

DR JAMES WILK¹
FACULTY OF PHILOSOPHY, UNIVERSITY OF OXFORD

**THE PAGEANTRY OF THE MIND:
CONTENT PHILOSOPHY AND
A PSYCHOANALYTIC POINT OF VIEW
*A FUGHETTA FOR ESA SAARINEN AT 60***

*Nous sommes pourtant nécessaires.
Aussi malades. Mais c'est de la tristesse de la vie,
qui pour nous est toujours un combat avec les forces éternelles.*

—Eino Leino (1925) in a letter to Bertel Gripenberg

Yksi on laulu ylitse muiden ihmisen aattehen hengen ankara laulu.
("One is the voice above all others: the stern voice of man's beliefs")

—Eino Leino (1902)

{from his *Väinämöisen Laulu*, "The Song of Väinämöinen"}

You cannot rise above the adequacy of the terms you employ. A dogma may be true in the sense that it expresses such interrelations of the subject matter as are expressible within the set of ideas employed. But if the same dogma be used intolerantly so as to check the employment of other modes of analyzing the subject matter, then, for all its truth, it will be doing the work of a falsehood.

Progress in truth—truth of science and truth of religion—is mainly a progress in the framing of concepts, in discarding artificial abstractions or partial metaphors, and in evolving notions which strike more deeply into the root of reality.

—A. N. Whitehead, *Religion in the Making* (1926)

Mind is the meaning of behaviour.

—H. James Home (1964)

© Copyright 2013 Dr James Wilk

All rights Reserved

James Wilk asserts his moral right to be identified as the author of this paper

I. THE BIRTH OF CONTENT PHILOSOPHY: NOTES ON A CONVERSATION



So Professor Saarinen and I were talking. We were at Café Strindberg in the Pohjoisesplanadi, back when it was still at its original location on the corner of Mikonkatu. I was in "my" spot by the window at what was my regular table for a decade, two in from the door, with a clear view of "my" Eino Leino, Lauri Leppänen's dramatic modernist sculpture in Esplanadi Park. It was the 22nd of September 2009, a grey, mild Helsinki autumn day with an intermittent light drizzle. "My" pigeon had dutifully taken up his sentry post, as always, on Eino Leino's head, and I in turn kept an eye on him from time to time as we talked, Prof. Saarinen and I.

The good Professor and I were on first name terms, of course, but here I am following Prof. Saarinen's deliberate and consistent, charmingly old-world custom of referring to colleagues in the third person and in the vocative case only ever by title and surname, and even when speaking of close friends, *especially* in their presence, or when speaking with them one-on-one—a powerful and refreshing touch of fast vanishing scholarly civility. He would not ask me, "And what do *you* think?" but, "And what does *Dr Wilk* think?" And as always, in the course of our private conversation, just the two of us, Prof. Saarinen would at times address me by saying, for dramatic emphasis but without a trace of irony—slowly, quietly, in resonant, gravelly tones—with irregular pauses and exaggerated enunciation: "Perhaps, the *good, Dr Wiiiilk, . . .*" or, "as the *grrreat, Dr Wiiiilk*, has, so eloquently, expressed it in his, *truly explosive* paper . . .," his studiedly casual gaze barely disguising his pleasure in making such a highly mannered, extravagant compliment sincerely meant.

Prof. Saarinen's distinctive form of address is part of the whole philosophical atmosphere he brings with him wherever he goes, as a kind of aura, like his equally distinctive, stylish, flamboyant form of dress (as becomes Finland's one-and-only "rock-star philosopher"), part of who he is and what he stands for. For it was his "mask of burning gold with emerald eyes" that first "engaged your mind, and after set your heart to beat"—forming an inextricable part of his *charisma*, so central to his practice as a philosopher, but *charisma* in the original Greek sense, that is to say, with *charis* or *healing grace* at its heart. And as with all genuine healers—exorcising our demons, bestowing or restoring good fortune, putting us back in the Tao—it is in part through such divine *charisma* that he carries out his *therapeia*, a notion lying close to *charisma* in the Greek mind: As Dudley Young reminds us somewhere, therapy is tendance, "a kind of reverent attention with a knowing touch." Our word for it derives from the Greek *therapeia*, which evolved from *therapon*, a menial servant or attendant, via *therapeuo*, at first meaning to wait upon menially, or serve devotedly, attend and care for, and thence to minister to, to nurse back to health over time, and finally, to heal, to cure. *Therapeia* refers particularly to caring, conscientious, at-

tentive service in personal matters, and a *therapon* is a servant skillfully providing such care of the one he attends—precisely the kind of philosophical *service* Prof. Saarinen renders all those fortunate enough to drift within his orbit. In all of this, the oral philosophy of this charismatic Finnish professor sits securely within the prevailing Western tradition from the Greeks to Wittgenstein, of philosophy as ultimately one of the therapeutic arts. It is an art that arguably is only truly practiced live, leaving but pale traces on the printed page—like the comparatively dry and lifeless monographs, however brilliant, that the gifted physician leaves behind him, whereas his true legacy is transmitted chiefly through his influence on his patients and students, and through them, upon his time.

There at Café Strindberg, we sat and talked all day, as coffee imperceptibly merged into lunch and became tea. We talked of many things and, to start with, none in particular. We were doing philosophy. We did not know we were making a revolution, perhaps making history. But we both sensed it in a way, certainly by late morning—when Prof. Saarinen actually said as much. He proposed a name for it by lunchtime, and before either of us had any idea what the thing *was* that he had a name for, let alone where our conversation (“the First Strindberg Congress” we would later call it—there would be many more) was heading. He called what we were doing, “Content Philosophy,” a term he’d deployed occasionally in the past albeit rather more loosely, and the name stuck. By twilight we still could not begin to define it, but we could infallibly spot it. Over lunch we simultaneously had the idea of each quickly writing down a list of names of Content Philosophers, just for fun, and then comparing notes. “OK, who’s first on your list?” “Christopher Alexander. And first on yours?” “Chris Alexander!” “Haha!” We were both referring of course to the architect, the author of *Notes on the Synthesis of Form*, of *Pattern Language*, of *The Timeless Way of Building* and other classics, and whose *magnum opus*, *The Nature of Order: The Art of Building and the Nature of the Universe*, Prof. Saarinen and I both agreed was a perfect exemplar of this genre we had only moments before named into existence. We had never, either of us, mentioned Prof. Alexander previously in conversation; we were each pleasantly surprised to learn the other knew his work. And thus we made our way down the list, from Bateson to Freud to Ashby and so on and on, agreeing without hesitation on every single name. We both had written down the query, “Wittgenstein?” and in the end we never could decide. We knew *we* each belonged on the list, in a more modest way. And we knew we were doing it, in our own work back at the ranch, at Oxford and at Aalto University (as it was soon to become, a few months hence), and there together at Strindberg under the watchful eye of my pigeon and the chastening countenance of the great poet.

*

Can I begin to define Content Philosophy even now, three and half years later? What exactly was it that Prof. Saarinen and I had got so excited about at Café Strindberg on that drizzly day in September, and which seemed at once to define for him what he and I had both long been doing in philosophy, and where most likely we would in future each be making our unique contribu-

tion? I remain at a loss to put it all in a nutshell, but perhaps my discomfiture here is telling: For the deep suspicion of premature definitions, easy formulae and rationalistic categories lay at the very heart of what we were on about.

As my small contribution to this volume in honour of Prof. Saarinen's 60th birthday, in place of a definition I shall attempt to convey first, something of the flavour of that conversation which proved seminal for both of us, reconstructing a representative sample of its content. Then in the second half, I shall try and set out in detail, and expand upon, the example I elaborated at length that afternoon at Strindberg, which became the focus of our discussion. For that was the example that Prof. Saarinen took for a while as a prime exemplar of Content Philosophy, in one of its variants at least, and of the level of discourse on which he felt I should be focusing my own future efforts in philosophy, as well as (or so I understood him to be saying) the level of discourse—subject matter aside—where he thought he too would feel most at home as a philosopher in his own work going forward. So who knows but that this might also provide a glimpse of *a philosophical idiom* characterizing the next phase in Prof. Saarinen's evolving work. A taste of things to come.

Strikingly, the *form*, including even the format and physical setting of our Content Philosophical conversation, was felt by both of us, then and there and ever afterwards, to be as important as the content itself. As we talked that day, we could not help remarking from time to time, with real gratitude, how *nice* this was ("a miracle," we both kept calling it) for two such busy people to set aside a whole day, as an almost morally pressing matter preempting all other calls on our time, to sit like this and talk, just two friends and respected colleagues, in a café, without any agenda or goals or expectations at all, and in consequence, if all went well (and never mind if it didn't sometimes), to do *real* work, real philosophy, to do the moving and shaking of the world. Was this not what lay at the very heart of European culture?

What gets lost

Had anything of any importance in the entire history of mankind ever taken place other than face to face, in a real conversation like this one? We agreed nothing had. The telephone, with its low bandwidth, had never been a substitute, and video conferencing, say over Skype, was worse, for it created the dangerous illusion of a face-to-face encounter, and yet was anything but. Better, we agreed, to disable the video on Skype as I always did, and concentrate on what little could still be conveyed in nuances of tone of voice, pitch and timbre, tempo, hesitations and sighs, undistracted by the disinformation introduced by the *moving picture* of a face with its deceptive appearance of presence: a false simulacrum, an idol. I talked about how the work of Birdwhistell and colleagues in kinesics, working on frame-by-frame analysis of cinefilm in the 1950s, demonstrated once and for all just how many megabits of information were communicated in every second by the human face, in context, in live conversational interaction. Even when artificially taken *out-of-context*, the human face transmitted a kilobyte of information or more every second, equivalent to a body of bare text (i.e. just the characters without the meaning) two-thirds the length of

this paragraph. Adding the meaning of the words back in, and then putting the paragraph back in context, would be akin to taking the decontextualized information transmitted facially and putting it back into its rich conversational, interactional context. We're soon talking *terabits* of information per second! Virtually all of this information is lost in video conferencing, compared to real face-to-face—the first of many such casualties we enumerated, including the ability to pace around the room or stand silently, staring out the window, with at least a metaphorical cigarette in hand.

I told Prof. Saarinen about the famous "Cigarette Scene," and the pioneering work of Birdwhistell's veritable army of scientific investigators (comprising, in time, some dozens of the leading social scientists of the postwar period) in over a decade's study of this 18-second film clip of Gregory Bateson spontaneously lighting a woman's cigarette. And about the work of the psychiatrist Albert Scheflen, taking Birdwhistell's corpus of work further and applying it clinically. And especially about an incident involving Birdwhistell's collaborator, Margaret Mead, and her shocking rudeness to a brilliant, precocious young investigator named Paul Ekman, and my speculating that the young man's understandable lifelong animus against Mead in consequence may have been more than a little responsible for his career-long effort to bury everything that Birdwhistell's stellar group had achieved, eclipsing what in my view had been far more scientifically sophisticated, nuanced, groundbreaking and important work and replacing it with what I judged to be by comparison (its indubitable merits and genuine contribution to science notwithstanding) epistemologically bankrupt behaviourist caricature, compounding Darwin's errors about the expression of emotion, and worst of all, obscuring the quintessentially contextual nature of all human communication, which had been demonstrated compellingly by Birdwhistell and his legions of collaborators and has never yet been successfully challenged. In this way, Birdwhistell's invaluable, potentially epoch-making scientific work was now destined to be lost, only to be rediscovered again from scratch, if we're lucky, centuries hence.

Much the same had happened, I recalled, in the eclipsing of Hans Spemann's work in embryological morphogenesis by Wolpert's, in every way its inferior when stacked up against the scientific evidence; and eclipsed purely for a host of adventitious social and historical reasons, not least the fact that Spemann's *magnum opus* had appeared in German just before the outbreak of World War Two. I told Prof. S. how one of my tutors at Oxford, Dr Tim Horder, had done much eye-opening scholarly work on this scandalous episode in the history of science and the tragic fate of Spemann's ingenious 'organizer concept'. Dr Horder's work was another example of first-rate Content Philosophy, was it not? But, I lamented, so *much* knowledge was *continually* being lost in these and countless other ways! I ventured the estimate that more than 90% of scientific knowledge was continually being lost. We take ten steps forward in science and nine steps back. Net progress is still made, but what happens to what gets lost? And there are so many steps being taken that, as a whole, science still appears to be making great strides forward all the time. But wasn't this just an illusion?

Prof. S. interrupted me, dying to know, "Have you *written* about this?" "No, not yet anyway." "But you must!" Nor did I stop there. What *conceptually fundamental* advances, I demanded of him, had occurred in science in the last half-century? "Name some!" Indeed, after the dizzying

pace of advances made during the War and in the decade-and-a-half following V-E Day, had any *fundamental*, conceptual progress been made since then at all? We discussed the private speculations of some historians of science I knew who, independently of one another, had reckoned—and I was inclined to agree with them—that that dizzying progress of science began grinding to a halt with the launch of Sputnik, ushering in an age of Big Science bureaucracy, the end of unrestricted interdisciplinary grants, the rise of a Soviet-style command economy of ideas in the West, now an oligopoly, along with the inevitable, unintended but systematic quashing of conceptual innovation in science, in all fields, in the race to keep up with the Jonesniks—this *danse macabre* accelerating after the Bay of Pigs as Western science shook itself to death in a frenzy of managerial rationalism in the race to beat the Ruskies at their own game. "But what about the decoding of the human genome?" "You must be having a laugh, dear Esa; the world's most overrated molecule, remarkable though it doubtless is, biologists have hardly begun to understand even today!" But, he objected, we know the entire code now, surely? I agreed it was one of the most stupendous feats of human ingenuity to have mapped it all out. "But the *entire* code?" I asked him. "Do we? What about the other 97%?" "Oh—the junk DNA." "Precisely. Oh *that*. Yes. Imagine a study of the world's literature concluding that after a thoroughgoing investigation of everything ever written, it was found that *all* the world's literature was written *in English*. The rest (97% of the total text surveyed) turned out merely to be 'junk literature'—unintelligible gibberish, without a single word in the *OED*, let alone *Webster's*!"

Prof. Saarinen insisted on hearing more. He was so eager, as always, for new ideas, new input, "uplift," even when it began on an otherwise depressing note. He felt we had previously talked enough about Systems Intelligence, about *his* work. That day at Strindberg he wanted to know about *my* work, *my* thinking, what *I* thought about this or that; not at all because I was who I was (which was neither here nor there) but because *he* was who he was. This was how he preferred to do philosophy in such a setting as Café Strindberg. In the lecture hall Prof. Saarinen was in an altogether different mode: no questions till the end, and mostly he talked without interruption, relentlessly, moving from one topic to another, multiplying stories and examples, and stories within stories, in something of a fugue-like structure, not unlike this conversation. But in the café, he was in learning mode. "But this is explosive!" he insisted—this business about lost knowledge and the illusion of steady, linear scientific progress. What was to be done?

I said that what concerned me *less* was the lack of progress, or the fact that even our latest technologies were still mainly harvesting the extraordinary scientific discoveries and conceptual innovations of the '40s and '50s and earlier. Rather, what concerned me more, and interested Prof. Saarinen more too, as he frowned into his *caffè latte*, was all that had been forgotten along the way—the 90% or more of knowledge that is continually being lost, some of it, perhaps, forever. Sound work, great and seminal ideas, get tragically "discredited"—"discredit," of course, being neither a scientific nor philosophical status, I reminded him, but a purely sociological one. Neither Birdwhistell nor Spemann had ever been disproven or bettered; their fate was to have become, in time, *démodé*. For the most part, ideas in science, as in philosophy, simply fall out of fashion.

