conversation is unbell-like in comparison. One woman represented herself in fantasy as a ruin. Later a beady-eyed vulture turned up to sit in her ruin. She asked why it couldn't be the blue bird of happiness. My answer was that the vulture more accurately reflected her situation.

Perhaps some therapists are blocked from the worlds of others by too rigid and limited a preconception of human worlds where there are only a few primary dimensions such as sex, aggression, status, role, or introjected parents. The existential idea of being-in-the world as a unique personal mode of existence permitting unique worlds for each individual is useful.

An example of uniqueness is that of a woman for whom Baldwin pianos were the hub of existence. Hers was a world of exquisite sounds and unpleasant sounds. There were no visible objects in it. When she met her lover he was playing the Baldwin piano. She had an exquisite hearing for nuances of overtones. Her thoughts were all of impregnating the world with this sound of the perfect instrument. She was a gifted pianist in part because she could feel sound better than most people. The usual therapeutic gambit of talking with her didn't mean much to her. Words weren't musical and the overtones of the air conditioner were unpleasant. We found a Baldwin on which she played beautifully for me, and as she played her lover seemed to enter the room. The issues around her lover came alive. My world was my office. Hers was the piano. We worked in her world. It is difficult enough to be in emotional trouble without having to fit it into the therapist's world and the therapist's way of doing things.

In psychosomatic disorders the intruding actuality is the bodily organ itself. Usually the sick person is far from some part of himself. One woman with chronic muscular tension was less aware of it than I was. A minister suffered little bouts of angina pectoris. Like clever therapists, some people have theories about their organs. Such theories do not impress me. I want to hear what the muscle says or what the heart says.<sup>3</sup> It is slow work to get persons to become acquainted with a part of themselves. They speculate at a remote distance what it is all about. But I want the words of the heart itself. "Oh, I am bursting with anger and I hurt." As this becomes conscious the hurt anger can erupt in awareness rather than in the heart. I want the words which are beyond speculation, rumor, or theory; the words that are swept along by a torrent of feelings. These words are sacred. They are the blood of the life. Being somewhat dense, I must see the blood. Theories about blood are too bloodless.

---

<sup>3</sup>Confirm Adler's concept of "psychosomatic disorders as organ dialect" (1, pp. 308-310).

Invoking the real feelings of the other person seems one of the subtler arts. Here I study gesture and voice quality to absorb a sense of the other person. Where I see feeling I call it out. It is easy to see tears in another person before they are clearly aware of it. The eye reddens and looks watery while the voice trembles moments before. Anger is fairly obvious. I don't hesitate to name a feeling by some name and let the other person perfect my understanding "You look angry." And the other person says, "No, I'm not angry. I'm frustrated." In this way the patient helps the therapist's aim. It makes a marvelous difference in a conversation to note and call out the feelings of the other one rather than to chase the content of their words. The situation suddenly has a thump to it as though a solid actuality had been reached.

#### THE ACTUAL IN DREAMS

For some years I have experimented with detecting the actualities of dreams. A person tells a dream, says it sounds silly and he does not understand it. How can one penetrate this mass of symbols? I would like to have the person tell the dream slower, feeling his way along in its nuances. As this is done the dream is acted out in gestures, voice quality and the subtle nuances of being present. Often I can just see bits and pieces. An engineer spoke of locking a bathroom door and crooked his finger over his lips. To my question whether the lock was the hook type he said yes. A woman said she was led by a blind cat in a dream and she seemed momentarily stupid to me. A stout man says he is in a hut full of food. He describes it by holding out his hands to the width of his body. I see the hut full of food. Upstairs in the hut a lion gnaws at a man. We speak of things that gnaw at him and he meets his lion. The dream is quietly re-enacted in the telling of it. By various maneuvers I try to make more vivid this enactment so that the dreamer can define for me what his own dream means.

Sometimes a bold approach works. The woman led by a blind cat looked up at me stupidly and said she didn't understand it. I said, "There is the blind cat." She said she didn't see it. I said, "blind cat." She saw how she was being led by her own lack of understanding. Or there was a talkative man running on spoon-shaped bones. I clasped my thumb and fingers around my jaw and withdrew it to show its round U shape and he recognized the spoon-shaped bone he ran on. He talked a good deal and ran on the lower jaw when anxious.

