

BEYOND DOGMA: PLAYING WITH THEORY

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ABSTRACT

Playing with theory involves the creative use of theory to frame and inform processes of reflection in the client's development of awareness and growth, as well as the complementary role of experience in developing theoretical understanding and keeping ideas alive and responsive to our ever-changing worlds. In contrast, the dogmatic use of theory represents a defensive position that discounts others in the service of maintaining a fragile and grandiose sense of self. The processes of forging meaning within the therapeutic setting involves the recruitment of the therapist, his or her theories and life beliefs and demands the co-creation of localised meanings in order to develop alternative realities that offer the client opportunities for autonomous and intimate living. Creative play with meaning offers a route to such co-created possibilities and acts as a guard against the ossification and dogmatisation of theory.

DOGMA AND DOGMATISING

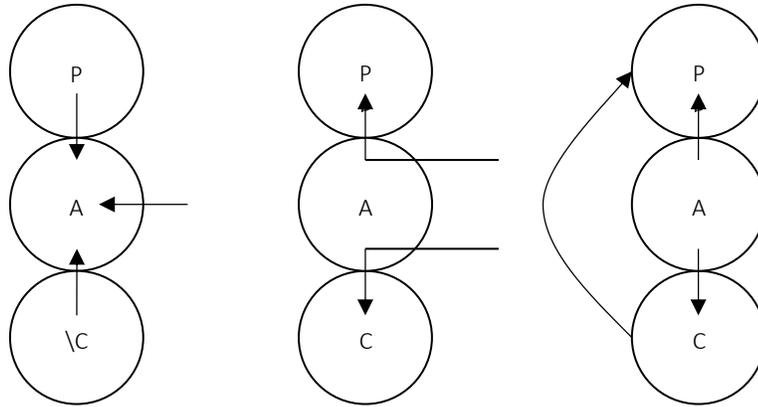
All words are ambiguous and there are always multiple meanings that can be assigned to our written and spoken language (Fink, 1997). There are, for example, at least two meanings of the concept, 'dogma'. It can be defined positively as, "a settled opinion; a set of principles or beliefs" (The Chambers Dictionary, 2006, page 444) implying an agreed consensus about a system of beliefs. The process of dogmatising, however, can be defined negatively; "to state one's opinion ... arrogantly" (ibid.) implying a relational action whereby one person attempts to impose their beliefs on others where no consensus exists, at least in the minds of those others involved. In psychotherapy, there are communities that, for a while, form a consensus that appears to establish an agreed reality (Schiff *et al.*, 1975) while the wider world of psychotherapy has never experienced such unanimity. The dialectic play between the adaptive benefits of forming a dogma and the problematic consequences of becoming dogmatic is, therefore, an ongoing challenge.

Adopting a dogmatic position represents a defensive action, protecting a theory or belief that appears vulnerable when the possibility of other contrasting theories or beliefs is allowed. Such a dogmatic position involves an I'm OK, You're Not-OK relational structure that mistakenly equates beliefs with being. Like all such defensive structures, we can theorise about the developmental dynamics that have been formative in establishing this defence. Psychologically healthy development and functioning represents a process of good-enough integration of relational experiences (Winnicott, 1965). In this sense, integration means that a person can make meaning from, tolerate and include a particular experience in their sense of selfhood (Kellest, 2007a). The person comprehends an experience in terms of their existing frame of reference (Schiff *et al.*, 1975) as well as by expanding their frame of reference to incorporate aspects of that experience they have been unfamiliar with. These represent the processes of *assimilation* and *accommodation* respectively (Piaget, 1955); the twin sides to healthful meaning making. Such processes represent the function of the Integrating Adult ego state (Tudor, 2003), a model in keeping with Erskine's (1988) view of an idealised picture of health as an Adult unencumbered by Parent or Child fixations.

Where a person has been unable to integrate their relational experiences into their developing frame of reference in a good-enough way through the processes of assimilation and accommodation, where the meaning made from an experience cannot be tolerated, processed or *digested* it is interpreted as threatening and *indigestible* and is consequently either internalised whole or later split-off or *spat out* (Hargaden and Sills, 2002 have described these defensive intrapsychic processes). Either way, it will consequently become *fixated*, representing a blocked and, ultimately, repressed aspect of selfhood. It is the developing Integrating Adult, the present-centred sense-of-self-in-relation that effects this spitting out and the archaic ego states into which such indigestible experiences are spat. In this sense, ego state development parallels the individual's developmental history. Frozen, split-off experiences can be seen, consequently, as the primary formative function in the development of the archaic ego states, while the Adult represents the process of good-enough integration.

