

The Social Elaboration of Defences

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The psychoanalytic process may be defined or described from a formal viewpoint (conceptually (1)), or from a psychological viewpoint (phenomenologically (2)), or from a transactional viewpoint (operationally). The third approach leads into a relatively neglected area: the problem of epinosic versus paranosic gain. The principle at stake here is essentially that of Occam's razor, or parsimony ("Essentia non sunt multiplicanda praeter necessitatem."): that every psychic element should serve as many tendencies as possible. This is classically shown in the phenomenon of condensation in dreams. Clinically it is implicit in the concept of gain. According to Freud (3), there are three types of gain which constitute the motives for illness: first, the internal element of the paranosic gain, the attempt at an economically convenient solution to an internal conflict; second, the external element of the paranosic gain, an attempt to solve an external conflict; and third, the well-known epinosic or secondary gain, which is a kind of afterthought.

To take a familiar and relatively simple example, the patient who misses an appointment because of a mild illness

may be attempting to profit in three ways: the illness may be the most economically convenient solution to an inner conflict; it may help him postpone a threatening transference crisis; and he may be trying to avoid paying the fee. These elements correspond to the following items in Freud's discussion: the flight into illness, the efforts of Dora's friend Frau K to avoid her conjugal duties, and the crippled workman who earns his living by begging, respectively.

The concept of gain may be extended to apply not only to illnesses and symptoms, but to all defences, including character defences and certain types of social behavior. To apply the terms "epinosic" and "paranosic" to such defences is an etymological solecism, but it may be excused on the grounds of familiarity and convenience. Some defences are so regularly used in everyday life and are so culturally syntonic that they pass unnoticed outside the psychoanalyst's office and are regarded as "normal." In this country, the discussion of "delinquencies" of various children is an example of such a defence. Others may arise universally in special situations almost anywhere in the world, and hence are again regarded as "normal." Such is the "apology" following a parapractic act of aggression.

Careful observation of social behavior, such as that in psychotherapy groups or scientific meetings, reveals that the social elaboration of defences for paranosic and epinosic gain

falls into typical patterns, consisting of sets of operations which may be called "games." Such "games" may be analysed from any of the three points of view mentioned above. If they are treated as transactions, the problem of gains quickly comes to the fore. From this point of view, the best possible defence is silence. On this basis, the observer is confronted with a fundamental question regarding all social activity: Why do people speak to each other? This is rephrased clinically into the transactional question: What do people gain by speaking to each other? This is called a transactional question because the answer is obtained by studying not only the agent's transactional stimulus, but also the respondents' transactional responses. The stimulus and the responses together comprise the transaction. The classical viewpoint is concerned essentially with the question "What does he hope to gain by this transactional stimulus?" The transactional viewpoint observes: "What does he actually gain from these particular people at this particular time by this stimulus?" The bridge between the two systems is a question half genetic, half transactional: "What has he learned to gain by offering this stimulus?"

What transactional analysis offers is the discovery that most social activity proceeds in an idiosyncratic but stereotyped way for each individual. The classical question "Why did you say that?" or "Why do you keep saying that?" becomes "Why do

you repeatedly go through the same sequence of five or ten operations, and how do you succeed in obtaining the required succession of five or ten responses from your associates?"

This question is more apt to take substance at social gatherings or in psychotherapy groups than in individual therapy, where the opportunities for proceeding with the sequence are limited by the fact that there is only one possible respondent and he is specifically trained to be anti-stereotype.

The clinical significance of this is that in ordinary psychotherapy or psychoanalysis, single transactional stimuli are apt to be analysed as defensive operations, while in transactional analysis¹ complex sequences of transactions comprising completed games are scrutinized for their yield of actual epinosic and paranosic gains. A completed game has somewhat the characteristics of a compressed chess game: White's first move (first transactional stimulus), Black's first response (first transactional response); White's second move, Black's second response; and so on, until White's final move, Checkmate, and Black has no adequate response. Patients in certain psychotherapy groups can become adept at detecting such sets of operations, and accept cogently colloquial names for them with insouciance

¹About 100 psychotherapist from various parts of the country, principally Northern California, have now received from three months to two years of training in transactional analysis.

and even with enjoyment. At the same time, they attempt to analyse them with appropriate seriousness as psychological or psychopathological phenomena, and do not take them lightly as the English humorists do.