Science, like philosophy, is more in thrall to fashion than the rag trade. Even in my short career to date, in all the fields of science in which I had worked, we seemed to be steadily getting

stupider year by year, field by field. In so many areas, most particularly in the psychiatric field, we seemed to know far less today than we knew a generation or two back. I quoted Mark Twain's remark: "The researches of many commentators have already thrown much darkness on this subject, and it is probable that, if they continue, we shall soon know nothing at all about it." At times, it seemed, we were moving faster backwards than forwards. But the illusion of progress is meanwhile reflected back to us daily by the benighted media, out to sell papers and TV advertising slots. Which headline will sell more papers: This one, "New Breakthrough in Understanding Autism—Rogue Gene Identified" or this one, "Autism Better Understood Back in the 1950s—Bettelheim's Incomparably Successful Work at the Orthogenic School Revisited"? The illusion of progress is splashed across our TV and computer screens, smartphones and tablets; "the medium is the message" yet again. The simulacrum. I quoted Mark Twain once more: "There's something fascinating about science; one gets such a wholesale return of conjecture out of such trifling investments of fact."

Long after that First Strindberg Congress, I found myself talking over lunch with a psychoanalyst colleague in the States, who'd conducted a two-year analysis with a young woman in the Far East over Skype. She subsequently came to America as a student, and at the first opportunity made a journey to meet her analyst at long last. Sitting in his office, face to face in a room for the first time, she exclaimed after a few minutes, "Oh, wow, this is so *unreal!*" A sadly iconic reflection on our times. But just think: Reality is a creature of context. Imagine you watched your favourite TV programme for two years and one day found yourself having coffee with the host, or star, meeting them for the first time? What was real was the familiar mode of interaction—the passive receipt of a two-dimensional moving image on a plasma screen. Now, abruptly, you find yourself part of the action, engaged in real, spontaneous, synchronous dialogue in three dimensions with what previously had only been a talking head. You tell me this is *not* "unreal"? It's like in the film *The Matrix*, getting unplugged. Perhaps *this* was the real *philosophical* point of the film, and not all that sophomoric skeptical nonsense about the epistemology of brains-in-vats?

For is this not a *political* point? Today, surely, the Internet, the never-unplugged life, is the new opiate of the people. Nearly half a century after the *soixante-huitards*, does it not seem unaccountable that the world's campuses remain so quiet in the face of the most outrageous assaults in living memory on human rights by hegemonic banks in bed with increasingly cavalier, benighted governments, the contemporary equivalent of the "military-industrial complex" that the '60s students took as their *bête noire*? Apart from a few rumblings from the Occupy movement (a comparatively middle-aged bunch, by and large), all seems eerily quiet; and of course, back in the autumn of 2009, as the Professor and I mused on all of this, Occupy had not yet pitched its first tent. Don't students care any more about democracy? Inequality? The tyranny of a banking system looking more like organized crime every day, as greedy bankers game the latest regulations for their own profit? The gradual erosion of the private sphere by stampeding bureaucracy and endless new governmental regulations? Where were the students? Where are the sit-ins? Not that any of us would wish to go back to those pointlessly chaotic, wasted days; but all the same, the current silence was worrying. *Why* was it "business as usual" on campus? It seemed curious, to say

the least, until a friend of mine, Rae, explained it to me: "The younger generation," he said, "don't live in the real world any more. They retreat into the surrogate world of Facebook and Google. Life in 'the cloud'. Don't even think about unplugging them. They'll think you're mad." The *simulacrum* Prof. Saarinen and Prof. Mark Taylor wrote about so eloquently and (thanks to Marjaana Virta) illustrated so powerfully in *Imagologies* two decades ago, has become, as they had so presciently anticipated, the *status quo*, the new normal. Reality. For the great masses of the not-unplugged, life hasn't just imitated art. It's been *replaced* by art. But a lifeless art, with little creative spark of the genuinely human remaining.

Meanwhile, in this miracle-of-a-conversation in a café, without order or goals or agenda, for me and the good Professor at least, life goes on. Ideas are trialed, floated, like this; shot down; I rant for a while; we go back; I reconsider, do a reality check, correct and temper my earlier remarks, remove the rhetorical exaggerations; we recalibrate. Together we pull out the bits worth keeping, develop them in a more considered, sober, studied key. We play with ideas to deadly serious purpose: understanding. Was *this also* doing Content Philosophy? Or was it just men in pubs? Idle café chatter?

The voice of philosophy

Empty is that philosopher's pursuit by which no human suffering is therapeutically treated. For just as there is no use in a medical art that does not cast out the sicknesses of bodies, so too there is no use in philosophy, if it does not throw out suffering from the soul.

—Epicurus

If there is to be oral philosophy it must not only be engaged but *engagée*, always active, never passive, and only a spontaneous, unrehearsed dialogue. This conversation in the café, *the open dialogue*, the oral discourse in the *agora*—these were Prof. Saarinen's playground, and, after all, as he often points out, this was the ancestral home of Western philosophy. And while I personally prefer to engage directly with considered arguments carefully set out in a printed book I can hold in my hands, I admit that oral philosophy remains the arena in which much of the best philosophy is born, and where you would first go to look for it. Certainly not in the logic-chopping of the sterile, ossified analytical philosophy journals, or in the ritual name-dropping of the Continent.

That wasn't for us any more, me and the good Professor. Been there, done that. We had both come up through analytic philosophy, replete with all the trappings of symbolic logic whenever required. We had both written our dissertations in highly technical, analytic mode, full of scratchings of arcane symbols, runes unread, and had both grappled for decades with the technicalities of systems theory and cybernetics, dueling symbol-systems, clashing with electrical engineers and automata theorists and the denizens of AI, cold steel upon steel. Prof. S. had risen to be at one time the doyen of modal logic and Editor-in-Chief of the most hardcore journal of symbolic-logic-ridden, übertechnical analytic philosophy—once, perhaps still, the most revered and indeed, within its own terms, superb and unsurpassed *Synthese*. But was this abstract, technical jargon-

mongering what Prof. Saarinen and I had signed up for when we embarked on our careers in academic philosophy? Surely, we agreed, philosophy could be, must be, *always was* more than this? And as Prof. S. so often reminds me, "just because you *can* do something, that does not mean it is what you *should* be doing!"

What is philosophy? Well, I'd always held, and still hold, with my own Oxford philosophy tutor, Mr Justin Gosling's definition: "Philosophy is *at least* the study of the presuppositions of, and apparent contradictions within, our current ways of thinking." Gosling was always quick to point out that the "at least" was important. It was important to Prof. Saarinen and me, we both agreed, for why study our current ways of thinking except with a view to critique? Philosophy was neither a science nor a handmaiden to science—more a 'Supernanny', correcting Science's wayward conduct, instilling some proper discipline, teaching it some manners, its place at the family table of man. What is more, Philosophy was, in its written form, a branch of literature, no more nor less, and more specifically, within the genre of historical writing, a branch of the history of ideas. All history, as Prof. Collingwood rightly held, is history of ideas, but philosophy explicitly so, even when no names or places or dates were mentioned. Extant ideas were spelled out, sometimes teased out, and subjected to examination and critique. We critique our current ways of thinking in order to revise them, place them in social and historical context, explore alternatives, new and old (though in philosophy little was new under the sun). Past ways of thinking were compared with our own, sometimes with a view to restoring what has been lost (sometimes tragically), and hopefully before it can be lost forever. While the task might seem worth undertaking for its own sake, there was a higher purpose still.

Marx famously said, "The philosophers have heretofore only attempted to understand the world; the point is, however, to change it." While we both agreed with the *spirit* of his remark, we'd put it rather differently: The point is to understand the world—or at least, like Wittgenstein, to correct our misunderstandings of it and critique our questionable and negotiable assumptions—in order to change the world, to *improve* it. Like Goethe's Faust we too laboured in philosophy and in science that we might "discern the inmost force which binds the world and guides its course; its germs, productive powers explore, and rummage in empty words no more!" And we begin with current ways of understanding the world—often, but not always, with their origins in science—and analyze and critique them, in order to better understand how the universe works, and only so that we might improve the lot of real human beings.

Philosophy and its impact on the world cannot be separated. As Prof. Stafford Beer aptly defined it, "Information is that which changes us," and information has not been successfully imparted if it never makes any difference to what people at large actually think and do. This requires of us, as philosophers, a non-technical, transparent and accessible conduct and presentation of our work. This does not mean dumbing philosophy down, or writing "shilling shockers" for the airport bookstall. It *does* mean writing in a way that is equally accessible to academics in other fields, or other educated intellectuals. Much philosophical writing these days, compared to the heyday of philosophical writing in England in the 1950s, has become needlessly arcane. Since when is philosophy the sole preserve of self-appointed technocrats, purportedly conveying the life of the mind in jargon no less technical than the language of journals of neurosurgery? No wonder Schopen-

hauer presciently declared the materialistic metaphysics to be a philosophy suited only to barbers and apothecaries' apprentices! And what is the point of reading something where half the effort must go into figuring out what on earth the writer means to say?

Like Aristotle, we were only concerned to work for human flourishing. What else was the point of all of human knowledge? We discussed the comparison of this endeavour with Walter Gropius's original vision for the Bauhaus, and Gropius's insistence that all art, and all design, were merely in aid of the greater human enterprise of *building*. In Prof. Saarinen's words, that morning at Café Strindberg, Content Philosophy was to be "not a philosophy of life but a philosophy *for* life." There was so much human misery and suffering in the world, so much of it utterly unnecessary and the bitter fruit of our grave misunderstandings of the world, cultivated in the poison orchards of mechanistic, rationalist scientism. What we were after was not just a new humanism, recovering what has been lost in our materialistic, rationalistic, technological age, of all that makes us fully human; but more than this, a contribution to newly enriching and improving real people's lives in concrete ways. This was the ambitious programme we set out that day for the future of Content Philosophy, if it ever catches on. There was so much work to be done, the work of legions of philosophers of the next generation, and the next.

As Prof. S. said that afternoon, as men and women we have no option but to think. We are thinking beings—thinking is for us humans our *modus operandi*. But as the philosopher Prof. Elmer Sprague puts it in the signature to all his emails, "Please think responsibly." The shared aim, as set out then and there at Café Strindberg, was "to radically open the space of conversation to our thinking," as Prof. Saarinen put it in nutshell. Content Philosophy was not conceived of as being a subset of philosophy, a new school of philosophy, a branch of philosophy, or a way of doing philosophy. This was bigger than philosophy. Philosophy was small fish. The voice of philosophy in the conversation of mankind was only one voice, but the point was to change, to improve, to elevate the *whole* conversation through our collective philosophical contribution to it. Humanity, if nothing else, would need continual reminding, for its own sake, its own flourishing, of all the invisible legacies, unwritten histories, lost understandings, forgotten heroes and broken promises in the unfolding saga of mind.

The essence of innovation too lies in the critiquing of current received wisdom, questioning the false tacit assumptions so long taken for reality itself, cutting across artificial academic disciplinary boundaries, rethinking what afterwards becomes the newly obvious. Content Philosophy was most certainly *not* "applied philosophy." God forbid! Philosophy is *either* applied philosophy or else it's onanistic philosophy—the philosopher always starts, if she is serious, from a real, human concern, however arcane it may seem to others who do not share her particular preoccupations. Nor does that mean that she need know what she's doing or where she's going at the outset. She is an explorer.

I told Prof. Saarinen the story about Gregory Bateson going to see Chester Barnard when Barnard was head of the Rockefeller Foundation, to try and get a research grant. He rambled on for ages and Barnard, who'd admired Bateson's first book, *Naven*, years before, couldn't follow a word he said and admitted as much. Nor did Bateson himself seem to be clear what he was talking about, groping wildly in the dark amongst an apparent miscellany of ideas. Finally, Barnard

says, "Look. I have no idea what you want to do. And I have no idea what you're going to discover. But if I did, there'd be no point in giving you any money, now would there?" Taking out his cheque book and fountain pen, he said, "So how much do you need?" Bateson named the first big number that came into his head and off he went. This was the beginning of the famous, ultimately world-changing Palo Alto Project. Throughout the Project, once it was well underway, hardly a week would go by without an intense discussion amongst the Project members asking, "What is this Project *about*?" Arguably, according to the late John Weakland, the first scientist Bateson had recruited to the Palo Alto Project, who told me the story, this was the real, unwritten research agenda of the Project, viz. *to try and answer the question, "What is this Project about?"* There was no shortage of initially seemingly unconnected content. They studied the play of otters, the family interaction of schizophrenics, popular fictional films, the training of guide dogs, laughter and humor, communication between mongoloid children, the hypnotic work of Milton Erickson and John Rosen's modified psychoanalytic approach ("Direct Analysis") to treating schizophrenia, the interaction between ventriloquists and their puppets, schizophrenic word salad and the movement of circling-arm lawn sprinklers—phenomena they felt were somehow all connected and "it had *something* to do with" logical levels in communication, or not. By the end of the Project, the behavioural sciences had been transformed forever. To borrow John Austin's image, they didn't just toss one or two nice bits of insight into the bag of our existing knowledge, or just extract a few bad bits; rather they turned the whole bag inside out and gave it a damn good shake. Prof. Saarinen and I were reminded of the quote attributed to Einstein, "If we knew what we were doing, it wouldn't be research, would it?"

All new discovery in science or in philosophy begins with an investigation of the obvious or the trivial; everything else has been said already, or is of no importance. Lichtenberg asked that God grant the philosopher insight into what lies in front of everyone's nose, and Aristotle noted that what is most obvious is what is most elusive. Bacon's great Project for creating the Wealth of Nations, his vision of Salomon's House, was founded on the imperative to explore the most humble and trivial matters scientifically. Think of Freud's quest to understand the flotsam and jetsam of human life—dreams, errors, jokes, infantile sexuality, taboos and so on, soon recasting our whole notion of consciousness; or Einstein's almost childlike 'thought experiments' challenging our everyday notions of *simultaneity*, soon unlocking the mysteries of space and time.

God is in the details, but the Devil too. A great mind, like Gilbert Ryle, could delve surgically into the most humble matters of grammatical detail *to do great things*, like a philosophical Indiana Jones, finding treasure amongst the mire of analytical minutiae, and making a major contribution to the restoration of our humanity in this mechanistic, rationalistic age gone mad. However, far too many lesser minds, without Ryle's breadth of vision, could readily imitate his methods (badly or well, it matters not) but to no great end. Ryle sought to rescue the human mind from the dead hand of biologism and neuromythology and return it to where it belonged, the humanity of the whole human person. He slayed the twin demons of dualism and reductionism to give man back his soul. But Ryle never flew into the stratosphere of abstractions, after the manner of our contemporary logic-choppers. He stayed always close to the content and undespised minuti-

ae of real life. And his books were written to be read by, and were indeed read by, "the plain man," the man on the proverbial Clapham omnibus.

From Gosling I learned that Ryle had been just the same in Oxford tutorials and supervisions as in his books: long (sometimes infuriatingly long), highly detailed, fully developed stories, analogies, metaphors, narratives about the most ordinary matters, ultimately to unhook the student from his tacit assumptions that were getting in the way of clear thought on matters of import. The essays the student wrote were neither here nor there at the end of the day: when Ryle's junior colleague at Christ Church, Oxford, (now Professor) Alan Ryan, complained to Ryle about the ideas a student was coming up with in his essays, Ryle grabbed Ryan by the shoulders, looking him straight in the eye and said, "The tree! The tree! We're responsible for the tree, not the fruit." Again, this was the master-disciple relationship George Steiner has so eloquently examined in his *Lessons of the Masters*. This was how human knowledge was ultimately imparted.

