Dramatology In Life, Disorder, And Psychoanalytic Therapy: A further Contribution To Interpersonal Psychoanalysis

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Action and interaction, emotion and thought – the inner well-springs of action – play a central role in the lives of individuals, families, and society, spanning the continuum between everyday life and disorder. Until now, the narrative tradition has been the main methodology for portraying and formulating human action and interaction, and little has been written about the dramatic approach to life, disorder, and therapy. Since the essence of drama is action, dialogue, character, and emotion, it is time to give drama its due. The author proposes a methodological concept, dramatology, analogous to narratology, to highlight the dramatic method of investigating action and interaction in life, disorder, and therapy. Breuer and Freud presented both aspects of dramatology: dramatization in dream and fantasy, and dramatization in act, focusing on the person. This approach was elaborated by psychoanalysts with an interpersonal orientation, focusing on the person and speech as action. Dramatology is applied to exploring ongoing patient-therapist interactions as reality and as transference. Analyzing unconscious and latent dramatization in dream, fantasy, and enactment with free association is enhanced by utilizing clarification and confrontation, focusing on the manifest and mutually observable expressive form and style of actions and enactments, defenses and resistances, and the discharge and meaning of emotions. Dramatology puts forward a new paradigm for psychiatry, psychotherapy, and psychoanalysis.

Life, or existence, is action, interaction, speaking: it is inherently dramatic, from the Greek root *dram* to act. Lives of persons can be stories of past events, remembered and narrated, or they can be *dramatized*, that is, converted into dramas and staged or made into screenplays for film or

television. As a literary form, genre, and structure, drama *enacts* life, representing it not once removed, as in narration, but directly in the here-and-now, through various *dramatis personae* acting, emoting, speaking, and gesturing in dramatic *scenes*. Both drama genres, tragedy and comedy, portray character, misfortune, trauma, and suffering, but in different styles: the former is serious and melancholy, as for example in Shakespeare's *Hamlet*, the latter humorous and farcical, such as Molière's *The Imaginary Invalid*. I have discussed the importance of comic and humor elsewhere (Lothane, 2008).

Biblical and Homeric stories were chanted or recited to audiences; Greek and Roman dramas were staged in amphitheaters. With the invention of printing, stories became novels and novellas read by solitary readers. The reader's relation to the printed page is perceptual and vicariously imagina-
tional: he sees the words and "sees," in his mind's eye, the scenes depicted by the author. Drama can also be read, but a spectator is a vicarious participant: watching a performance on stage makes for immediacy of experiencing and poignancy of emotional involvement. And here is the crucial difference between storytelling and drama: a *narrative* may or may not include dialogue, whereas drama is *all dialogue in which stories are also narrated in the dialogue*. The latter is also true of the analytic situation.

In real life and in the psychoanalytic setting the mutual emotional experiencing between the participants is actual, transactional, *interpersonal*. Art imitates life: "All the world's a stage, and all the men and women merely players," says Shakespeare, a staged illusion of the real. In real life, people are neither walking novels nor actors: they are agents in life's everyday dramas. The psychoanalytic situation is a stage defined by its *frame* where the participants are not merely narrators, dreamers, daydreamers, free-associa-
tors, and interpreters, but also concretely, not metaphorically, enactors of the roles of patient and therapist, in reality and transference. Loewald (1975, p. 2923) wrote:

> Language (speech) because of its central role in human action, is a dominant element in drama . . . Language is not merely a means of reporting action, it is itself action . . . In the course of the psychoanalytic process, narrative is drawn into the context of transference dramatization, into the force-field of re-enactment . . . [The] patient . . . is speaking from the depth of his memories, which regain life and poignancy by the impetus and urgency of re-experience in the present of the analytic situation.
This is language action, not “action language [which is] more metatheoretical than clinical-theoretical” (Schafer, 1980, p. 83). Similarly, Greenberg (1996) has stressed the crucial importance of “the lived experience” (p. 200) as action, underscoring the sea change in technique:

Analysts of every theoretical persuasion are focusing their interest on the *action*-value of words and on the *informational value of acts*. Acting-in, enactment, interacting, even “resistance” are no longer considered impediments to the analytic process. Instead, they are valued as ways of expressing the patient’s history and transference experience. (p. 201; emphasis added).