One of the most striking is the parapractic aggression followed by an apology, referred to above, and colloquially known as "Schlemiel." The epinosic gain here is minimal, and consists in attracting attention, and perhaps in proving geniality by offering to make recompense. Classically the parapraxis is an anal aggression, and consists of making a mess by spilling, burning, or tearing, and the internal paranosic gain lies in the act itself. The external paranosic gain is derived from the apology, which means: "You must reassure me that I am not hostile by forgiving me." Thus the apology is a defensive operation put to social use. If the others present are willing to play Schlemiel, they give the Schlemiel the invited assurance. The matter is put to the test, however, if someone plays Anti-Schlemiel by remarking: "I don't care if you spill things, but please don't say you're sorry." In that case the Schlemiel is deprived of his external paranosic gain, and the resulting anxiety is easily perceived. If this scene is repeated, the underlying aggression may even break through in an explosive way, so that in a social situation the role of Anti-Schlemiel is not

one to be lightly undertaken. Nosologically, "Schlemiel" is an obsessive-compulsive game.

Equally crude is the phallic hysterical-Exhibitionistic procedure colloquially called "The Stocking Game." A woman enters a group and raises her leg as she sits down, remarking: "Oh, I've got a run in my stocking." The secondary gain may be a series of dates, while the internal paranoic gain lies in the exhibitionistic act itself and its relation to the castration complex. The external paranoic gain lies in the defensive surprise when the men become interested and the women become hostile. If a sophisticated group plays Anti-stocking, however, and both the men and the women either ignore the manoeuvre or give an unexpected response, then again the resultant anxiety becomes evident. A variant of this is the woman who opens her game by drawing attention to her "ugly, over-developed breasts," perhaps with the remark that she has been contemplating plastic surgery.

One of the commonest, or perhaps the most common of all marital games,² offers an elegant illustration of the three types of gain. This is a game colloquially called "If it weren't for you." Perhaps its elegance is one of the reasons for its popularity. A woman complained that her husband would not allow her to indulge

²It should be emphasized that the term "games" is used in the sense of serious students such as von Neumann and Huizinga.

in any social or athletic activities. As she improved with treatment, her husband became less sure of himself and withdrew his prohibitions. The patient was then free to enlarge the scope of her activities. Because of her "starved" adolescence, one of her yearnings had been to take swimming lessons, and another to take dancing lessons. She went for her swimming lessons and was astonished to discover that she had a phobia of swimming pools. She then took up dancing, only to find that she also had a phobia of dance floors. These exposures clarified part of the structure of her marriage. She had picked an autocratic husband to help her with her own phobic avoidances. This was the internal parasitic gain. She could then complain about his autocracy, putting him the wrong by saying, "Look at all the fun I could be having if it weren't for you" This was the external parasitic gain which gave her control of their sex life, among other things. Her complaint also put her in an advantageous position to obtain secondary gains, such as indemnificatory gifts.

Besides being distinguished nosologically and by erogenous zone, games may be classified from other viewpoints: for example, according to the principle defences used. Intellectualization is a favored defence in many social circles, and may be combined with either projection or introjection. Two common games are "PTA" and "Psychiatry." In both of these the epiphenomenal

gain is usually a narcissistic one.

Projective "PTA" is colloquially known as "Isn't It Awful?" (This refers to what other people's children are doing). The external paranoic gain is exoneration and the internal paranoic gain is self-absolution. Projective "Psychiatry" ("Here's What You're Doing") is a more direct expression of aggression, and its defensive nature is most clearly seen in the case of psychiatrists and other medical men who are patients in psychotherapy groups. Introjective "PTA" (Why can't I be a Good Mother?) is involved with the same paranoic gains as other depressive operations: externally it tends to elicit reassurance while at the same time making the other players feel inadequate and guilty about their ineptitude to help; internally, it is a form of self-castigation. Introjective "Psychiatry" ("Why do I do this?") is analagous.