All of human knowledge

You cannot learn psychoanalysis from books. In England, weavers would learn their craft "sitting by Nelly," thus giving a phrase to the English language, now sadly fading from use. Prof. Oakeshott, in a footnote on page 14 of *Rationalism in Politics*, quotes the story of the wheelwright from the *Inner Chapters* of Chuang Tzu:

Duke Huan of Ch'i was reading a book at the upper end of the hall; the wheelwright was making a wheel at the lower end. Putting aside his mallet and chisel, he called to the Duke and asked him what book he was reading. 'One that records the words of the Sages,' answered the Duke. 'Are those Sages alive?' asked the wheelwright. 'Oh, no,' said the Duke, 'they are dead.' 'In that case,' said the wheelwright, 'what you are reading can be nothing but the lees and scum of bygone men.' 'How dare you, a wheelwright, find fault with the book I am reading. If you can explain your statement. I will let it pass. If not, you shall die.' 'Speaking as a wheelwright,' he replied, 'I look at the matter in this way: when I am making a wheel, if my stroke is too slow, then it bites deep but is not steady; if my stroke is too fast, then it is steady, but it does not go deep. The right pace, neither slow nor fast, cannot get into the hand unless it comes from the heart. It is a thing that cannot be put into words [rules]; there is an art in it that I cannot explain to my son. That is why it is impossible for me to let him take over my work, and here I am at the age of seventy still making wheels. In my opinion it must have been the same with the men of old. All that was worth handing on, died with them; the rest, they put in their books. That is why I said that what you were reading was the lees and scum of bygone men.'

I told Prof. Saarinen that story. We talked about how little of human knowledge ever makes it into books. Knowledge subsists for the most part only in oral tradition and in practice, ways of life, in know-how, including the art of living. Even most of history (and indeed far beyond the masses of unseen correspondence lying buried in tens of thousands of crates or more in archives), never gets noted and published, so much of it being in the realms of oral history—the majority of it in fact, I reckoned. I cited example after example from my own fields of study—from cybernetics,

philosophy, psychoanalysis, psychotherapy, especially—of things that at one time everyone knew, but no one wrote down, and you'll find no mention of it anywhere today. Many psychoanalysts, too busy carrying out their work behind closed doors, seeing patients, training candidates, discussing patients confidentially in case seminars, lecturing to students at their Institute, never have time to publish much, or anything. Many were influential out of all proportion to their meager published output. Some of our most influential philosophy dons here at Oxford published little or nothing. Some of the most innovative advances in cybernetics were undertaken under a cloak of "Commercial In Confidence," discussed and debated in anecdotal narratives, under a further cloak of anonymity, in cybernetics seminars in draughty, dreary seminar rooms, but never recorded for the wider scientific world. So it goes. Very little of human knowledge ever makes it into print.

Most of what *does* get printed is never read by many, and soon not read at all. Many of the authors represented on my own library shelves are all but forgotten—vast knowledge no one would ever suspect was there, or bother to read, let alone bother to decipher their often archaic, unfamiliar language. And no one could ever replace any of these works should they ever be lost or (what comes to the same thing) forgotten, for philosophy is a fundamentally creative enterprise, and science equally so, and these are all unique works of literature, revealing aspects of the workings of the universe, of the nature of reality. The truths they reveal are no more likely ever to be discovered again than we are likely ever to have again the *Collected Works of Shakespeare* or the philosophy of Aristotle, even if we set the proverbial monkeys to bang away at typewriters for an eternity.

However, without the readers who know how to appreciate and decipher and interpret and deploy their contents they might as well be the random gibberish of dumb apes. What is printed in books requires knowledgeable readers. As Lichtenberg said, "a book is like a mirror: if an ape looks in, don't expect an apostle to look out." A scholar's working library contains a wealth of knowledge. Yet it is of value only to one who knows the books and their contents, their authors and their lives, their mutual conceptual and professional and social interconnections and so on. A particular volume in mediaeval Sanskrit will only be intelligible to a Sanskrit scholar who is also deeply knowledgeable about, say, yogic philosophy and practice and Shaivist metaphysics, and I daresay an experienced yogi to boot. "No previous knowledge of any of the subjects dealt with in this book is necessary in order to understand it." Yes, but a great deal of knowledge of *all* the subjects dealt with in this book, and their interrelations (perhaps more than the author himself had, or seems to have had!), is necessary to understand what is *wrong with* this book.

In sum, most knowledge is in a form that can in principle never be reduced to print. Of the remainder, most never finds its way into print. Of that which *does* get printed, little is discovered or read and digested by those knowledgeable enough, and experienced enough to fully understand and make use of it. Of that tiny residue in turn, little is deployed properly as *knowledge* in relation to what else is known. Of that which *is*, most is soon lost and forgotten, and lies in library stacks unread, and soon becomes unreadable because the culture in which it has its place and holds the key to its understanding is long gone. Even if it were all online no one would ever find it, let alone appreciate its enduring significance. Of the infinitesimally insignificant remainder of human knowledge, only the tiniest fraction of that remainder will ever one day be readily available online (again, not that it would do any good there anyway). And so, I demanded of Prof.

Saarinen, what the devil are we to make of the benighted ignoramuses who tell us, in the popular press, as I recently read in the *Financial Times* no less, that thanks to the Internet, "All of human knowledge will, within a few short years, have been made directly available to virtually every human being on earth"?

A case in point: some content for Content Philosophy

Along the way, the Professor and I talked about many other things too—in the way you can freely wander at will, as a conversational *flâneur*, when you have the luxury of a face-to-face conversation: We spoke of the impossibility of appreciating the *Mona Lisa* any more, now it has become a visual cliché, or hear Vivaldi's *Four Seasons* now that it's become an auditory one, and how the same thing happens in poetry, obviously, but equally, in philosophy and in science too and in the rest of literature; about the cave paintings now known categorically to be *post-* and not *pre-*language use; about Finnish design and the Finnish rebellious taste for asymmetry where the Swedes, once their imperialist masters, favoured symmetry; about Helsinki restaurants and chefs and too many other things to mention.

Nor were these matters discussed as tidily and sequentially and abstractly as I have presented them. Rather, our conversation, if it had any structure at all, had more the complex structure of a *fugue* or *fughetta*, which I can barely capture in this crude, post-hoc reconstruction. Our phones were off throughout, though I did break for a moment now and then, to text home, or to say "Hyvää Syntymäpäivää" to my dear Finnish friend, and so on, and we got up and down in turns to queue for bottles of sparkling water, for coffee, biscuits, lunch, tea. And throughout I was telling the Professor, in more detail than he'd previously heard from me, the story of my life.

It was especially the stories of my experiences during my clinical training at The Cassel Hospital that in Prof. Saarinen's mind, I think, first gave concrete *form* to Content Philosophy, or so he said. It was the content of our conversation on *these* topics, to which I now turn, that struck us both as somehow truly revolutionary, almost as much in the treatment of them in our dialogue, as in the content of the topics themselves. And far from being irrelevant to, or merely adjacent to philosophy, we felt these were substantive matters which ought to compel the attention of philosophers far more than most of the matters currently debated in the academic philosophical world.

They were not on the face of it really philosophical matters, but mainly scientific ones, and for the most part, in all this, we talked about psychoanalysis, the central focus of my preoccupations, then as now. Yet if this empirical work was right, and I was and am firmly convinced that it is, then it has huge implications for any philosophical understanding of the mind, and of human life, which could not have been arrived at "by the pure light of reason," and which philosophers, not least philosophers of mind and of human nature, ignore at their peril.

II. 'A PSYCHOANALYTIC POINT OF VIEW'

Where I seem to differ from some of my friends is in attaching little importance to physical size. I don't feel in the least humble before the vastness of the heavens. The stars may be large, but they cannot think or love; and these are qualities which impress me far more than size does. I take no credit for weighing nearly seventeen stone.

My picture of the world is drawn in perspective, and not like a model to scale. The foreground is occupied by human beings and the stars are all as small as threepenny bits.

—F. P. Ramsey, *Foundations of Mathematics*, p. 291

'The Place'

Patients were only admitted to The Cassel Hospital for Functional Nervous Disorders for in-patient treatment if they were unable to cope outside. For other patients, "The Cassel" (as it was invariably known) had a thriving Out-Patient Unit. Yet within at most a few days of in-patient admission, for the most part, patients exhibited no sign at all of the "acting out" (in the form of self-harm, violence, suicide bids, etc.), florid psychotic symptoms, bizarre behaviour and so on, that were typically recorded in their notes as daily occurrences at the psychiatric "bins" from which they'd been admitted less than a week before. Those longstanding 'symptoms' had previously proved intractable, despite the regimen of so-called 'anti-psychotic' drugs (tranquillizers, to you and me) and other equally crude, conventional physical, behavioural and psychological treatments these patients had undergone in those other—dismal, albeit well-meaning—institutions. The "transformation scene" in the most wondrous fairytale or Victorian pantomime was no less dramatic than the apparent effect upon such a patient of simply walking through the doors of The Cassel for the first time, or so it seemed.

The Cassel, a revolutionary 60-bedded therapeutic community in southwest London, entirely psychoanalytic in orientation, was unique in also regularly admitting whole families who would be able to stay for up to a year or more along with the identified patient. The hospital was divided into three separate clinical Firms—the families unit (Ross Unit), plus the Adolescent Unit and Centres, the unit for single adults—each with its own patients, nursing staff, and psychiatrists, and with each firm having responsibility for the cleaning and maintenance of its own part of the hospital as well as providing a key service for the rest of the hospital, such as running the hospital servery. Gradually, over the years, domestic and maintenance staff were phased out and their functions were almost entirely taken over by the patients and nursing staff working alongside one another cooperatively, on equal terms.

No drugs were deployed at The Cassel; indeed, notoriously, at one time, even aspirins were

only dispensed after much collective soul-searching and interpretation-making, by which time the headache or toothache was long gone and long forgotten. There were no locked doors and patients were free to come and go as they pleased, to commute to work or to the corner shop, or to the local town centre to a film, say, or to the pub in the evening with friends from the hospital or from their life outside. However there would be intensive examination in therapeutic groups of any incidents of patients going AWOL in the sense of failing to turn up for their therapy groups, meetings, hospital duties, and so on, or for failing to inform other patients and staff of where they were going, thus causing needless worry for other patients and staff.

Patients and staff alike wore their own clothes; and as well as looking after their own areas and helping to run the hospital servery and so on, patients were expected to hold down jobs outside the hospital, normally within six weeks or so of admission. Visitors frequently complained that they could not tell who were patients and who were members of staff—all conducted themselves with a sense of ownership of 'the place,' as the hospital was affectionately referred to informally by patients and staff. There were no "wards" as such, but instead there were shared dorm rooms, much like an American university. Patients each decided what time they would go to bed, what time they would get up, when they would have meals and what they would eat, without direction or even comment (this applied equally to the anorexic patients in residence), as well as how they would spend their time outside of the relatively few fixed commitments (individual and group therapy sessions, firm meetings, the work roster, and so on). Meals were served at fixed times, prepared and served by patients and nurses working together, and nursing staff and patients dined together equally and convivially.

The basic rule at The Cassel, in this as in all matters, was that almost everything could be contained within the community, *provided—but only provided—that it could be talked about*. The only uncrossable line was not being willing to discuss their own actions or inaction in their therapeutic groups, or in the large, group-analytically-run "firm meetings" held daily. Everything that took place in the community (whether inside or outside hospital grounds)—including especially every interaction, and everyone's (whether patients' or staff) actions and inaction—were grist for the therapeutic mill.

Therapy took place everywhere within the therapeutic community, 24/7. But at night, for the most part, the community slept. In the early days of The Cassel, there was an evident anomaly in following the then-usual nursing protocol of having a separate day nursing staff and night nursing staff. In those days there were occasionally a number of incidents of disruption among the patients at night (cutting, suicide threats, window-breaking, outbreak of florid psychotic symptoms such as hallucinations, and so on) which almost never occurred during the day, but it was not surprising, for there were almost two hospitals running in parallel, with two separate sets of nursing staff, The Cassel by Day and The Cassel by Night.

Yet you couldn't have a therapeutic community that wasn't a single community 'round the clock, and so decisions were made and they went over to a single nursing staff with a rota for night duty. Almost at once, nocturnal incidents reduced dramatically. At first, three nurses covered the hospital on night duty. Yet there were still too many incidents occurring at night, so the rota was changed, increasing cover so that there were now *four* nurses on duty at night. The inci-

dents, as if a switch had been flipped, *increased*. The number was then briefly increased to five, I believe—and again incidents went up further. So the number was taken back down to three and the number of disturbances reduced accordingly. The next logical steps were duly taken, of reducing night cover to two nurses (incidents fell to an all-time low) and then to only *one* nurse on night duty, thus eliminating night incidents almost—but not quite—entirely. Finally, it was decided to take these clinical findings to their ultimate logical conclusion: The nurse on duty was to stay up only until 1.00 a.m. but then she went to bed. Incidents decreased almost to zero. However, still they found much the same phenomenon: the patients stayed up until 1.00 a.m. So the nurse on duty was now instructed to go to bed at 11.00 p.m. instead, and, hey presto, without any new rules or explicit expectations being put in place, the whole hospital bedded itself down by 11.00 p.m. Nights were quiet; the duty nurse, tucked up in bed, slept the night through.

Over the half-century or so since then it has been rare at The Cassel for anything to happen after eleven at night requiring the nurse to be woken by the one staff member on duty—an orderly (usually a rather mumsy, married woman) charged with some minor cleaning and security tasks. However, the orderly's main role was to be there to call the nurse in the night if needed. Occasionally a nurse had to be awakened by the orderly, because one of the patients, usually someone newly admitted, was "acting out." The rule, however, was that for any hours that the nurse was actually kept awake in the night because of a patient's disturbance or difficulties, she had to go off-duty the same number of hours earlier the next day. This ingenious albeit retrospectively commonsense rule proved critical. For a nurse woken in the night having to go off-duty early almost invariably resulted in a number of the other patients having their therapy group or other valued activity cancelled the following morning and, as you might expect, those other patients were not best pleased! The patients who found their therapy group cancelled would take it upon themselves to 'read the Riot Act' to the nocturnally disruptive patient, making it clear that, "hey, look here, *here at The Cassel* we deal with our problems during the *day*, matey—so *don't even think about pulling that stupid little stunt again!*" This natural human response, and the accordant peer pressure, was usually sufficient to prevent a repeat performance, as well as rapidly, naturally and elegantly reinforcing the culture of this eminently sane asylum.

Patients at The Cassel continued to have individual psychoanalytic psychotherapy twice a week. Nonetheless, treatment was seen as consisting as much in small, systemic interventions within the staff group or therapeutic community as a whole as in group and individual psychotherapy sessions, very much on the model of the legendary Northfield Military Hospital where the therapeutic community approach, and The Cassel's own version of it, had been born during the closing years of the Second World War. Cures at The Cassel were swift, dramatic and enduring, and success rates were way off the scale, and continue to be today.

By the 1970s clinical staff would regularly spend well over fifteen hours per week in staff-only meetings, with much of the time given over to analyzing and resolving intra-staff conflicts, seen as reflecting and maintaining patients' 'psychopathology'. The Cassel's unofficial "bible"—or the "Old Testament" at least—was for many years the 1950 landmark work, *The Mental Hospital*, by Sullivanian psychiatrist Dr Alfred H. Stanton and sociologist Dr Morris S. Schwartz, which was a study of Chestnut Lodge Sanitarium in Rockville, Maryland. Stanton and Schwartz described

in detail, for example, how covert staff conflict over a patient's management would regularly lead to the patient becoming pathologically excited, and how the patient's clinical condition could be suddenly and dramatically resolved through intra-staff discussion that succeeded in surfacing and resolving the staff disagreement over the patient's management.

Their book memorably opened with the case of a 23-year-old woman who had been in the hospital for 22 months in a state most frequently described by the clinicians as "acute catatonic excitement"; in all that time her condition had not changed. The authors describe how her symptoms vanished almost magically when the administrator addressed a covert conflict between himself and the patient's therapist over what the superintendent should and shouldn't tell the patient about her clothing, in particular that many of her clothes were not in her locker, to which only the superintendent had access, simply because the patient had herself torn them up when she was first admitted. The patient remained in a quiet, clear state for the remainder of her stay, with no recurrence of any of her psychotic symptoms, made good use of her psychotherapy sessions and was soon successfully discharged home without later readmission. Another case, that of an incontinent elderly woman patient on the ward, wandering the hospital at night in a state of confusion, who was "cured" by resolving a covert conflict between two staff groups over access to the linen cupboard during the night shift.