Numerous psychoanalytic contributions deal with narrative, compared with the few published on drama. Even less has been written about applying the dramatic method to treatment. Literary theorist Tzvetan Todorov (1969) coined the term “narratology” to encompass all narrative forms: fiction and non-fiction, texts historical and scientific. I propose the term “dramatology,” an existing word but not yet in dictionaries, as a paradigm that refers to (1) *dramatization in thought*: images and scenes lived in dreams and fantasies, and (2) *dramatization in act*: in dialogues and other interactions between *dramatis personae* involved in plots of love and hate, faithfulness and adultery (see Freud, 1901a, pp. 20-4), ambition and failure, triumph and defeat, fear and death, despair and hope. Dramatology is a methodological concept applicable to interpersonal relationships in health, neurosis, and the analytic situation. Since drama emphasizes emotion, “dramatic” and “dramatize” became colloquialisms connoting a spectrum from striking in appearance and effect to emotionalism deemed excessive or inappropriate, as in “theatrical,” “histrionic,” and “melodramatic.”

Dramatology is distinct from *dramaturgy* and dramatics, the art of composing and staging drama, as set forth by writers on script analysis for actors and directors. The inner life of characters on stage is expressed through external signs and behaviors, determined by both social conventions and individual acting skills (Olson, 1961). With appropriate scenery, costume, and casting, the meaning of inner life is revealed by the way the actor speaks his lines to express various emotions by voice, gesture, and movement, by intonation and the music of speeches, by their tempo and rhythm, the dramatic pauses and silences, all contributing to the mood the words evoke (Styan, 1960), bringing out the emotions in the dialogue as well as the subtexts of the words spoken (Thomas, 1999). By these means, the actor reaches “the heart,
mind, and body" of his audience, not just by dint of identification, but also by being able to "recognize the truth of the character" (Waxberg, 1998, p. 93).

**Narratology and dramatology at the birth of psychoanalysis**

Freud’s revolutionary contribution to description and diagnosis in medicine, psychiatry, and psychoanalysis was the introduction of the patient’s life story, or biographical narrative, as an integral part of the anamnesis (Enteralgo, 1956, 1969). Says Freud:

> It still strikes me myself as strange that the case histories I write should read like short stories [Novellen] and that, as one might say, they lack the serious stamp of science. I must console myself with the reflection that the nature of the subject is evidently responsible for this rather than any preference of my own. (Breuer & Freud, 1895, p. 160).

Like the proverbial M. Jourdain who did not know he spoke prose, Freud omitted saying that his short stories were narrated dramas, replete with lively patient-doctor dialogue and other interactions, for, contrary to a widespread impression, Freud was an interpersonal therapist from the beginning of his career (Lothane, 1997). This lacuna was filled by Breuer.

The story of Breuer’s patient, Anna O., is a drama of a young woman’s trauma of nursing her moribund father (Breuer & Freud, 1895). Conflicted yet unable to refuse the onerous duty, and overwhelmed by emotions of fear and rage, she fell ill with “a psychosis of a peculiar kind” (1895, p. 22), consistent with traumatic hysteria, in which she dramatized her distress in the form of terrifying bodily sensations and hallucinations and other peculiar enactments. On the psychological continuum between her premorbid state and her illness:

> “she embellished her life in a manner which probably influenced her decisively in the direction of her illness, by indulging in systematic day-dreaming, which she described as her ‘private theatre’, . . . living through fairy tales in her imagination, . . . [which] passed over into illness without a break” (p. 32).

Returning to Vienna after a brief absence, Breuer “found the patient much worse. She had gone entirely without food the whole time, was full
of anxiety and her hallucinatory absences [French] were filled with terrifying figures, death’s heads and skeletons” (Breuer & Freud, 1895, p. 26). Furthermore, notes Breuer, “da sie diese Dinge durchlebend, sie teilweise sprechend trugierete” (Breuer & Freud, 1909, p. 20; emphasis added): “As she lived through these things, she partially dramatized these through talking,” which was lost in Strachey’s translation (Breuer & Freud, 1895, p. 26). In the 19th century, tragieren meant to compose and perform drama on stage, to act a role, to represent dramatically. Anna O. showed a blend of conscious acting and unconscious dramatization: “Morgen begann dieselbe Szene wieder, wie tags zuvor” [The next day began with the same scene as in the days before] (1909, p. 21), the word “scene” also being lost in Strachey’s translation. Hysteria and histrionics go together, as depicted in the famous 1887 painting by A. Brouillet of a demonstration by Charcot at the Salpêtrière in which a swooning Blanche Wittman is seen falling into the arms of Joseph Babinski, which Freud feared might be perceived as “theatrical by ill-disposed strangers” (Freud, 1893, p. 18).

In other scenes Anna O. acted as if – and here the “as if” is fully justified – she could only speak English because she forgot her German, which, of course, she never did. Forgetting her German had a purpose: speaking English with Breuer was playacting intended to ensure the privacy of their conversations. She also staged “laborious recognizing work” (in English in the original), but not with Breuer, “the only person whom she always recognized when [he] came in” (Breuer & Freud, 1895, p. 26). When:

a consultant was brought in, who like all strangers she completely ignored while [Breuer] demonstrated all her peculiarities to him . . . [and who] in the end succeeded in breaking through [her “negative hallucination”] by blowing smoke in her face . . . [she] suddenly . . . fell unconscious to the ground. There followed a short fit of anger and then a severe attack of anxiety which [Breuer] had great difficulty in calming down (p. 27).