As illustrated in Figure 1, present-centred relational experiences are normally contacted by the Adult and interpreted or given meaning by this ego state. Figure 1 also shows how previously traumatic experiences, split-off into the archaic ego states, can be (re)integrated by the Adult, by such processes as successful psychotherapy, for example. Traumatic relational experiences may occur with such force, or so frequently that they cannot be integrated by Adult functioning. Either the neopsychic structure has not yet matured enough to function adequately, or this function is effectively 'knocked-out' (Gildebrand, 2003). Figure 2 illustrates how such traumatic experiences of others in relation to self are introjected whole and un-metabolised by the Parent and become frozen. The Child similarly introjects traumatic experiences of self in relation to others. Traumatic experiences usually result in both types of introjective process. A person initially attempts to digest unpalatable experiences over time, using their Integrating Adult. Eventually, if a solution cannot be formulated, a decision will be made to be rid of the thoughts and feelings attached to the now frozen experience. Figure 3 illustrates how these experiences are consequently

segregated by the Parent or 'walled off' by the Child (Hargaden and Sills, 2002) representing the process of spitting out referred to above. Furthermore, survival decisions made by the Child may be adopted by the Parent in order to ensure safety.



Figures 1,

2 and 3 –Processes of integration, introjection and splitting respectively

A person will then use archaic modes of relating with others and the environment in two ways. First, to make partial contact, blocking full, open engagement in accordance with defensive script decisions; that is, to maintain a defence. The second is to further attempt the process of ridding their sense of selfhood of intolerable aspects through projection, to identify what cannot be integrated in 'me/us' with 'you/them' and thus locate badness outside of the self(-group). Thus, intra-psychic processes form the basis for inter-psychic processes. Where a person contacts the here-and-now through archaic functioning, it is less likely that new relational experiences will be integrated in a good-enough way, since the integrating Adult function will, effectively, be decommissioned and archaic ego state functioning will be used to assimilate new experiences in ways which support the person's script. Dogmatising, then, can be seen as a defensive function of the Parent, most likely protecting a stuck Child trauma and blocking the recognition and integration of new experiences that are experienced as threatening to the repressed aspects of self.

Often, these defensive positions appear as Adult contaminations. Loria (2003), for example, has made clear that one aspect of dogmatising is the misrecognition of metaphors for 'real things', as opposed to the concepts they signify; effectively a magical contamination. A related aspect in this regard is the belief that therapeutic theories can be equated with scientific 'facts', creating the illusion of a hierarchical system of 'truths' that can be proven. Therapeutic theory, like the wider field of social and human sciences are incommensurable with the natural sciences (Kuhn, 1962/1970) and more akin to a set of beliefs that are always partial and incomplete; in the process of becoming (Kellest, 2006). Therapeutic theory and practice can thus become

dogmatised when we view our theories as finished or fixed, or in terms of right and wrong. This dialectic play is (re)produced within the therapeutic dyad, where therapist and client bring differing frames of reference, differing realities, to a project that focuses, for the most part, upon making meaning of the client's relational experiences. Consequently, the dangers of dogmatisation are also present in the therapeutic setting, dangers that are most strikingly enacted through pathologising, as Barnes (2004) has clearly demonstrated.

PLAY AND PLAYING

Most practitioners are familiar with the concept of play within psychotherapy. Winnicott (1971) for example, is well known for his elaboration of the formative functions of play in children's development and learning within the maternal dyad, and his extrapolation of this to the therapeutic dyad. Such therapeutic play requires the creation of a space in which the client's exploration of his or her being in the world (Heidegger, 1962) is contained and supported by the therapist. Within this environment, theory can offer a framework that facilitates the making of meaning. This framework structures therapeutic exploration and reflection in two complimentary ways. On the one hand, the concept of 'playing with theory' can refer to therapeutic meaning-making that is informed by theory; existing ideas and models can be used to structure therapeutic exploration, offering *a priori* ways of making meaning of emergent experiences. On the other hand, 'playing with theory' can refer to the development of theory in the light of therapeutic experience and reflection; creating flexibility and space (another definition of 'play') within the development of theories and models. Playing and theorising are thus intimately related and, together, lie at the heart of the co-creative function of meaning making (Summers and Tudor, 2000).

This circular relationship can be understood in terms of the processes of assimilation and accommodation discussed above, and is illustrated in Figure 4.