If "Stanton and Schwartz" was the Old Testament, the New Testament was "Foulkes and Anthony," an incendiary volume—a Pelican Book innocently entitled *Group Psychotherapy*, and containing a rich synopsis of Foulkesian theory to which we'll turn in detail presently. But for the most part, clinical theory 'round the place was a more-or-less informal and empirical, undogmatic but nonetheless at times uneasy rich mix of psychoanalytic theory (particularly in its Foulkesian, group-analytic form), Dr Tom Main's original work on therapeutic community dynamics, and systems theory in a number of guises, plus Stanton and Schwartz. It was chiefly Foulkes's work that seemed to make most sense of the otherwise unaccountable clinical phenomena we dealt with every day, though in my case I found myself reading Foulkes, and indeed all the other sources, through distinctly Batesonian lenses.

One of The Cassel's Consultant Psychiatrists, the psychoanalyst Dr Tom Pitt-Aikens, was also based at Finnart House, effectively an annex of The Cassel some ten miles away for treating psychopathic and character-disordered delinquent boys, run as a community home with education on the premises. At Finnart House, Pitt-Aikens would work similar systemic miracles, operating from much the same theoretical base as the rest of The Cassel, augmented by group-analytic family therapy techniques derived from Foulkes, and influenced also by the work of Middle Group psychoanalyst Dr Peter Bruggen and others then pioneering in family therapy and group work with adolescents at Hill End Hospital and elsewhere in Britain. Pitt-Aikens, the highly original clinician behind this extraordinary treatment model, would, for example, simply resolve a longstanding dispute in the wider community between a boy's probation officer and his father's social case worker and, lo and behold, this issued almost instantaneously in a dramatic transformation in the boy's whole character and behaviour, tantamount to a "cure," even though the boy rarely got to see his father or probation officer, had only met the social worker a few times, was staying in a secure institution many miles

away from all of them, and had been absent from the session where the dispute was resolved.

This work was truly explosive. I told Prof. Saarinen a number of stories from my time working with Pitt-Aikens and the cures achieved through apparently 'remote' systemic interventions into the network, which for me at the time had seemed all but inexplicable. I told Prof. Saarinen that it transpired that it would take me many years to make theoretical sense of what I'd first experienced at The Cassel and at Finnart House, in a way that did justice to the realities of therapeutic change. But since The Cassel was where this puzzle first posed itself to me in starkest form, and since the clinical work of The Cassel, when I trained there at least, was very much rooted in Foulkesian thinking, I shall begin my account by having a shot at saying something about Foulkes's original, nuanced, and (in Britain at least, though even there not often acknowledged) highly influential version of psychoanalysis.

Foulkesian psychoanalysis

Foulkes's declared main interest was in change, and the study of change. He had observed in his pioneering work as a psychoanalyst at Northfield Military Hospital in the mid-1940s, as did Stanton and Schwartz at Chestnut Lodge around much the same time, how in-patients' acting-out, symptoms and mental life changed decisively according to the wider dynamics of the hospital itself, and how if you trace the ramifications of an individual patient's disturbance you will invariably find a whole network of interactions, involving patients and staff equally, in which that disturbance was inextricably embedded. What is more, like Stanton and Schwartz, Foulkes found that the single most important and effective thing you could do therapeutically for patients was to analyze the interactions between the members of *staff*, a finding later borne out in decades of work, partly under the influence of his clinical ideas, at The Cassel, where, as we noted, a large amount of clinical time and effort around the place was focused on the analysis of intra-staff interactions. Foulkes had been convinced from his and others' extensive, new and sometimes startling clinical observations and therapeutic interventions at Northfield that psychiatric disturbances *change form significantly* depending on the community in which they occur, and that the psychoanalyst always has to consider not an isolated individual but a whole interactional network of interdependent persons.

For Foulkes and his colleagues, individual psychodynamics were a function of family and social dynamics, and categorically not the other way around. Pathology was located not in the individual, but in an unnecessarily restrictive family, community and societal context. It is the communicational matrix of each individual's current "primary group" or "root group"—his family and wider interpersonal network—which alone provides the context that maintains those psychodynamic processes in the first place, and provides their *raison d'être*. Foulkes would quote the findings, familiar nowadays to all experienced clinicians from their own work, of his colleague Dr Erich Lindemann—the great Harvard gestalt psychologist, psychoanalyst, humanist, social psychologist and neuropsychiatrist—who found that improvement in one member of a family would often lead to the falling-ill of another, and as the psychiatrist Dr Jürgen Ruesch had been one of the first to emphasize, this could apply as much to physical as to mental illness.

A staunch member of Anna Freud's "B Group" of more classically-orientated analysts within the British Psycho-Analytic Society, Foulkes found psychoanalytic theoretical formulations parsed in terms of "internal" objects and "internal" object relations, along with the positing of an "inner world," to be misleading, scientifically unwarranted, and unhelpful. Equally, he insisted to the end of his long life that he did not depart in any significant way from classical Freudian psychoanalytic theory, and saw his work as merely *elaborating it within its native, interactional context*. He was quite insistent that *on a strictly psychoanalytic view*, psychopathology grows from the family and consists of symptoms of disturbed family life; and later grows from the extended family and wider interactional network. Indeed, the family itself, for Foulkes, is in turn conditioned by and imbued with the values of its surrounding culture and in many key respects reflects the particular social class to which it belongs.

For Foulkes, the whole system of current interpersonal interactions in a person's family and extended family as well as at work or school, and in her circle of friends and acquaintances and so on, were, taken together, uniquely the locus of both pathogenesis and cure. On the Foulkesian view, both psychopathological and psychotherapeutic processes only arise from the configurations of the interactional field of the patient's family and wider network. The real-life networks of the various members of a therapeutic community or group were always the focus of Foulkes's concerns, though they extended far outside the room or institution. From Foulkes's perspective, as the analyst you are always, whether explicitly or implicitly, *treating the network*, the whole system, and not the ostensible patient in front of you, even on the psychoanalyst's couch.

It is the network that is the real "patient" in both senses—both the locus of illness, and also that upon which any psychoanalytic treatment, or any other effective psychiatric intervention, really acts. If you can alter the interactional patterns, wherever they may manifest themselves, you will simultaneously be altering those patterns everywhere else they may manifest, with significant systemic knock-on effects all 'round, irrespective of whether you intervene in those patterns in the analytic group, in the therapeutic community, or on the analyst's couch through the medium of the transference relationship between patient and analyst. But an intervention into these patterns, to be effective, must be at the right level of logical abstraction, or "depth" in the classical psychoanalytic terminology, to use a metaphor Foulkes was always vocal in rejecting. Bear in mind that for Foulkes, the distinction between surface and depth in psychoanalysis was spurious. The "depth" is there to be observed, right on the surface, hidden in plain sight, and there for all to see who have the requisite psychoanalytical understanding.

Foulkes's career-long preference for group analysis over individual psychoanalysis arose not for practical reasons of therapeutic economy but from a recognition of its unparalleled therapeutic power and scientific fecundity. Therapeutic community treatment and group analytic methods were exciting for Foulkes precisely because of the dramatic, enduring, fundamental psychotherapeutic changes that occurred all-at-once, sometimes almost magically, before one's eyes. The suffering individual could be extracted from the noxious influence of her network and placed in a therapeutic community setting or analytic group where the patient's open or concealed interaction and interrelationships could be observed *in flagrante*, put into words by the analyst or oth-

er patients and analyzed with the active participation of the patient and other members of the group or community. In this artificial context the recurrent patterns of interpersonal interaction the patient brought with her everywhere stood out in high relief, open to examination and intervention *in vivo*. By breaking the stereotyped interactional patterns in which the patient's symptoms are entrenched, the analyst and other group members induce the patient to interact in new ways, open to the real-world possibilities she habitually ignores. In key, transformative moments, these patterns could be changed forever. Once the patient adopts new ways of interacting within the analytic group, her patterns of interacting back home would change, and in consequence the whole wider network of interactions can never be quite the same again.

The individual patient's whole psychic economy, and the very nature of his mental disturbance, were for Foulkes but a symptom of the multi-personal conflicts and tensions within his primary group—a *reflection*, not archetype but ectype, of what was going on in his family and wider network. As Pitt-Aikens noted with psychopaths, and as Dr Ronnie Laing noted with psychotics, the individual patient (like a well-placed mirror, you might say) vividly reflects—internalizing and re-projecting—the whole system of relations and interactional sequences in the family and wider network. Pitt-Aikens used to say that a delinquent boy is "a walking 'Watch This Space'" for everything that was going on in the family and network. Similarly, for Foulkes, the identified patient presenting with symptoms was merely (and I use Foulkes's own scare-quotes here) a kind of 'scapegoat' for, or a spin-off from, and—if all went well therapeutically—a suitable "representative" of, the pathological interactional patterns of the network itself.

For it is through the vehicle of work with each such network's representative, the individual patient reenacting these patterns within the interactional matrix of the therapeutic group or therapeutic community (which thus constitutes a complex interplay of microcosms), that the analytic work attempts to treat each wider, total social network-of-disturbance embodied by the various group participants. If I may be permitted a very crude analogy: Like MPs having it out in the House of Commons, the participants in Foulkesian group-analytic therapy (as it was called, to distinguish it from other forms of analytically-oriented group psychotherapy) were each only going proxy for the ways in which the conflicting dynamics within their own home constituencies have happened so far to have resolved themselves, and the eventual outcome of their mutual struggles in Parliament would in turn impact back upon their constituencies—which after all was the very point of the whole process. This proved a more difficult technical challenge in the less favourable, classical analytic set-up of an individual patient on the couch, but the same principles applied, even if clinical technique necessarily differed in the two settings.

Like his teacher back in Frankfurt days, the pioneering organismic biologist and neurologist Kurt Goldstein (who along with the sociologist Norbert Elias had influenced Foulkes almost as much as Freud had), Foulkes insisted that the functioning whole was *more elementary than* its parts. What is more, even the parts themselves, in the first place, could only be *understood at all* within the context of the whole. Each individual person is only an abstracted node within an integrated network of interacting (largely unconscious) processes, which were at once subpersonal and transpersonal. It was these networks of interrelated transpersonal processes that constituted the analyst's true framework or unit of observation, whether in group or indi-

vidual analysis. For Foulkes, there *were* no purported (e.g. Lewinian) group dynamics separate from individual Freudian psychodynamics; however, these individual psychodynamics must now be understood contextually in terms of interactional patterns embedded integrally within the whole network in which those patterns live and move and have their being. It is not as if individual persons are sending out and receiving messages, and that there is somehow then an overlay of group process or group dynamics of some kind providing another source of influence on an individual's behaviour. On the contrary, for Foulkes there are *only* interacting psychodynamic (i.e. relational, interactional) processes taking on a life of their own within the unified matrix of the group, although these processes are of course dependent on the living individuals who are their bearers.

For Foulkes, then, observed behaviour is merely an observational artefact of the mutual interaction of largely unconscious, transpersonal, highly patterned psychodynamic processes (more-or-less stereotyped interactional patterns of relating) borne by the various parties. Although in Foulkes's view we are always dealing ultimately with whole persons interacting with whole persons (he never tired of stressing this), nevertheless, their various mental processes themselves interact intuitively, unconsciously—one process interacting quite directly with another—albeit according to the inner constellations and predispositions of their bearers, whose psychodynamics (again, rooted in their own families and networks back home) still determine the interplay of these processes. These transpersonal interactional processes play themselves out inexorably, until the conductor of the group or its members manage to respond and relate in a way that breaks those patterns, whether deliberately or not.

Yet the key here is that these transpersonal processes *pass through the group's members like X-rays*, on Foulkes's metaphor, with little or no awareness on their part. These interlocking processes Foulkes called "resonance." They consist of the various individuals' habitual, stereotyped interactional distortions playing themselves out in live interaction. While these resonating processes form the very kernel of individuals' mental life, *they are not part of their experience of the world*. Or rather, they are not part of their personal or "inner" or phenomenological experience, but simply *are* the world itself as they take it to be. In consequence, people tend to make all sorts of fundamentally bogus attributions about this world, life, the universe and everything. This world-as-experienced, along with all those attributions, forms the idiosyncratic universe in which we each live—Freud's "psychic reality." And in the therapeutic group or community it can sometimes be as clear as the noonday sun that whatever world *you* live in, that's certainly not the world that *I* live in.

In the therapeutic group, then, the behaviour observed, whether of individuals or of the group as a whole, is merely artificially abstracted from the mutual interactions of these (largely unconscious) interactional processes each participant brings with him, in turn only meaningful and functional within the native interactional contexts of each individual's family and friends, co-workers and so on, in his daily life. These patterns, these psychodynamics, will play themselves out at any point in time according to the functioning of the whole current matrix of interaction, which might be, for example, the interaction in the therapeutic group. However, it is the unseen, unexperienced psychodynamics that are the real deal, of which the group

members' current experiences are but epiphenomena, useful chiefly in pointing to what is really going on fundamentally.

For Foulkes, the very *raison d'être* of a truly civilized society—not to mention the very purpose of psychoanalysis or of the therapeutic group—was to enable each person's full individuality to flourish, unfettered by pathologically restrictive root-group patterns and imagined personal limitations, thus unleashing the individual's limitless possibilities and maximizing personal freedom. The aim of therapy is the optimal degree of liberation and integration of the free individual, independent-minded while aware of his interdependencies, just as *any* "good" group, or society, as Foulkes famously intoned, "breeds and develops, creates and cherishes that most precious product: *the human individual*." [Foulkes's italics]

It is no surprise to learn that Foulkes's Institute of Group Analysis in London soon became the crucible of the British family therapy movement. But irrespective of whether a Foulkesian analyst worked with couples or families, with groups or therapeutic communities, or in individual psychoanalysis or analytic psychotherapy, the Foulkesian way of looking at the human mind and human psychological troubles would remain at the heart of the Foulkesian analyst's therapeutic approach. What is more, I submit that for many British psychoanalysts who would not have thought of themselves as "Foulkesian," as well as for many of our psychoanalytic colleagues elsewhere, this theoretical outlook also remained at the heart of what they understood tacitly to constitute "a psychoanalytic point of view."

I shall begin by setting out this particular 'psychoanalytic point of view' specifically within the context of psychotherapy. Although the reader of the present essay may have little or no interest in the subject of therapy *per se*, still, the treatment of mental disorders through 'the talking cure' has been the native habitat of psychoanalysts for the most part and the arena in which most if not all of the most seminal discoveries and contributions of psychoanalysis have been made. But I shall also try and indicate briefly, as I tried to do for Prof. Saarinen that afternoon, how this perspective naturally extends well beyond the arena of psychotherapy to give us a particular, synoptic psychoanalytic view of the world in which we live.

Ça va sans dire: *what we take for granted in psychoanalysis*

Notoriously, psychoanalysis, as a field, has from its inception been riven by duelling theoretical paradigms, heated ideological rivalries, terminological controversies, almost habitual fissiparous tendencies, occasional actual schisms and even excommunication, to a degree unbecoming of the serious scientific field it nonetheless remains, and often (though not always!) to its cost. Many people in our field, over the course of its history, bring to mind the devout castaway whose first action upon landing on a desert island as a Robinson Crusoe is to build *two* houses of worship, one for him to attend and one he wouldn't be caught dead in. At the same time (as Dr James Home pointed out half a century ago in his famously controversial paper to a scientific meeting of the British Psycho-Analytic Society) psychoanalysis has been almost unique amongst scientific fields in its habit of attempting to settle genuine scientific disputes by appealing to "the literature" and not to the fact, which would not be so bad were the 'findings' in the literature not for the

most part, he said, "stylised interpretation[s] of observed events [serving] to confirm hypotheses rather than to test them," and were they not already couched inextricably in the parochial, technical language of one particular school of thought or another. But to take a leaf out of the book of the late Dr Robin Cooper, what I want now to try and articulate is *what we take for granted* as analysts—of whatever stripe: the "shared assumptions that constitute some sort of common ground upon which we pitch our respective stalls."