From still another point of view, games may be classified according to the number of players. Thus "Frigid Woman" is a two-handed game. In the simplest form, the wife with-holds intercourse over a long period, while at the same time becoming progressively more and more provocative until she seduces the husband into making advances. At that point she turns on him and accuses him of thinking all the time about sex. The situation then switches into a game of "Uproar." For the wife, the epinoic gain may be financial or domestic. The external paranoic gain is the avoidance of the "conjugal duties" referred to by Freud. The

internal paranoid gain is primarily projective. Both parties may obtain sufficient instinctual protection and relief from the argument itself to enable them to postpone the threatening sexual situation indefinitely, which may be a considerable paranoid gain on each side: external in that it avoids the feared situation, and internal in that the argument itself is sexually satisfying.

The game of "Alcoholic" in its classical form is a four-handed game from which all parties obtain both egoistic and paranoid gains. The full-fledged game requires an "alcoholic," a rescuer, a dummy, and a persecutor. The rescuer is usually ipsisexual and the persecution contrasexual. The dummy represents a benevolent parent who is neither a persecutor nor a rescuer, but who simply offers supplies when needed and acts as a passive object for instinctual impulses, usually both libidinal and aggressive. These roles may be condensed into a three-handed or two-handed game, and may also be switched. Various organizations, such as Alcoholics Anonymous, print rules for this game and define the roles in their literature. The patient who is "cured" by Alcoholics is still playing the game of Alcoholic, but has switched roles and has become the rescuer instead of the "alcoholic." The reason why ex-alcoholics make better rescuers is that they know the rules of the game better than non-drinkers and are more experienced in applying them.

Just as a pack of cards may be used for many different games, so various types of "counters" may be used for a variety of

defensive social games. Money may be used to play either "Debtor," "Creditor," "Miser," or "Philanthropist." Words, time, jokes, parts of the body and other "counters" may each be used to play a variety of games.

The social elaboration of defences in games must be distinguished from several other social activities. An operation is simply something that somebody does socially, such as asking for reassurance and getting it. This only becomes a game if the individual presents himself as doing something else but is really asking for reassurance, or asks for reassurance, then rejects it in order to make the other person feel uncomfortable in some way. A game is a repetitive episodic act or scene in a longer complete transference drama or unconscious life plan, which is called a script. And the roles in the game must be distinguished from the game itself. For example, "debtor" and "creditor" are roles in a money game, often of anal derivation, but the game of "Debtor" or "creditor" is something that is played out in a certain stereotyped way and according to certain rules over a longer or shorter period. Thus a tenant may find himself unwillingly playing the role of debtor in a game of "Creditor," or a physician may be manoeuvred unwittingly into playing creditor with a professional "Debtor" player.

In cases where classical psychoanalysis is not available (and these, after all, comprise the majority of psychiatric patients) transactional analysis, properly carried out, has proven its worth in the hands of many clinicians, and its results compare

favorably with those of more conventional methods. From the psychoanalytic point of view, its essential characteristic is the shift in emphasis from defensive functions to the problem of gains. Experience has demonstrated that this approach is easier for many patients to understand and profit from if adequate opportunity for working through cannot be provided through an ideal psychoanalytic therapeutic schedule.

Summary

That many social manoeuvres and social responses are used defensively is well known. Transactional analysis (4), however, reveals that this tendency is more universal, more complex, and more interesting than is often realized. Defences not only influence occasional isolated transactions, but motivate repetitive, stereotyped sets of transactions in both neurotics and "normal" people. Such patterns of stimulus and response, initiated by defensive needs and yielding maximum gains with minimum effort, may be called "games." The playing of such games comprises the bulk of social activity. Games soon become recognizable to the experienced observer. They may be classified from various viewpoints: nosologically, zonally, or according to the defences involved, the number of players required, and the "counters" used. The epinosic and paranosic gains acquired through such games are illustrated. A therapeutic approach which shifts the emphasis from defensive functions to the problem of gains has proven profitable in cases where classical psychoanalysis is not available.

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