On other occasions the enactment is more subtle and entangling.

Often the dreamer will just feel towards me as towards the other person in the dream. These feelings must be called out to untangle this part of the dream. Invoking actualities of dreams is difficult, but it is a pleasure to see obscure symbols become transparently clear in the present real situation with another person. Sometimes it depends on unaccountable intuition. One alcoholic man spoke of dropping all his business papers in the mud. I felt confused and asked him if this was his feeling. We had both dropped our business papers (planned, logical, business-like thoughts) in the mud. As soon as we recognized this, the mud cleared. He then could give other ramifications of the dream thought. He had let his real estate business slide into ruin, but he said the dream papers could be salvaged and so could his business. The dreamer can often work out the remainder of a dream after one or two central dream elements are pulled into the light of day. Dreams are difficult to invoke because they are more concrete and present than our understanding of them.

In this business theoretical assumptions can be blinding. One psychotic woman produced no dreams or symbols for two years. Finally she had a little dream for me. In the dream she knew that only her husband's key could save her. She drew the key for me. It was a blindingly beautiful phallus. Freudian notions crowded my mind so we could make no use of this key. The sexual implications just didn't mean anything to her. She was middle-aged and long since separated from her husband emotionally and physically. In retrospect the symbol is clear now. The dream said my husband's masculinity is the key that could save me. She was a woman who drifted helplessly without a man. Husband's key (not any man, but a husband) could save her. The phallic shape said masculinity more blatantly than I could understand.

#### ALLIED EXPERIMENTS

There are whole areas of invoking the actual that are already known. Play therapy is one example. Toys are actualities to children. The girl plays out her understanding of family life with her dolls. The boy assays the masculine role with his cowboy outfit. The child does not use the windy circumambulations of adults. Bang, bang, you're dead. Morita therapy (4) growing out of Japanese Zen, is an example of invoking actualities with adults. The emotionally disturbed adult is put through a regimen which bypasses words and brings the patient back into the actualities of life. They begin with



bed rest, then light work and then heavier work in the soil. Only after this re-embedding in actuality are they permitted talk and visits with relatives. They claim success with this beautifully actual therapy.

Using this central theme as a model, one can think of a number of untried and half-tried experiments that are possible. Would delinquents benefit from a situation where they can practice making, enforcing and breaking their own rules? Let the issue be their actual self-regulation and let them practice with laws, courts, police and delinquency. An experiment similar to this is taking place in a state hospital. For every rule there is someone to break it. The Chinese say locked doors make thieves. It is necessary that mental hospital patients get out of bed and contribute a little work. Some stay in bed and it engenders battles with staff. The more staff insists, the more enticing and justified is one to stay in bed. In one very pleasant unit where the women have their own living room, coffee pot and other comforts, they are assigned to groups. The groups rise and fall as a unit. If one member won't get up in the morning and do simple duties, the group gets five demerits on the bulletin board. Being mad, but not dumb, the group catches on to the order of things and begins to take responsibility for themselves and each other.

An example from a psychiatrist is the catatonic who refuses to eat or move. This alarms staff who proceed to force food down via a tube. In the patient's mind this can justify all sorts of notions about a malevolent world. The psychiatrist spoke gently to the patient. "We will let you know when meals are being served down this hall only thirty feet. When you want to eat you can go down there yourself. We won't force you to eat as this is unpleasant for you and us." She said she never saw a patient miss more than three meals.

There are endless possibilities of experiments in self-government along the lines of Maxwell Jones' therapeutic community (3). One might almost define mental illness as an unlearning of responsibility towards one's self. In state hospitals we collect the world's most useless people. They are more useless than bums and hobos who carry their own bedroll and manage to take care of themselves. Here I would consider using food itself as a reward with medical control to prevent anyone from being hurt. "If you will do this little bit of work, you will earn a meal. I do this because I think you will feel better if you are productive. If you do not work there will be no meal." But in such an experiment one has to deal with staff attitudes and the public. Some would cry cruelty, not realizing that letting a person

slide into a useless life of playing with one's own thoughts may be the worse cruelty. Everywhere we have experimented with more responsibility for the patients, they have tended to take it and improve by it.