Here, I must confess, the "we" is nonetheless the operative word, for not every psychoanalyst is, in the late Mrs Thatcher's immortal, mordant phrase, "one of us." A rather large number of analysts who do not altogether share these assumptions, this *particular* psychoanalytic point of view, may talk much the same theoretical language and hold much the same *explicit* assumptions as those who do hold tacitly with this view, indeed may appear indistinguishable in their overall outlook when judged only by what they publish in the literature, yet at the end of the day, never the twain shall meet. If I am right, this may well explain a lot about the sheer intractability of so many theoretical disputes within our field, as well as the ambivalence in our relationships with neighboring fields. For it is also part of my purpose here to bring out the fact that there may be just as many analysts out there, or more, even nowadays, who would *hasten to dissociate themselves from* the view I adumbrate below. If so, this should not reveal the fault lines of some broader schism-in-the-making, but rather, an agenda for constructive scientific dialogue still to come.

In surveying our common ground, I will not, except here and there for the sake of clarity, advert to the holy trinity of "the unconscious, resistance and transference," and even then, only indirectly, since that area of common ground is already well known and not here in question. For the thing that has always amazed me is how a set of distinctive, equally substantive, equally central *tacit* assumptions seemed almost universally shared wherever I wandered within these particular psychoanalytic circles at least, over some decades now, and without which collegial conversation would have been well nigh impossible, while *these assumptions have comparatively rarely been made explicit in the psychoanalytic literature, however ubiquitously conspicuous they might have been both in conversation and debate as well as in day-to-day clinical practice.*

If I am even partly right, these are indeed "what we take for granted" in a very important sense. For however obvious these assumptions may be to those who hold them, once stated at least—they constitute what, when asked, these analysts will tell you simply "goes without saying"—yet these are the shared assumptions that tend to get lost in the terminological Babel and in the contests over theoretical differences that get played out on the printed page in the learned journals. In sum, these are pivotal matters always talked about but hardly ever written about (another extraordinary peculiarity of our field, though by no means unique to it).

Over the next few pages, what I am specifically interested in bringing out, then, are not the explicit assumptions so much as the *tacit* assumptions of *at least* the majority of more-or-less mainstream British psychoanalysts of the "Middle" or "Independent" group working in the four decades or so following the Second World War. Most of them, as far as I have been able to discern, were either directly or indirectly influenced by Northfield, The Cassel, Michael Foulkes, Tom Main, and 'the whole climate of opinion' these psychoanalytic pioneers helped engender and which had enabled them to flourish in the first place.

However, it seems to me that these tacit assumptions were and are shared much more widely still. I intend my synoptic account to embrace the views shared equally by many other analysts, whether influenced by their British colleagues or coming to a similar view of the world independently; whether classically-minded Freudians (like Roy Schafer, Bruno Bettelheim, Larry Kubie), or Kleinians (like Bob Hinshelwood) or Independent (like Ronnie Laing, John Bowlby, Peter Lomas, Charles Rycroft, Ronald Fairbairn); whether Anglophone or not; whether object-relations theorists or not, or whether (like Ed Levenson) interpersonal or (like Steve Mitchell) relational psychoanalysts or otherwise; and yes (at least within a British context) whether Freudians (like all of the above, in my use of the term here), or Jungians (who in London in recent decades have not been so sharply differentiable from Freudians as in other parts of the world). Nor, as we shall see, do I particularly care, for the purposes of this discussion, what kind of metapsychological language they might deploy in their theorizing. For I am interested in what is taken for granted by a large and diverse body of psychoanalytic clinicians *from across the theoretical spectrum*, who for all their mutual differences of theoretical or clinical views, however significant, would nonetheless have been able to recognize one another as those with whom constructive dialogue was not only possible but natural and congenial, in light of how much they shared in terms of their particular psychoanalytic view of the world, for all their undeniable differences in emphasis and detail.

If nothing else, it is at least what I, for one, take for granted in *my own* "psychoanalytic point of view," stated as clearly and succinctly as I can state it for now. But again, it is only worth stating because I firmly believe a great many of us out there hold precisely this view and so, as I am grateful to my colleague, the psychoanalyst Dr Ed Shapiro for having successfully persuaded me, it is a service I "owe to them," as he put it. In effect, he told me, we're all of us out there waiting for someone to actually *say* it, and so it's high time I did.

So much for the context. Now, here goes nothing:

"A psychoanalytic point of view": common ground?

From this particular psychoanalytic point of view, all of human psychology, normal and abnormal, is an abstraction from actual, real-world patterns of interpersonal interaction. A patient's symptoms, problematic patterns and attributed personality traits are all an inextricable part of his more-or-less unconscious, patterned response to his current, real-life interactional context, and this context, in turn, cannot be understood apart from the actual, contemporaneous contributions of other people.

This interactional context will include both the actual and anticipated actions and responses of those others. The responses the patient anticipates, for the most part *correctly*, are based as much on others' actual previous actions and responses to him, as on his formative experiences within other key relationships in his own past. Others' responses to him are in turn based on his own past responses to them, which they have, in a similar way, come to expect from him (again, for the most part *correctly*), as well as on their own habitual ways of responding to others, their own formative experiences within key relationships in *their* own past, and so on, and likewise for their expectations of *his* responses.

Human conduct is richly, rigidly, repetitively patterned, at multiple descriptive levels of patterning, and all of us tend to recreate the same familiar kinds of isomorphic patterns of interaction over and over again everywhere in our lives. Indeed, while we respond in our idiosyncratic, habitual, rigidly patterned ways to each new situation in which we find ourselves, yet not only is "our situation" merely "how we situate ourselves" rather than something truly external to and independent of us, but more than this; for that deceptively "external" situation is itself something we have unconsciously steered ourselves into. We continually, unconsciously, recreate the same interpersonal situations again and again everywhere we go (hence Sullivan's famous definition of personality as "the relatively enduring pattern of recurrent interpersonal situations which characterize a human life"). The patient may be responding to her situation, but much of the time she might with justice say to herself, like Oliver Hardy to Stan Laurel, "Here's another nice mess you've gotten me into."

It is not that the patient is operating with distorted perceptions clouding what is really going on. Rather, he is dealing directly with aspects of the real-world territory-as-mapped-by-him—however partial, incomplete, and unhelpful that mapping may seem to us. That is to say, he is responding from within his own subjective reality—a limited subset of, or selection from, what is also, by the same token, objectively real. In other words, he is therefore still responding to a current, real-world situation which really *is* just as he construes it to be; although it is also—unperceived by him—far, far more than that too.

The patient's construal of his situation, then, is neither non-veridical nor distorted but is only a highly idiosyncratic, more-or-less limited and unduly restrictive take on things. The limitations of that habitual, stereotyped take on things keeps him seeing situations the same way, over and over again in his life, and therefore he keeps responding to them in the same way. In this fashion he ends up in the same sort of mess time and time again—he "has only one way of doing something, and *that* way doesn't work," as the psychoanalyst Meyer Maskin put it in his well-known formulation.

Psychotherapy is directed at dissolving these problematic patterns, and there is no separate, "underlying" pathology "causing" them. The patient is not in any way damaged, or suffering from any kind of developmental defect or deficit or developmental arrest. Indeed, there is nothing else that needs to change *first* in order for a problematic pattern of behaviour itself to change. However, it is no simple analytic task to delineate the right level of description of *wider* pattern in which then to intervene therapeutically; and even once it is delineated, the therapeutic intervention required is rarely, if ever, a straightforward matter.

In fact, particularly for those patients who repetitively see the world a certain restricted way *chiefly insofar as they have missed out on* some very basic, often very early, experiences of the world which most of us happily have been able to take for granted, to that extent there is much new, fairly foundational experience of the world that they will have to acquire in the course of therapy. Some of the time, this can best be provided (and sometimes *only* provided?) through the intimacy of the analytic relationship over an extended period of time, or in certain moments of relational epiphany in the course of such an analysis, moments which cannot be planned or engineered; but in other instances the desiderated experiences can be provided more effectively through the analytic group or through life in the therapeutic community; and in any case, ulti-

mately it will all have to be put to the test and reconfirmed in daily living. Yet it is still ultimately a matter of replacing old interpersonal patterns with new ones.

Psychotherapy proceeds by breaking existing patterns—in the first instance wherever they can most easily and safely yet disruptively be broken, and ultimately at the descriptive level at which they can most generatively be broken—so that new patterns can be established in their place that preclude the continued existence of the problematic patterns in the person's habitual ways of relating to others.

Any psychiatric symptom is a problematic solution—part of an attempt by the patient to address a difficult situation. It is in itself a "normal," albeit exaggerated, perhaps *wildly* exaggerated, even *extreme* interactional response to what is experienced by the patient emotionally to be an extreme situation. The extremity may itself be a function of the extreme way in which the patient situates himself, in his peculiar, idiosyncratic take on things. The patient's construal of the extremity of his situation, and his apparently histrionic response to it, may both be exaggerated toward one tail or other of what is nonetheless a bell-shaped curve. This is true even in the case of the most severe psychiatric conditions such as schizophrenia; as Dr Michael Conran once put it, "Whether or not schizophrenia exists, schizophrenics there certainly are; and they are just like the rest of us, only more, and less so."

So-called 'psychiatric disorders' or psychological problems, however severe or longstanding, seemingly irrational or inexplicable, including all the various forms of behavioural problems and emotional distress for which people seek help from psychiatrists or psychotherapists, are simply artefacts of the way in which ordinary, everyday difficulties, predicaments and quandaries are currently being addressed—and inadvertently mishandled—in the patient's life, both by the patient and by all those trying to help. Things have got on top of her, and have been allowed to get out of hand, escalating out of control—often very rapidly, and often out of all proportion to the original predicament or disagreement which may initially have triggered the more-or-less recent descent into vicious circles of distress and disorder.

For some individuals, in some families (also in some couples), this pattern of relational mishandling of things can become quite chronic. Everything becomes a crisis, and every crisis soon a drama, and they lurch from one drama to the next. Chronic or not, intractable or not, the patient's difficulties are not 'ingrained'. Rather the problems persist because the patient's and others' attempted relational, communicational solutions haven't worked, since they were, by definition, the *wrong* solutions.

A symptom is a communication in an interactional exchange within the context of key relationships. In so far as the psychoanalyst is dealing therapeutically with patients, that is, in so far as she is seeking to *help* rather than merely to understand, she is first and foremost a psychotherapist, and so a healer—there to relieve human suffering. And therapeutically, the analyst's first responsibility is to deal with the immediate issues, translating from complaints expressed in terms of emotional distress and undesired thoughts or behaviour or sensations or physical symptoms into the identification of actual problematic patterns of conduct exhibited in addressing current predicaments within the context of those key relationships. Symptoms, complaints, are translated into recurring patterns of communicating, relating, interacting with others. Since all behaviour is

by definition communicative, to understand any unit of behaviour at all we must look at *the whole pattern of interaction* within the context of the patient's intimate relationships—even to grasp the meaning of that behaviour, i.e. to comprehend what the behaviour even is.

In doing so, we seek to discern at the same time others' actual *response* to the patient's behaviour, considered as a communication, *as it appears from the patient's* point of view. This will include the meanings rightly or wrongly read off the other's behaviour and the responses the patient seeks to avoid or preclude, which form part of every communicational act, and which cannot be understood in isolation. This is why so much can be achieved therapeutically, so often, simply by the psychotherapist's (or group or community or family members', or even friends') intervening in the otherwise automatic *response* to the patient's communication, rather than seeking to intervene more directly in what is spuriously taken for the "behaviour itself." There *ain't no such thing* as "the behaviour itself," except in the behaviourist's fond imagination.

Human behaviour is inherently contextualized and almost infinitely malleable, and the problems with which patients come to psychotherapy are always in principle, and oftentimes in practice, rapidly ameliorable. Behaviour is pulled from the future, not pushed from the past. Nothing in the past is capable of being *explanatory* of present behaviour, though an understanding of past (especially childhood and adolescent, even infantile) patterns of interaction, or of past traumas endured, however remote or recent, can often prove to be among the richest sources of clues to understanding *just exactly how the current patterns might best be construed, delineated, and at what level of description.*

The therapeutic focus is accordingly on constructing solutions and moving forward rather than dwelling on problems; on creating new and sustainable adjustment rather than repairing any maladjustment. Individuals, even to the extent that they are embedded in patterns of interaction, are still responsible, free agents and in every moment the individual, however psychiatrically "disturbed," potentially has a choice to do something different. Psychotherapy, at the most general level of description, aims to expand the patient's possibilities for effective action by pinpointing and addressing what gets in the way of those live possibilities being realized right now—his possibilities for framing situations differently and so interacting differently. Those possibilities were always there. Psychoanalysis does not create those possibilities *de novo* but simply assists the patient in recognizing those possibilities as real and available to him, so that the patient can act accordingly.

Psychoanalysis deals with meanings, not causes. Any inferred "cause" (whether the "original" or "precipitating" cause) of the problematic patterns is irrelevant to therapeutic change. What is more, not much may really be required to eliminate the emotional distress or resolve the psychological and behavioural problems lastingly, nor need the desired change take time to occur. For in every moment the patient has available to him the very real possibility of feeling and behaving altogether differently, and of conducting his relationships and resolving his predicaments in a new and more constructive fashion. The patient has an unnecessarily limited, stereotyped range of adaptive responses and he needs to expand his interactional repertory. He hasn't gained the necessary experience yet to do so, simply because he keeps having the same narrow range of experiences that he deals with successfully enough (well, he *gets by* at least!) by means of the same kind of hackneyed, more-or-less incompetent interactional techniques—so far, the only ones he

knows. Here we are reminded of Ed Levenson's referring to the neurotic as a living cliché, or Steve Mitchell's oft-quoted remark that psychopathology can be considered a failure of imagination—old constraints precluding new experiences, keeping us stuck in a rut. Sooner or later, the patient has to go out and *get the experience of*, experiment with new ways of, *relating*, interacting. Otherwise nothing will change. He ultimately has to *do something different*, or differently.

Symptoms are not surface manifestations to which something else corresponds at greater depth. There is no surface or depth in human psychology; the metaphor leads us astray. All is on the surface and nothing is hidden, which does not mean that it may not need to be deciphered. There are not *literally* multiple levels of "depth" to contend with, although there are indeed *multiple levels of description, multiple levels of abstraction, at which patterns can be characterized*. Similarly, there is no separate, underlying substrate that gives rise to or sustains or supports the 'symptoms'. There is no function or system or any other kind of underlying structure (in the broadest sense), whether individual ("the psychic apparatus"), relational, marital, family, systemic, semiotic, mental, neural, social, political or otherwise, which needs to change or be addressed *first* in order for the problematic patterns to be dissolved. There are simply the patterns themselves, and they are self-sustaining without the need for any substrate or separate, enduring structure. In sum, *patterns of conduct are just that—patterns*. As such, they need no further explanation or underlying structural basis, and they are descriptive rather than prescriptive. They are self-sustaining and self-explanatory. They characterize certain redundancies or descriptive invariances in an individual's conduct, but they do not determine it, and they are themselves undetermined.

In the context of an analysis, it is especially where those patterns are exemplified in the patient's relationship with the analyst that they are most amenable to effective intervention—and not least through the analyst's refusal to be "press-ganged" by the patient, as Fairbairn put it, into playing his allotted role in the patient's portable personal drama.

In any event, it is the current, real-world instantiation of those patterns that matters most to us, and which is the focal point for therapeutic intervention. For the patient, right now in his life, the patterns—and consequences of the patterns—that matter most to him are those patterns as they occur within and affect his *current primary relationships* in everyday life, including but of course by no means limited to, his relationship with the analyst. For the patient *it was ever so*: it is always one's *current* relationships (just as when one was a child!) that are the most important, the most powerfully influential at the time. It is only from a third-person point of view that we can even consider an individual's chosen, current, situational response and relate it to that same individual's choices exhibited in other situations in his life (contemporaneous *or* past) that we regard as isomorphic to this one, that is to say, relate them to choices, or patterns of choices, the individual has made in the past.