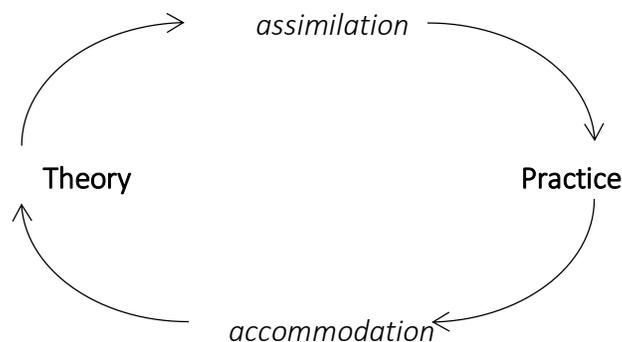


Figure 4: Assimilation and accommodation in therapeutic meaning-making

Central to both meanings of 'playing with theory' is the willingness and capacity of therapist and client to take and offer permission to make their own meaning (Allen, 1987); to forge meaning in the light of experience, to develop theory in the light of reflection upon the processes of therapeutic relating. Allen (2003) has differentiated three common practitioner styles of working, two of which usefully illustrate differing ways in which therapists can engage with the co-creation of meaning within the therapeutic dyad. On the one hand, the therapist as *expert* often uses theoretical models to scaffold the client's meaning making (Brunner, 1986); to structure the client's play in accordance with the therapeutic beliefs of the therapist. This style may involve, for example, sharing theoretical metaphors such as ego states, games, rackets and scripts in order to teach or coach the client on how to frame their growing understanding using these concepts. In this way, theory is seen as outside both therapist and client, an existing body of authoritative knowledge to be comprehended and applied more or less correctly within a relationship that positions therapist and client akin to Parent and Child respectively, and theory as the law.

The therapist as *dialogic partner*, on the other hand, views the client as the expert; it is the client who has potential access to inner knowledge of his or her own worlds. From this perspective, the *relationship* between client and therapist is seen as potentially transformative, since much of the client's self-knowing is initially out of awareness and requires the use of the therapist's (theoretically-informed) insight in order to frame this knowing within the conscious realm of linguistic meaning. Thus, where the therapist and client embark on an explicit (contracted) or implicit (process-oriented) project to develop awareness of the client's unconscious dynamics, the therapist facilitates the client's sense-making of their experience within the emergent processes of therapeutic relating. Allen (2003, page 141) conceives of these relational processes as a dance, arguing that the dialogically-oriented therapist engages with the client in a way that "highlights the roles of play and interplay, mutual exploration, intersubjectivity, and interpersonal enlivening".

Allen acknowledges that therapists, in practice, often employ both expert and dialogic partner styles, as well as other positions. Indeed, these two styles may well reflect polarised positions that disguise the complexity and breadth of therapeutic practice. Fink (1997) for example, has outlined how both therapist and client can be positioned as experts in differing ways. He discusses how clients' initially position the therapist as the expert by virtue of the therapist's interpretations of the client's unconscious dynamics. The client believes that, since the therapist is voicing the client's hitherto hidden passions, then it is the therapist who must be the expert regarding what is true about the client; by this misrecognition, the therapist is seen as the one who is *supposed* to know. In contrast, the therapist regards the client's unconscious manifestations as the source of meaning in the therapeutic process, thus positioning the client as the 'expert', albeit one who is unaware of his or her expertise. As Fink (page 31) puts it, "the 'final authority' in the analytic setting thus resides in the analysand's unconscious, not in the analyst as some sort of master of knowledge who immediately grasps what the analysand is saying". We might add that neither does final authority reside in existing theory.

The play of positions within the therapeutic dyad is further complicated when we consider the array of invisible others who influence the processes of relating. Transactional analysts are familiar with the concept of others as they may be represented intrapsychically as Parent and Child categories of ways of relating, and re-enacted interpsychically through transactions, games, rackets and scripts. In addition, there are a host of influencing others even less visible within the therapeutic setting, ranging from powerful third parties (such as authors of theory) to the deep and all-pervasive effects of culture (such as normative values and the constructive role of language in the formation of reality). The authors of meaning, then, are manifold and shifting and the theories variously attributed to these people and institutions, visible and invisible, collide in a kaleidoscope of power-plays that position the therapist and client in manifold complex relationships. Thus, meanings forged through the processes of therapeutic relating are *local*, situated within a particular time and setting and the products of individuals with their own histories, identities and motivations.