#### SUMMARY

Anyone with a little ingenuity can think of similar examples. Summarizing, what actualities might be invoked? First, whatever insists on intruding into the situation with the patient. If someone insists on knocking on the door, one would do well to let him in and see what he wants. If the lady is preoccupied with Baldwin pianos—then to the piano. Second, I feel it valid for the therapist to invoke or call out whatever bothers him. It seems many therapeutic sessions are bogged down because the therapist is circumambulating about what bothers him. Whether or not it is objectively valid (the patient really is annoying) or only subjectively valid, doesn't make much difference. If a lady is overly seductive, I call out this spirit. One can hardly seduce then. If someone is too loud or too soft-spoken or whatever, I call it out. At times the patient will simply show the therapist to be mistaken, but the matter is then out of the way.

How one invokes depends on individual style and ingenuity. I doubt that there is a perfect way to do any of these things. What would suit me, would not be appropriate to someone else. Or said another way—what is actual depends on the two people present. I see the process as a give and take in which either patient or therapist may make the greater gains. There is no expertness in the sense of one knowing more than the other. There is hopefully a greater ease and readiness to explore on the part of the therapist. Invoking the actual has for me many religious overtones. The actual is sacred because it is a life. While interviewing a nurse in a group she came to tears over her loneliness. The group became silent. No idle chatter. No clever theories what this really meant. No questioning whether this was real or not. Its reality flowed down her cheeks and mine. It is holy, numinous and awesome. It is a life laid bare. This nurse made more real whatever loneliness there was in each of us. In the presence of the real I have no advice. One does not tell any respectable lion how to be a lion. He might eat me to show his teeth understand my flesh. In these moments one shares the vistas of what it is to be human. The aim is to bring into actuality the central concerns of the life. With these realized, the person hopefully makes wiser choices.

For me, this is the area in which one person helps another. Whatever it is called, the actual is holy, and it has a most pleasing thump of the real when it is met. And truth is, it need not be invoked. Its reality invokes us. Like a dream more concrete than I can understand, it intrudes, stands forth, exists as the sacred Real.

#### REFERENCES

1. ADLER, A. *The Individual Psychology of Alfred Adler*. New York: Basic Books, 1956.
2. DEANE, W. N. On talking with the deluded schizophrenic patient in social therapy. *J. Indiv. Psychol.*, 1963, 19, 191-203.
3. JONES, M. *The therapeutic community*. New York: Basic Books, 1953.
4. KORA, T., & SATO, K. Morita therapy: a psychotherapy in the way of Zen. *Psychologia*, 1958, 1, 219-225.
5. VAN DEN BERG, J. H. An existential explanation of the guided daydream in psychotherapy. *Rev. existent. Psychol. Psychiat.*, 1962, 2, 5-35.

---

#### CONTRIBUTORS TO THIS ISSUE

(continued from page 2)

in a greater integration and rapprochement between clinical and physiological psychology.

PAUL ROM, London, studied at Leipzig and Paris. He joined the Society for Individual Psychology in 1930, and is vice-chairman of the Adlerian Society of Great Britain. He is editor of the *Individual Psychology News Letter* which he founded in 1950 and has been bringing out bi-monthly ever since.

PAUL SWARTZ, Ph.D., University of Rochester, 1951, is professor of psychology at Wichita State University. In 1956 he revived the *Psychological Record*, served as the journal's executive editor until 1958, and is currently an associate editor. His introductory textbook, *Psychology: The Study of Behavior* (Van Nostrand, 1963), was reviewed in this *Journal*, 1963, 19, 238-239.

HUGH B. URBAN, A.B., Princeton University, received his M.S. and Ph.D. from Pennsylvania State University where he is coordinator of the psychotherapy program, division of counseling, and associate professor of psychology. He has tended to specialize in the analysis, assessment, and modification of disordered behavior. He has been co-author with D. H. Ford of papers on the counseling process, the training of counseling and clinical psychologists, the problem of college drop-outs, and a book, *Systems of Psychotherapy: A Comparative Study* (Wiley, 1963), reviewed in this *Journal*, 1964, 20, 105-107.

WILSON VAN DUSEN is chief clinical psychologist, Mendocino State Hospital, Talmadge, California. He has recently been appointed lecturer at the level of full professor in psychology, University of California at Davis. He is also on the editorial board of the *Review of Existential Psychology and Psychiatry*, a consulting editor of this *Journal*, and author of several important papers on existential psychology.