Again, psychological problems are artefacts of the mishandling of current, ordinary predicaments. They are would-be solutions that are plainly not working, along with the often distressing consequences of those unfortunate nostrums. Therefore, to resolve the problems we need in effect to replace the ineffectual, problematic, vicious-circle-maintaining and distress-inducing solutions with more felicitous ones that will start things moving in virtuous circles instead.

There is no need for the troubled individual to acquire or "learn" new behaviour (after the

manner of cognitive behavioural therapies, for example) for the desired behaviour is virtually always already present somewhere, however nascent, in the patient's existing emotional and behavioural repertory. What is required is almost always something the patient already does from time to time, perhaps once in a blue moon, and only in certain contexts. He has the required skills or know-how potentially immediately available to him already. He merely needs to see his way clear to transfer that know-how across contexts. For some patients, sometimes at least, this may be a tall order, and for some of them psychotherapy will not be a short-term affair, to say the least; many years of intensive psychoanalysis may be needed. What is required ultimately, however, is not that the patient should be 'fixed,' or assisted to resume his supposed "delayed development," or to change his behaviour, or to learn something new, but merely that he should redirect his endeavors.

Metapsychology and metaphor

This in outline, is what I have generally found that "we" in psychoanalysis (but by no means all of our analytic colleagues) tacitly take for granted, despite differences in emphasis or detail, despite often great differences in the theoretical language in which we formulate our views, and despite the very different accounts we go on to build on this common ground. In informal discussions of cases, this common ground, for those of us who share it, is evident enough. For the Tower of Babel is built in the realm not of psychoanalytic psychology, but of psychoanalytic metapsychology, about which we ought to say a word or two, by way of clarification.

From this particular psychoanalytic point of view, which again I take to be widely but by no means universally shared, all psychological disturbances are relationship disturbances. The problem to be addressed therapeutically is the patient's problematic interpersonal interactions. These may be characterized differently from different metapsychological points of view. The patient's "disturbed object relations" *just are* the troubled, dysfunctional or otherwise maladaptive or limited patterns of interaction he exhibits, as they occur in the present. His "disturbed psychodynamics" are *not the cause of* these problematic interactional patterns, they *just are* these patterns considered by an observer from some psychodynamic (metapsychological) point of view.

One can only talk about the mind metaphorically, and the various psychoanalytic metapsychologies provide different sets of metaphors. Take the metaphor of "depth": Where the interpersonally-minded psychoanalyst thinks he is looking "more widely," contextually, to identify the problematic pattern, the more intrapsychically-minded psychoanalyst thinks he is looking "more deeply" at what "underlies" the problem. But the classical (metapsychological) "deeper" is precisely the interpersonal (metapsychological) "wider." Or again: "The symptom" or "the complaint" or "the problem the patient experiences in his life" gets translated into "the disturbed interactional patterns (identifiable by the therapist)" = "the patient's disturbed relationships" = "his disturbed object-relations" = "his psychopathology," or what have you: choose your metapsychological weapons. The "=" in the last sentence indicates matters that are, in an important sense, basically *all the same thing*, only described differently. Yet *nota bene*, those differences in metapsychological description may indeed matter crucially, both to psychoanalytic theory and to clinical practice.

We are in all of our various metapsychological characterizations looking at a single clinical phenomenon—a currently exhibited pattern—having a high degree of (logical) descriptive complexity, considering it in various ways, in different respects, in relation to different contexts, and in an attempt to answer rather different questions. The questions we ask ourselves will matter critically to the course of therapy.

I have tried to describe this common ground in terms as concrete and metapsychologically neutral as I can manage. When brought from the background into the foreground of our thinking about psychoanalysis, this set of shared tacit assumptions reveals the rich interconnections between individual psychotherapy on the one hand, and family therapy, group therapy or therapeutic community work on the other hand. It also reveals the connections between psychoanalytic approaches in whatever treatment modality, on the one hand, and on the other hand most systemic or interactional (including Ericksonian) approaches to therapy, which historically were largely rooted in psychoanalysis (although this historical connection, which I shall be detailing in a future publication, has often been airbrushed out).

As psychotherapists we are all of us operating upon whole sets of instantiated patterns, each of which happens both to be (i) a pattern in this individual's life and, (ii) at the same time, equally, a pattern in this or that particular relationship of his. It is the selfsame current pattern, considered now in *one* context (other instances of *this* pattern in his life, *other* patterns in his life) now in *another* context (other instances of *this* pattern in a particular relationship, *other* patterns in that relationship). *And so it is a single pattern considered in different ways, like a topic that can come up in different conversations.* Individual psychoanalysis, group-analytic psychotherapy, psychoanalytically-based therapeutic community work, and couple and family therapy are hence all of a piece. Note, in this regard, that there is something fundamentally misleading about the familiar metaphor of orthogonality—horizontal and vertical—in considering the individual "intrapsychic" vs. the "systemic" family, marital, or network dimensions: positing such systemic orthogonality involves a serious category mistake, and we are easily taken in by this picture if we are not careful, for it is not the dynamics but the conversations that are orthogonal to one another.

As I said at the outset, I have considered this common ground in the context of psychotherapy, yet the view I have adumbrated also constitutes a synoptic account, although a very partial one, of a psychoanalytic take on human conduct. There is much more that would need to be said straight away, to add to my remarks, if we are to complete even the sketchiest account of such a psychoanalytic view of the human mind and human conduct, and its vicissitudes in health and illness, for I believe there is no richer or more nuanced or scientifically rigorous view than the psychoanalytic one, and there is insufficient space here even to attempt a brief summary. However a number of further things do have to be said in order to place in context my description of what we take for granted in psychoanalysis, the context we need if we are to bring out its radical implications, although it is here that we at once risk starting to move beyond our common ground. As our original aim here in Part II was to sketch (as an example of a piece of Content Philosophy) a psychoanalytic account of the world, of the relationship between physical and psychical reality, I feel this is a risk worth taking.

The reality of the transference

So far one might complain that we are here for a performance of Hamlet but are still awaiting the entrance of the Prince of Denmark. We were purporting to characterize a particular, and widely-held psychoanalytic point of view; but where in all this is *the unconscious*? The answer would be: "everywhere."

For indeed, virtually all of the phenomena I have described above take place autonomously, unreflectively and, for the most part, *unconsciously*, and in the form of what Freud called "primary process" mental functioning. Dr Charles Rycroft, in his landmark 1962 paper, "Beyond the Reality Principle," and indeed throughout the rest of his 1968 collection, *Imagination and Reality*, showed the identity of Freud's "primary process" mental functioning with Prof. Suzanne Langer's "non-discursive symbolism":

a mode of mental activity which uses visual and auditory imagery rather than words, which presents its constituents simultaneously and not successively, which operates imaginatively (e.g. 'to conceive prospective changes in familiar scenes') but is incapable of generalizing, which has no grammar or syntax, and which uses elements that derive their meaning from their relations to the other symbols simultaneously present and not from any defined or dictionary meaning,

as he paraphrased Langer's notion in his paper's 8th proposition (his argument is stated in 22 propositions). The largely unconscious, non-discursive, symbolic processing of experience, which in psychoanalysis we call "unconscious phantasy," is "the imaginative activity underlying all thought and feeling," by which conscious activity is "supported, maintained, enlivened and affected," to quote Rycroft's own definition from his popular dictionary. *Pace* Freud in at least some of his formulations, unconscious phantasy is normally adaptive. In the 18th proposition of his paper, Rycroft makes the important point that throughout life, and indeed from earliest infancy, unconscious phantasy "continues to engage external reality . . . enriches it, and enables the imaginative elaborations of personal relationships to be understood and appreciated." In the healthy individual, it operates fluidly and in tandem with our conscious, discursive, "secondary process" mentation, whose function (as he spells out in his 9th proposition) "is to analyse external reality into discrete elements, to categorize them and formulate statements about the relations existing between them."

However, to the extent that the operation of unconscious phantasy becomes disengaged and dissociated from our conscious functioning, it ceases to be adaptive—isolating and alienating us from our experience and relationships, rather than engaging us with them more imaginatively. Our ability to engage effectively and imaginatively with our experience, and particularly in our interpersonal relationships, requires a kind of *fluidity in the exchange between the operation of primary-process phantasy and our reflective, secondary-process assessments and capacities*. Psychoanalytic treatment aims to break existing patterns of interaction and expand the patient's possibilities for interacting differently; however—as Rycroft concludes in Proposition 22—it achieves this neither by strengthening or widening the ego nor by making the unconscious conscious, but by *increasing the fluidity of this exchange* (as I prefer to put it, in my own terms) between primary-

process and secondary-process modes, and reconnecting dissociated mental functions to eliminate any inherent antagonism between the patient's imaginative and adaptive capacities. This view of both the aims and means of psychoanalytic treatment is very much rooted in the work of Fairbairn. Rycroft ends his paper by quoting a passage from Prof. José Ortega y Gasset's *The Modern Theme* that begins with E. M. Forster's famous lines (from Chapter xii of *Howard's End*): "Only connect! . . . Only connect the prose and the passion and both will be exalted, and human love will be seen at its height. Live in fragments no longer." To all intents and purposes, "Only connect!" was Rycroft's trademark professional motto.

Now in Freud's much-quoted letter to Fliess of 21st September 1897, he spoke of his "*sichere Einsicht, daß es im Unbewußten ein Realitätszeichen nicht gibt*"—his certain insight that there is no indication of reality in the unconscious. When taken together with numerous, equally compelling considerations spelled out in that letter to Fliess, this put paid to Freud's initial theory that childhood seduction was the cause of neurosis, for it made it impossible, even in principle, for Freud to reconstruct traumatic childhood events by means of the psychoanalytic method: If there are no marks of reality in the unconscious, then Freud could not, purely psychoanalytically at least, distinguish truth from emotionally-charged phantasy ("*so daß man die Wahrheit und die mit Affekt besetzte Fiktion nicht unterscheiden kann*") in his patients' accounts. Yet here the protasis proved even weightier than the apodosis: For however important this one implication (ditching the seduction theory) turned out to be for the subsequent development of psychoanalysis, yet Freud's "certain insight" that there are no indications of reality in the unconscious was to have much farther-reaching implications than this, which were destined to turn psychology on its head.

If the primary-process, unconscious mode of mental functioning has in itself no means of demarcating what is real from what is not—as would appear to be indisputable—then for the unconscious *there simply is no distinction to be made* between phantasy and reality. They are on all fours. Freud's *sichere Einsicht* was a blinding flash of the obvious: Whether unconscious psychic reality does or does not accord with objective reality is a judgment that can only be made consciously—and indeed, perhaps, only *in language*, in our discursive, secondary-process mode of engagement. Phantasy *is* reality at the unconscious level. It is *all* phantasy and, for the unconscious, all of that phantasy is equally real—the way the world just *is*.

We must remind ourselves that unconscious phantasies are not rather like conscious fantasies, only obscured, secret, unspoken, disavowed. Not a bit of it! Just as tacit assumptions are not just like explicit assumptions only slinking around in the shadows in a hooded cloak with dark glasses, but appear rather to be solid, indisputable features of the way the world just is, so it is with a person's unconscious phantasies: They appear to be part and parcel of the real world out there, as it just is in itself, and to constitute undeniable, known aspects of it. In their utter inaccessibility to consciousness, unconscious phantasies are closely analogous to those tacit assumptions which form our "absolute presuppositions" in Collingwood's sense, unquestioned because unquestionably real, embedded in the very grammar of our reality. I say to my students at Oxford, "Absolute presuppositions don't appear at all to be *assumptions*. On the contrary," I say to them, now in hushed tones, "they look exactly like *this . . .*" and then I hammer my fist

loudly and repeatedly on the oak table in front of me. It is the same with unconscious phantasy.

In his 1961 monograph *Self and Others*, Laing offered an extended discussion of the phenomenology of the unconscious, as he later characterized it (in his classic synoptic paper, "Family and Individual Structure"). In Laing's formulation, what is unconscious is what we do not communicate to ourselves or to one another, and so remains dissociated. Unconscious phantasy, for reasons he articulates in detail at the beginning of the book, logically can only ever be a third-party attribution, not a first-person avowal, even if we make the third-party attribution to ourselves. Most importantly for our purposes, in that 1972 paper he memorably pointed out that my experience of this room is not subjective *as opposed to* objective, and not inner rather than outer, for my experience of the room is just the room as I experience it, and it is most certainly not inside me but "out there as the room." As Laing both portrayed so vividly and conceptualized so elegantly throughout his work, the contents of our unconscious phantasy are primarily imaginative representations of patterns of interpersonal relationships, and this unconscious phantasy constitutes for the person himself aspects of the real world out there with which he has to do, and is not at all part of his "inner" experience. Unconscious phantasy does not subsist inside our heads but out in the world; it is our interpersonal environment, the very world in which we live and move and have our being.

Let me offer an analogy: My mother suffered from Parkinson's disease late in life, and when her L-DOPA medication levels were too high and needed adjusting, she'd be prone to vivid hallucinations. She once remarked to me when I was visiting, "You know, it's the craziest thing, but when my Sinemet dose is too high, like at the moment, I get these hallucinations that are so *life-like*. I know that you're really sitting there in that armchair; but my parents, your Gram'ma and Gram'pa, appear to me right now to be sitting over there on the couch, and yet I know perfectly well that they're *not* there and that they died many years ago. The crazy thing is, they look no less solid and real than *you* do at this moment. It is only because I happen to know better that I can distinguish *you* as being real while *they* are just hallucinations." Similarly, for the unconscious unaided by conscious discrimination, phantasy and reality occupy the same seats in the living room, indifferently. One is taken to be no less real than the other. My mother's definitive conscious judgment, her own 'certain insight' that her parents were not there did nothing whatsoever to dispel the hallucinations or even render them more ghostlike in appearance. Her hallucinated parents remained intractably solid, and might well have nodded in agreement with her expressed judgment that they were not really there at all.

Perhaps this psychopharmacological analogy is more than a mere analogy, rather a close analogue not unrelated psychologically to the phenomena of unconscious phantasy. Vivid hallucinations, whether drug-induced (as in my mother's case) or hypnotically induced or in psychosis, are not the filmy apparitions one might naively imagine them to be. From the point of view of the hallucinator they form part of the solid furniture of the world, indistinguishable from what we, as third parties, objectively happen to know to be, by contrast, the real deal. Hallucinated apples don't appear to be ghostly, gossamer apples, but apples as solid as any you could bite into and crunch, and if you're hallucinating, they would indeed crunch satisfyingly at each bite you took, and taste like any other apples. Only from the observer's point of view are they mere phantasms

of apples. And so it is with unconscious phantasy, which continues to operate autonomously in parallel with our conscious ideation, immune to corrective conscious judgment. Like my mother's L-DOPA-induced hallucinations of her parents, our own unconscious, imaginative representations of our parents and other persons, and so on, remain ever-present and real for us, however much we may tell ourselves, at times when we become conscious of their unwelcome influence intruding upon our thoughts, feelings and actions, that it's all "only in our heads." But even more so when, through projection and denial, a real person in our life comes to be identified in unconscious phantasy with the original object. Their inappropriateness for fulfilling that role cuts no ice with our unconscious, and so our interactions with the real person in front of us are accordingly distorted to the extent that we, in effect, unconsciously take them for someone else from long ago.

Now if we unconsciously hold in phantasy that black is white as a matter of fact, taken for granted as an unquestioned and unquestionable feature of how the world just is, and if we then try and push back and consciously insist, "No, I know perfectly well it isn't—black is actually *black, not white*," our unconscious will not be impressed. It will persist in holding black to be white, incorrigibly. However, if all goes well, and if eventually it fully dawns on us consciously that black is black and not white, we can come gradually to act upon the conscious judgment that black is black, and so the hold of the unconscious phantasy in this regard will gradually be loosened.