THEORY AND THEORISING

The concept of localised meaning generated by the processes of therapeutic relating echoes Barnes' (2002, page 20) portrayal of "an alternative style of psychotherapy ... designed to work with the uniqueness of each individual as resourceful, and to rely upon the dialogue to engender the "right" words for healing and the relevant concepts for solving or dissolving problems", a therapy that aims to "liberate people from the constraints and attributions of theory-centred psychotherapy ... and instead attend to the ideas or concepts that are shared in the psychotherapy conversation". In this view, the therapist's demonstrated willingness to engage creatively with meanings and ideas is recognised as an important part of modelling for the client and one way in which permission to make meaning can be offered. What room is there, then, for theory and theorising within this approach to the practice of therapy?

The generation of localised meanings as a product of therapeutic relating in turn gives rise to narratives about self, others and the worlds in which we live; that is, co-created theories about worlds of relating. This co-authoring of theory represents a macrocosmic parallel for the re-authoring of the client's script, the ultimate goal of psychotherapy. All meaning is generated in and through the processes of relating and, in this sense, the formation of restrictive scripts is no different; the client forges their script on the basis of dynamic relationships with significant others, locates this narrative within current culturally situated narratives (such as common folklore) and generalises the resulting story to most if not all future situations. Scripts, from this perspective, represent theories about life that are re-enacted with others from day to day, and these re-enactments require the recruitment of others and, in therapy, most significantly, the therapist him or herself.

It is a basic tenet of relational psychotherapy that the co-creative processes of meaning making demands the therapist's reciprocal though asymmetrical engagement (Aron, 1996). In the light of the above argument, it is also clear that this engagement is required on the level of the client's

script enactments. Elsewhere (Kellett, 2007b) I have outlined some of the processes by which the client *recruits* the therapist in order to invite him or her into a script enactment that facilitates a profound and, often, non-linguistic level of communication (see Hargaden and Fenton, 2005, for further elaboration of this level of communication). Such enactments represent a primary transactional dynamic by which the client experientially reveals and shares repressed aspects of their selfhood with the therapist. In this way, the scripts of both the therapist and client interlock within cultural narratives that permeate the therapeutic setting; the therapist cannot claim to be outside these dynamics, and neither are his or her theories. Thus, the therapist's theoretical and life beliefs as well as those of the client are brought together in the melting pot of the therapeutic container. Together, therapist and client can thus forge situated meanings and theories that offer alternative realities as templates for relationally autonomous and intimate living.

Thus, theory and theorising are central to the purpose and practice of psychotherapy. The client comes to therapy, ultimately, in order to develop with the therapist a new theory of living, a fulfilling life narrative that is flexible and potent enough to enable the client to make productive sense of his or her rich variety of relational experiences. This relational theory of being must balance the processes of assimilation and accommodation; that is, the person's life narrative needs to offer the meanings and understandings of experiences that are not so defensively rigid as to preclude growth and expansion through updating and modification. Similarly, the space for theorising within psychotherapy is to be created in the relational processes of meaning making, processes that parallel and model the client's project of re-authoring their script. Existing theory has a productive role in structuring this co-creative play where it is used flexibly and reflexively as part of the permission client and therapist take to forge their own meanings together.

BEYOND DOGMA

Theorising is a process of conceptualisation, of representation that is motivated by our existential need to make sense of our experiences. We are, in other words, meaning-making beings, and our theories about living, our relational narratives represent an essential strategy that enables us to live and do things with each other. Similarly, the essential nature of theorising extends to the practice of psychotherapy. Scripts, or life narratives represent theories of being that focus on identities and relationships. We cannot choose whether or not have a theory of being, we can only choose, perhaps, what kind of script we will live by. Where scripts, theories and beliefs are deployed defensively, the relational, co-creative heart of meaning-making becomes ossified as others are discounted and objectified. Where scripts and theories are engaged with creatively and playfully, we can develop a means to engaging in the world of others that is productive, fulfilling and healthfully adaptive.

In therapy, co-creative processes of meaning making are complex and interactive, implicating therapist and client, as well as a host of others, and positioning all variously in the dance of therapeutic play. The client's development of the capacity for self-reflection, for expanding awareness of his or her relational realities, and forging new meanings and possibilities, marks an

essential project in therapy and one which requires the capacity for play of both therapist and client. Permission to creatively play with theory is central in the development of understanding that, in turn, keeps theories alive and responsive to our ever-changing worlds. Such creative play nurtures the development of ideas and practice and guards against the dogmatisation of therapeutic conceptualisation; play allows us to move beyond dogma.

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