Again, by way of analogy, a schizophrenic patient of mine was troubled by accusatory voices with which she incessantly argued vehemently, and which were making her life even more of a misery than it already was. She spent many lonely hours every day trying to drown out the voices by listening on her shortwave radio to stations from all over the world, particularly from France, though she spoke not a word of French. When I suggested (in both senses of the word) that her voices might henceforth start speaking only in French, like tuning to a different shortwave station, so they did, and her voices only spoke French thereafter. Since she didn't understand what they were saying, she was no longer troubled by their remarks nor did she feel any need to refute them. She found she could ignore them entirely, and they accordingly gradually decreased in volume over a period of a few weeks, like turning down the volume on the radio as she later described it, until they faded away altogether and never returned. Analogously (at the risk of oversimplifying the matter), even though the unconscious may persist, in a sense, in 'holding' black to be white and not black, whatever our conscious mind may judge otherwise, yet as the dissociation between our conscious apperception of the world and our operative unconscious phantasy comes to be healed, the fluidity of exchange increased between unconscious phantasy and conscious apperception, we can come increasingly to act on the basis of our conscious judgment *provided the world continues to bear it out*, and so the inappropriate influence of the unconscious phantasy will wane accordingly. (The close relation of this notion to Freud's trenchant critique of the "double registration" theory of mental content, which may not be self-evident at first, bears on all these matters, but space precludes me from going into it here.)

In the meantime, however, if at the level of unconscious phantasy, black *is* white for me, then in your insisting otherwise ("no, black is black, not white at all!") you will only appear manifestly to be blind to the reality of the world, there for all to see. In daily life, for instance, suppose you simply try and tell me (correctly) that you're not *really* doing or intending what I *think* you are,

and have just accused you of doing. If you persist in your denials, and worse, insist that it's all just in my head, that I'm unwittingly "making it up," or that it's only my "own issues"—just faulty thinking on my part that lends the *illusion* of reality to what is really but an egregious misattribution on my part—then I shall be, understandably, very cross with you indeed! And I'll be cross irrespective of whether you contradict my genuinely mistaken judgment in an (understandably) irritated, impatient, retaliatory tone of voice, which you probably will, and which will certainly make things even worse. I'll be absolutely furious with you! You are playing me for a fool. What's more, you will lose all credibility in my eyes at a stroke. And I shall be mad at you, not 'defensively' because of my alleged 'resistance' to admitting the unconscious phantasy into consciousness, but because you're making a monkey out of me, insulting my intelligence, denying what I can see and hear plainly before me. Clearly, it's not I but *you* who are deluded! You might as well be insisting that the moon is made of green cheese or that the chair or couch I fancy to be supporting my weight is just a figment of my imagination and that I am held in space by nothing at all.

The equation *phantasy=reality* has as its most extreme instance of course the phenomena and phenomenology of psychosis. In the work of Laing and others (see particularly the compelling clinical accounts in Laing's work with Esterson), we can see how even the most bizarre-sounding psychotic 'delusions' can be tellingly accurate, candid depictions of otherwise disavowed, pathological family interactions. The equation works the other way around too, of course. *Reality=phantasy*. Reality is, if you will, the shadow cast by the unconscious. To reiterate what we said earlier, we live and move and have our being in the shadow of our unconscious.

The key concept here is that of Freud's arguably greatest discovery among all his great discoveries: the transference. I am thinking of *transference* in an extended sense, as including not only or even principally the process *within* the analytic relationship by which the patient relates to the analyst as if she were some former person in his life, but rather, the more generic, ubiquitous process that is merely brought into high relief in the analytic relationship. That is, I am referring to the whole kit and caboodle of a person's characteristic, irrational patterns of interacting with others, relating inappropriately to interpersonal situations in the present as if they were situations in the past (as well as constantly recreating such situations with uncanny precision)—all as an unfolding of unconscious phantasy. In this sense, transference operates throughout our lives in some form or other, and influences all of our relationships with other people. This is not the place for me to argue the merits of our extending the notion of the transference in this way, nor to trace the century-long pedigree of this extended sense within the psychoanalytic field, where it is well-established. The point I wish to make here is simply that transference (in this wider sense, though *eo ipso* also in the narrower sense) just *is* the world-as-it-is-taken-to-be; not a faulty *map* but *the-territory-itself-as-mapped-infelicitiously*.

I use that last word advisedly. For again the mapping need not be entirely unwarranted, entirely lacking in correspondence to how things objectively are. Not for a moment! Freud was very clear on this as early as 1912 in his paper on "The Dynamics of the Transference," and, like Laing's, Dr Ed Levenson's work and that of Foulkes and of Dr Peter Lomas and a host of others have done much to show how even the most "deluded" patient's transference within the analytic situation is never based on nothing. There is always some reality beyond dispute onto which it hooks seamlessly,

and which bears it out. And of course, to say it again, we induce the world, the other, in the first place, to fit in with our unconscious phantasy—a kind of Procrustean bed we each make for *everyone, everywhere* to some extent. While this is true of all of us, neurotic individuals (as Ferenczi pointed out as long ago as 1909) seem to have a veritable “passion for transference,” constantly seeking out people with whom to repeat the only forms of relationship they know, in perpetual flight from their unconscious, conflictual complexes, enacting on the world stage the drama of unconscious phantasy. All the same, though neurotics may make this their speciality, again this is but one tail of what is a bell-shaped curve. For we’re all in much the same boat. It’s just a matter of degree. In the synoptic paper we’ve already referred to, Laing writes,

From morning to night the one person may undergo a number of metamorphoses as he passes from one mode of sociality to another; from family, to bus queue, to business, to friends at lunch, to Old Boys Reunion before retiring to family. Transference consists (among other things) in carrying one metamorphosis, based on being ‘in’ and having inside oneself one mode of sociality, into the context of another mode of sociality.

Thus the family may be transferred to a business context. Or the tired business man who has incarnated his “business’ carries this internalized system of relationships over into his personal life.

The ubiquity and immutability of the transference, and the holographic patterning throughout our lives which results, comes inevitably with an overlay of more-or-less convincing but nonetheless quite spurious rationalization. As rational, sense-making creatures, we seem to have a need to account consciously, narratively, for how and why we are responding the way we are, and how and why the world to which we are responding is cussedly being the way we find it to be. For again, a person’s unconscious phantasy of how things are is literally out there in the world and not in their head (“no indications of reality in the unconscious”); it is the-real-world-as-mapped (one-sidedly and infelicitously), and the world itself is real and “out there” after all, and not a construct.

There is, however, an interesting kind of loop, for want of a better word, between our unconscious and conscious appraisals of reality. Our unconscious phantasy, which all the while remains unconscious and continues to function autonomously whether or not we manage consciously to unmask it, is *projected onto the world and then perceived consciously* as being an actual, given feature of that irredeemably external world, which we then go on to account for in spurious but more-or-less compelling fashion. What further confirms our spurious rationalization of course are the indisputable facts of the matter, the actual conduct or communication or state of mind of the other person (including that of the most self-consciously *frum*, rigidly would-be “blank-slate” analyst) that prompted the transferential attribution or identification in the first place. This state-of-mind is often unconsciously read in tone of voice and kinesically, particularly through facial expressions and subtle contextual cues of the kind studied so thoroughly by Birdwhistell and by Schefflen and their colleagues, and some of these cues may be accusingly ‘cited in evidence’ in the ensuing interaction.

In all our interpersonal relationships, this dynamic between our unconscious and conscious appraisals plays itself out *interactionally* in the most convoluted ways, which are barely captured in the usual definitions and laymen’s conceptions of “transference”; but in practice at least, as an-

alysts we take these convolutions for granted. To take the simplest kind of example from everyday life, if I consciously experience you as being, say, *rejecting* or *interfering* or *overbearing*, it is as likely as not because, by way of the transference, I unconsciously have cast you in the role of being rejecting or interfering or overbearing. And in so doing, I may well have unconsciously set up the very situation I now fancy I haplessly "find myself in." For I have unconsciously steered myself into this situation and, what's more, I've dragged you along with me willy-nilly. And in this nice mess I've steered us both into, you indeed appear to be the way I quite unfairly take you to "be" in and of yourself. Indeed, to some extent you probably are acting *just* that way right now, be fair! The attributions and projections, and with them all hell, let loose. And all things being equal, your own actual, real-world behaviour will soon neatly fit the interactional role I've allotted you in this dance. You will objectively approximate sufficiently closely, superficially at least, to *really being* (or at least manifestly appearing to be) rejecting or interfering or overbearing or whatever the case may be. This then further helps my unconscious phantasy, the transference, to hook seamlessly onto the world. Your "being" rejecting or interfering or overbearing is consciously experienced by me as part of the real external world I am passively responding to, something about *you* (your character) and nothing ultimately to do with me, oh no! And I will accordingly construct some plausible narrative account, whether conscious and explicit (perhaps voiced aloud to you) or merely preconscious and "at the ready," of *why* you are being such a pain. Worse, I will believe it, and act accordingly. And through all these convolutions, *the transference is very real, and for all concerned.*

Here I have taken only the very simplest kind of case, far simpler than is encountered regularly in analytic work, let alone in the daily experience of psychotic and borderline individuals and their families and others with whom they interact, and simpler even than most of the situations encountered by all of us day by day, moment by moment. But here's the thing: Interaction *is* the play of unconscious phantasy. The world to which we relevantly relate, *our* world, is not made of atoms and molecules but consists primarily of our matrix of human relationships, both objectively real and consciously imagined and unconsciously phantasied—the largely and irredeemably unconscious interactional matrix in which we are inextricably embedded and by which we are in great part constituted.

For as humans we are, above all, *social* creatures—that is, to a great extent, and notwithstanding our free will, we are creatures of the social. It is the *social* domain, our interpersonal world of relationships, that is most important to us in our lives, providing the web of considerations we purposefully navigate, consciously and unconsciously. We might speculate that early humans, before the advent of language in anything but the most primitive sense, surely must have moved about—given their physical vulnerability—in fairly big groups (perhaps 20+) where the most primitive psychic mechanisms would also have served a vital function in survival: paranoia easily triggered. The most primitive, 'psychotic' group phenomena that occur in every large group (20+), as described by the analyst Pat de Maré and familiar first-hand to all those who have worked therapeutically with large groups, give us a sense of how these vigilance mechanisms might have resonated instantaneously through the primal horde, like a shock wave. Early humans were in this way unconsciously resonating, 'social' beings even before they became language users.

Psychology is of course a question of "Where?" as the psychologist, the great Prof. Roger Barker put it, i.e. *where* it is you find yourself—just as, for Spengler, culture was always a matter of "*soil* not *blood*," where you come *to* rather than where you've arrived *from*, where you land rather than what you've brought with you. The social milieu, the local cultural medium and above all the family in which we grow up and the family and circle of intimates in which we currently have our most important current relationships, together provide the system of interactions in which we learn and practice the steps in the dance. And here the group resonance of the kind Foulkes described so vividly, the macrocosm of the group unconscious—again, particularly within the family, past and current—provides the crucible for our own microcosm of unconscious phantasy, and its dangerous playground. Hence family therapy, hence group analytic psychotherapy, hence the therapeutic community, hence psychoanalysis. Hence too the extraordinary clinical phenomena and therapeutic transformations I witnessed regularly at The Cassel.

The pageantry of the mind

In respect of all that we have been adumbrating, you might say, "What enters through the unconscious exits through the unconscious." This has struck me for some time as being something of a psychological law. Although I think it is implicit in much of Freud, and can be found in some form in many other influential psychoanalytic thinkers, I would not presume to claim greater authority for it by calling it "Freud's" law or anyone else's; so if it is indeed on the money, and some kind of "law" after all, I would at most venture to call it, more modestly, "Wilk's Law," and if it turns out not to be one, or to be an error, you can pin the blame on me. And I firmly believe that Wilk's Law is no more than a truism, albeit potentially a fruitful one. But in any case, let me try and articulate what I mean by it.

It is by now *taken to be* a truism that we perceive a very great deal unconsciously and are affected by it, respond to it, without any apperception going on at all. Indeed, many psychoanalytic theorists have taken the view that unconscious perception differs from conscious perception precisely insofar as no apperception is involved. Yet this is not quite right, cannot be quite right. For there is, if you will, after all a kind of *unconscious apperception* which certainly does take place, in which we *unconsciously* "unite and assimilate (a perception) to a mass of ideas already possessed, and so comprehend and interpret it" (to quote the *Concise Oxford Dictionary's* definition of "apperception"). Of course, with unconscious perceptions this apperceptive assimilation takes place at the unconscious level, in primary-process ideation. And likewise, more to the point, the mass of ideas already possessed is comprised of a congeries of unconscious phantasies, including whole complexes of unconscious phantasies, that may variously have once been conscious or preconscious, however briefly, and subsequently dissociated, or were never conscious at all. As Donnel Stern above all has emphasized throughout his work, some of this unconscious phantasy may even be incapable of being consciously fully grasped and articulated, having originally subsisted only in the realm of very primitive, unformulated, perhaps all-but-unformulable inchoate experience, any subsequent formulation being no more than a suggestive construction

that almost poetically evokes a sense of recognition. And it is through the filter or fog of these unconscious ideas and complexes of ideas that the unconsciously perceived, real-world signifiers are grasped, interpreted and responded to. Consciousness is nowhere involved, and perhaps never has been at any stage. It doesn't even get a look in!

In a New York nanosecond the purely unconsciously mediated response to the unconscious perception is forthcoming: at most conscious only as a feeling, or sudden change of mood, or else some somatic change felt as a sensation, perhaps a knot in the stomach, or a cricopharyngeal spasm felt as a lump in the throat, or what have you, or something of the same kind only rather more vague—a sense of unease, a *frisson* of excitement, a feeling in one's water. And our unconsciously mediated response will be externally perceptible by others only through the subtlest non-verbal behaviour: in kinesics, in consciously barely perceptible alterations in facial expression, skin tone, pallor, voice timbre, gaze, and so on, but again, only perceptible for the most part unconsciously. Certainly we are not ourselves normally conscious of our visibly or audibly emitted response—our changes of expression, voice timbre, skin tone, colour and so on (an exception would be, say, when we can feel ourselves blushing), yet others can often read us like a book, and sometimes quite consciously. What's more, a trained and attentive observer may well be able to detect consciously and name the most subtle non-verbal response we emit: Experienced hypnotherapists, for example, by dint of their clinical training and practice, are highly attuned to these subtle clues, and so can both be intuitively aware of the patient's psychological response to a therapeutic communication and simultaneously consciously keyed-in to some of the specific non-verbal clues emitted by the patient unconsciously that alerted them to it. Yet normally, in everyday life and even in psychoanalysis, it all goes by far too quickly in rapid-fire interaction for our interlocutors ever to become conscious of our unconsciously emitted responses, which they in turn are themselves responding to unconsciously, emitting responses of their own, to which we too then respond unconsciously in turn but of which they, like we, were completely unaware. It all goes by so fast! And so it is that in the blink of an eye a friendly conversation in a bar can flare up without warning into a barroom brawl.

In any interaction, in every moment, each participant's unconscious perceptions of the others' unconsciously mediated and unconsciously emitted responses issue, in turn, in their own unconscious, unconsciously mediated and unconsciously emitted responses. Unconscious through and through! And so the unconscious dance goes on, autonomously, as if it were exquisitely choreographed, without any conscious awareness on the part of the actors. This is the kinesic universe mapped by Birdwhistell and his colleagues that we discussed earlier, and the world of unconscious resonance explored so profoundly by Foulkes.

In parallel with and influencing the conscious and deliberate interaction, the unconscious conversation is carrying on, as it were on a separate channel, another frequency, occasionally obtruding noticeably upon the conscious interaction as a kind of crosstalk or static or interference. It may be experienced by the participants as a rupture in the flow, as a degree of friction or *frisson* between them, for the communication taking place on the other channel is as likely to be erotic as aggressive in nature. An innocent conversation as it might appear to observers or be intended by the interlocutors, irrespective of the manifest verbal content, may on the other channel be

a highly charged, emotional electrical storm of flirtation or seduction or one-sided bitterness or mutual animosity, sexual chemistry or emotional chemical warfare, with occasional sparks and flashes of lightning and claps of verbal thunder that may leave naïve observers or one or both or all of the participants bemused or shocked. All of this has long been known not only to analysts but of course to the poets and, in our own time, especially filmmakers, and is found throughout literature—from Shakespeare to *Who's Afraid of Virginia Wolf*—where writers have often made much comedy and tragedy in portraying this phenomenon so ubiquitous in human interaction.

In work with couples and families these processes are always quite stunning for the psychotherapist to observe, and they form both the essential glue that holds couples and families together and the medium of the essential tensions always threatening to pull them apart. It is the level at which conflicts are played out. Where there is a member of the family who is psychotic, particularly if schizophrenic—with the schizophrenic's thin emotional skin and exquisite hypersensitivity to external cues—this unconscious-to-unconscious communication is heightened in its intensity, and in the ensuing drama. Mountains are made of what are consciously, or to a bemused third party, apparently but molehills, yet symbolically and pre-symbolically they are towering peaks with "cliffs of fall frightful, sheer, no-man-fathomed." The psychotic individual, having less conscious noise to blot out the unconscious traffic of signals (less of the conscious urban light pollution to obscure the unconscious starry constellations visible against the blackness) are more often nearer to being apperceptively in touch with, and semi-articulate aware of, these unconscious interpersonal emanations; and they do indeed 'semi-articulate' them, often with striking precision, in rich metaphors they treat as concrete statements of fact.

Intriguingly, the dreams of borderline patients are often more like the waking experience of normal people, while their waking life is more like a dream, largely a consequence of the extreme dissociation between their imaginative, primary-process, unconscious phantasy on the one hand, and their adaptive, secondary-process functioning. For in the absence of a fluid exchange across the semi-permeable membrane between unconscious and conscious, primary- and secondary-process mentation, imaginative phantasy and adaptational capacities, playing and shared playing, there can be no fluid intercourse or progressive negotiation between True and False Self, or the necessary symbiosis between evolving selfhood and persona, face and mask. (Hence too the therapeutic role of the psychoanalytic setting in providing a space in which the fluidity of the exchange across that conscious/unconscious membrane can playfully, imaginatively, creatively be increased within a safe, trusted, non-retaliatory relationship of true mutuality, in which personal boundaries are respected.)

In stressing, as I have, how so many of the parameters of our actions and the situations in which we act can be understood psychoanalytically to be the creature of our unconscious phantasies, desires, wishes, fears, we are not in any way denying agency. Rather, as in all of Freud's work, we are expanding its scope. Individuals, even to the extent that they are embedded in patterns of interaction, remain responsible, free agents. In Oakeshott's memorable terms, reiterated throughout his philosophical psychology (*On Human Conduct, Part I*), human beings are constantly "responding to their understood contingent situations by choosing to do *this* rather than *that* in relation to imagined and wished-for outcomes." Human possibility is relatively unlimited in the

sense that in every moment the individual, however psychiatrically "disturbed," potentially has a choice to do something different.

In psychoanalysis it is taken as read that the interplay of the transference and countertransference takes place largely at the unconscious level. All of Milton Erickson's psychotherapeutic work, going back to his early papers with Larry Kubie in the 1930s and '40s, was founded on the awareness of the ubiquity, primacy and power of direct, unconscious-to-unconscious communication, and on purposefully, skilfully exploiting this clinically to therapeutic ends.

If what was only ever apperceived unconsciously can only be responded to unconsciously (per Wilk's Law), then applying this veritable truism iteratively to interpersonal interaction necessarily results in the phenomenon of resonance as described by Foulkes, as we discussed it above: unconscious communicating with unconscious, the communications passing through the individuals like X-rays. Again, it is these autonomous, transpersonal, interlocking unconscious processes, embodying individuals' stereotyped interactional distortions playing themselves out "in living action" (Foulkes), that constitute for each of us our contingent, understood interpersonal environment, the world in which we find ourselves.

Much of the external world to which we fancy we are merely passively responding is, as it were, the interference pattern resulting from the play of the unconscious transformations—in what I am calling unconscious apperception—of the unconsciously perceived signals being unwittingly emitted by others in response to us. Such is the hall of mirrors we fondly call "the real world." One implication of all this is that it is the *world* that must change for psychic change to occur; the unconscious *is* the world "out there"—our deceptively 'external' situation. When change occurs in psychotherapy, it is the patient's *world* that changes.

Freud emphasized how skilled we are at making our actions appear to others to be, or making out to ourselves that our actions are, merely passive experiences suffered and outwith our control. In truth, they are *ours* in every sense, and *who we are* of course includes all in us that is unconscious, including, as we've seen, the world to which we address ourselves. Bear in mind, it is we who provide the context into which our unconscious perceptions of others' unconsciously emitted behaviour are appropriated and unconsciously apperceived. And our response, itself unconscious, is a function of our own unconscious phantasies and desires. This is not to deny for one moment that there is much we do indeed suffer passively, or that the less power we have over our environment the more there is that is truly outwith our control. It can overwhelm us utterly. Consider, in this respect: infants, children, the socially disenfranchised, the survivors of trauma or tragedy, of holocaust or natural disaster. Nor are we normally held responsible for what is truly unconscious in us, though some neurotics may omnipotently hold themselves responsible in this way. But the psychoanalytic engagement is at least in part one of consciously coming to recognize our own unconscious contributions to the recurrent, contemporary predicaments in which we find ourselves and assuming stewardship of them.

All this, in fact all that I have been endeavouring, however clumsily, to characterize throughout these pages in adumbrating a psychoanalytic point of view, is what I might call "the pageantry of the mind": the kaleidoscopically shifting, colourful and endlessly fascinating passing spectacle of the inner world in the outer world, and of that outer world in the inner world, reflected

in that ceaselessly self-reconfiguring hall of mirrors that is the only reality we know. The hall of mirrors is not merely our construction. Far from it! It is a given. Reality, after all, is what is given and not constructed in our experience of the world. It is not our narrative creation, and no narrative account could ever begin to capture it. For it is itself akin, as we have said, to the interference pattern produced by the interplay of countless narratives. Actually, it is infinitely more complex than a mere interplay of countless narratives, for it is an interplay of an infinite number of unconscious processes, each of which is itself too complex ever to be compassed narratively. Our reality, this hall of mirrors, is not our map, nor even the territory as mapped infelicitously by us, but is the real-world territory we must navigate, come what may.

Envoi

Importantly, all that we have been describing has its counterpart at the preconscious level too. For the world-out-there-as-we-take-it-to-be is equally a creature of our tacit assumptions and absolute presuppositions that we fondly take for integral characteristics of the world itself, which is not at all a construction, but a given objective reality. That real, objective, external world has in turn the form of an interference pattern produced by the interplay of countless such perspectives each rooted in their own tacit assumptions—a "symposium of points of view," to borrow a phrase of Eddington's—and when our own presuppositions shift, the world we navigate changes too. But this is all a subject for another day. And it was in any case a subject that I touched upon only in passing that afternoon at Café Strindberg.

These at any rate are the topics that I rambled on about, in response to Prof. Saarinen's characteristically ceaseless questioning, in the course of that magical day at the First Strindberg Congress. These were the kinds of matters that Prof. Saarinen took to be the very stuff of Content Philosophy, at least in one of its incarnations. Needless to say, I was less articulate about all these things that afternoon than I've had the luxury of attempting to be here in print; and certainly I was far less detailed, less systematic and more tortuous and rambling in my oral presentation as I paused to munch my way through a *korvapuusti* or launch into the occasional animadversions against this or that school of psychological or philosophical thought. But the gist of it I certainly managed to get across and, as we parted, Prof. Saarinen made me promise to write all this up. This 60th birthday offering to him is my first attempt to keep that promise to which the stern countenance of Eino Leino silently bore witness, as my pigeon steadfastly stood guard on his head despite the drizzle and fading light. This report is a work-in-progress, no more.

Meanwhile, I fear that in my characterizing unconscious interactional processes at such a high level of abstraction, as I have had to do throughout these pages in order to bring out the essential mechanisms, the overall pattern, and to adumbrate what I mean by "a psychoanalytic point of view," I may have inadvertently lent the phenomena themselves a colourless, deceptively anodyne appearance, or perhaps I should say, a bland flavour. Nothing could be further from my intention. It is only an artefact of our not yet having stopped, perhaps until this moment, to reflect upon the *content* of the unconscious phantasies to which we have been adverting in such regrettably dry, glibly technical terms. A Content Philosopher must never forget content!

So let us close our survey of what I mean by "a psychoanalytic point of view" by reminding ourselves that the denizens of the realm of unconscious phantasy include above all (but by no means only) our oldest, most primitive and inchoate, often imperiously infantile and all-powerful ruling passions, as well as all we have repressed or dissociated as too emotionally overwhelming; our deepest anxieties and desires, attachments and repulsions, jealousies and insecurities. It is the realm of envy and guilt, disgust and shame, hope and despair, lust and dread; of sexuality and aggression; of self-esteem and threats to self-esteem; of love and of hate; the realm of our desire for another, and of our desire for the desire of the other; of our terrors of rejection, loneliness and failure; of alienation and anomie; of fear of the strength of our own desires including the strength of our own aggression; of trauma and tragedy; uplift and reconciliation. It is the realm in which our fondest dreams and worst nightmares run riot. Our unconscious phantasies concern our most important, most intimate relationships, including our relationship with our own body and bodily functions; and countless immortal, existential human themes—of parents and children; gratitude and punishment; safety and danger; confusion, seduction and mystification; foolishness and ridicule; acceptance and rejection; autonomy and dependence; meaning and absurdity; identity and integrity; transience and permanence; life and death. It is the realm of those constantly warring, eternal, archetypal daimonic forces of nature within us, with the power to hijack our very soul—forces of love and creation and of hatred and destruction, often intermingled. A realm of high drama, and of the lowest melodrama. The realm of angst, finitude, loss, fulfilment, reparation, longing, transcendence. It is concerned with nothing less than who we are. And yet in wending your way through the arid abstractions I have deployed until this point, you might be forgiven for having thought I took unconscious phantasy to be occupied with such matters as the railway timetable, the cost of living, or the weather forecast! But the actual content here would have been a distraction. It fills the psychoanalytic literature at the expense of all we take for granted as psychoanalysts. In our theorizing, as in our clinical practice, we must not lose sight of the pattern.

In daily life, the whole procession of our thoughts and perceptions comes already decked out in all the regalia of unconscious phantasy. From time to time I imagine this, in a fashion itself hovering somewhere between unconscious phantasy and conscious formulation, in terms of a great pageant, a fabulous masked procession along the Corso, with floats and exotic costumes, Chinese dragons and all the characters of the *commedia dell'arte*—Pantaloone and Arlecchino, Isabella and Pulcinella and Truffaldino, Columbina and il Dottore and il Capitano and all the rest, intermingling with all the characters of fairy tale and saga, myth and fable, history, legend, literature and art, East and West; all tricked out in silver and gold and brilliant colours, along with the triumphantly marching rival *contrade* of Siena, each *contrada* with its own flamboyant and colourful, traditional mediaeval uniform and banners and songs, each railing fearsomely against its adversary *contrada*; and yes, no shortage of witches and ghouls and goblins and ugly, scary monsters, and plenty of floats bearing bloody historical *tableaux vivants* of torture and carnage, too terrifying for children to behold; and all passing by in a panoramic spectacle far too great and chaotic and wondrous to catch more than the merest glimpse of it at any one time. But the incomparable Princess Brambilla is after all only the milliner and seamstress, Giacinta Soardi; Truffaldino only a plumber, Nigel, who lives in Battersea and works for British Gas; the Gorgon

leading the fiery dragon only Gill, a Tottenham manicurist with big hair and dreadlocks exercising her bull terrier on a leash; and the whole scene is only an ordinary Thursday morning in Camden High Street.

At the unconscious level we get caught up in the procession, taken in by the masks and get-ups that we ourselves have unconsciously provided along with the floats, our complexes, that we have sponsored; and we lose sight of those before us as they truly are in themselves. But then in moments of clarity, if we're fortunate, with the dawning sobriety of 'the morning after the night before' *al carnevale*, we come to our senses dimly wondering, "and what was *that* all about?" as all the emotional intensity dissipates like a morning mist, the hold of unconscious phantasy loosening, not unlike awakening from a dream.

In Buddhist psychology, and in various yogic meditative approaches to psychotherapy, as well as in the mindfulness-based approaches variously derived from these, in which Prof. Saarinen has long been interested—much as in psychoanalysis—one learns simply to watch the procession go by. The play of consciousness and unconscious fantasy in our quotidian interactional dramas and melodramas, in the ups and downs of our moods and fortunes, in the richness of emotion and imagination of this meaning-full world we inhabit, at least to the extent that we can engage in a truly fluid and mindful, creative interplay between unconscious phantasy and conscious judgment, imagination and objective reality, in the way Rycroft wrote so much about, alternately stepping back reflectively as spectator and again immersing ourselves in the throng as a participant—this pageantry of the mind—is truly a spectacle to behold.

And the world as we find it, along with the whole procession of our thoughts and feelings, moods and moments of disappointment or exhilaration, nostalgia or regret which colour it, we will come to behold, if all goes well, with a transcendent sense of wonder. The late Peter Lomas has written eloquently about mental illness as a loss of the sense of wonder, and he writes: "When we are aware of the wonder of life we become more fully enmeshed within it; it is close to us, all around us; we are at one with it, we feel a love for it." We then feel truly at home in the world, through all the ups and downs of life, as Andras Angyal writes about somewhere as being at the heart of the healthy as opposed to the neurotic pattern of living ("a stranger and afraid, in a world I never made"); we feel at home in an enchanted and enchanting world. Not all are blessed with such good fortune; and as Lomas says, the world is not always kind to babies. But those of us who are more fortunate, even those who have suffered greatly in the meantime, have a responsibility to ourselves to try and hold onto that sense of wonder. And we have a responsibility also to those we love, and to those entrusted to our care, to help them recover that sense of wonder which is at once our birthright and the end of all our exploring.

¹The author is grateful to Dr Ed Shapiro, sometime Medical Director of the Austen Riggs Center, Stockbridge, MA, and to Dr Tom Kohut and Dr Jerry Fromm of the Erikson Institute for Education and Research at Austen Riggs, where some of the research included in this paper was commenced while the author was Erikson Institute Visiting Scholar in 2009; and to Diane Richardson, Librarian of the Oskar Diethelm Library of The DeWitt Wallace Institute for the History of Psychiatry and

About the author

James Wilk, MA(Oxon) MSc(Oxon) PhD FCybs is a philosopher, psychologist, psychoanalyst and cybernetician based in London. He is on the Faculty of Philosophy, University of Oxford, where for the past decade he has taught and researched in the philosophy of science, metaphysics, epistemology, philosophy of language, philosophy of mind, and the history and philosophy of psychology, psychiatry and psychoanalysis. Dr Wilk is also based at the New York Academy of Medicine where he is a Fellow and Senior Advisor to the President. He serves as Research Director of an international scientific think-tank, Interchange Research, where his original work in cybernetics has been deployed for many years in work with large organizations. Accordingly, in parallel with his clinical and academic work, Wilk has also served as long-term advisor to distinguished private- and public-sector leaders including the CEOs and top line management of some of the world's leading corporations.

Dr George Makari, the Institute's Director, in the Department of Psychiatry, Weill Cornell Medical College, Cornell University, where that research was completed later that same year when the author was Visiting Fellow in Psychiatry at Weill Cornell; to Drs Fromm, Shapiro, Ghislaine Boulanger, Pasquale De Blasi, and Frank Martela, and to Peter Kenttä and especially Beatrice Gutmann for kindly reading earlier drafts of portions or all of this essay, and whose comments and suggestions have made this piece better than it might otherwise have been; to Prof. Esa Saarinen for the conversation that inspired this particular piece in the first place, and gave it its form; and finally, to my dear friends and mentors, Prof. Elmer Sprague of CUNY and Mr Napier Collyns of Green Templeton College, Oxford for many years of encouragement and inspiration, and for pushing me to get my work into print. However, need I aver, I alone am responsible for the many faults that remain.