Anna O. dramatized her fury at Breuer, both for summoning the unsolicited consultant and for his rude intervention. A year later: one morning [in 1882] the patient said to me laughingly that she had no idea what was the matter but she was angry with me: . . . it was a transfer into the past . . . she lived through the previous winter day by day . . . I had annoyed the patient very much on the same evening in 1881” (1895, p. 33; emphasis added), a reliving of scenes in memories and acting them out in the transference.
Freud's method of the analysis of unconscious and conscious defenses, resistance, and transference was first formulated in the last five pages of the *Studies on Hysteria*

Anna O. and Breuer each had their own lexicon. She “invented the technical name of ‘clouds’ for ‘deep hypnosis’ (Breuer & Freud, 1895, p. 27), the precursor of free association. She called her conversations with Breuer “the talking cure” and “chimney-sweeping.” Dr. Breuer called it “a therapeutic technical procedure” and “a process of analysis” (Breuer & Freud, 1895, p. 35), utilizing “abreaction” (p. 14), that is, catharsis: the recalling, reliving, and talking of traumatic experiences with full affect to purge pent-up emotions. The patient’s “vexations” were cathartically “talked off”, *abgesprochen* Freud & Breuer, (1895, p. 34; 1909, p. 26), such that the “disorders of vision and hearing of every sort” as well as her “disturbances of speech” were not just narrated but dramatically “talked away” (‘weggerzählt;’ Freud & Breuer, 1895, p. 35; 1909, p. 27). Talking was both the expression of the disorder and the healing of disorder. The life events that caused the emotional illness were dramatic, as was their enactment, and so was the process of therapy itself, with its speeches and emotions, such as anger and laughter, as present reality of the dialogue and as transference from the past, with its mix of playfulness and seriousness. The above shows the essential congruence between the dramatology of the disorder and the dramatology of the treatment method.

The *cathartic* method harked back to Aristotle: “A tragedy ... is the imitation of an action that is serious and also ... complete in itself ... in dramatic, not in a narrative form; with incidents arousing pity and fear, wherewith to accomplish catharsis of such emotions” (Aristotle, 1941, lines 24-29, p. 1460). Freud may have also read about catharsis in the work of the Greek and Latin scholar, Jakob Bernays, a great-uncle of his wife Martha: “Taken concretely, the word *katharsis* has in Greek one of the two meanings: either lustration, the expiation of sin through certain sacerdotal ceremonies, or the elimination of disease by means of [Hippocratic] purgative medicine” (Bernays, 1880, cited in Entralgo, 1956, p. 53). Purging the emotions would be completed by another kind of purification, as suggested in Plato's definition of “psychotherapeutic medicine”: curative “fine words” addressed by the physician to the patient are “capable of producing *sophrosyne* (temperance, moderation) in the soul of the patient, and thereby the latter may become *katharsis ten psykhen*, “pure in the soul” (Entralgo, 1956, p. 52).

Among Anna O.'s dramatic healing devices was her ability to calm herself down by being able:

> to paint some situation or to tell some story, hesitating at first ... till at last she was speaking in correct German.
... The stories were always sad and some of them very charming, in the style of Hans Andersen's *Picture book without pictures* [fantasies portraying the charmed world of childhood, 1840] ... constructed on the same model. (Breuer & Freud, 1895, p. 29).

She resorted to two kinds of dramatization: in *act*, enacted in speeches and gestures in the doctor-patient relationship; and in *fantasy*, enacted in the patient's “theatre of the mind” and uttered in a process of free association, as dreamer, fantasizer or fabulist. Freud (1900b) utilized such dramatizations when he transformed Breuer's cathartic method into his own psychoanalytic method in the first paragraph of *The Interpretation of Dreams*: a “psychological technique which makes it possible to interpret dreams as meaningful psychic formations which, at the appropriate place, can be inserted into the mental activities of waking life” (p. 1, my translation; Freud, 1900a, p. 1004).

**Dramatology in Freud:**

*dramatization in dream and in fantasy*

Already defined by Aristotle as the thoughts of those that sleep, dreams become an interpersonal experience when told to another person. Dreams (and daydreams) represent ideas and emotions in mental pictures or images, which Freud called “representability” and “dramatization.” While asleep with the eyes shut, we vividly see, that is, hallucinate, dream scenarios, in white and black and in color:

Dreams ... think predominantly in visual images, but not exclusively ... The transformation of ideas into hallucinations is not the only respect in which dreams differ from waking life. Dreams construct a *situation* out of these images, represent something as an event happening in the present ... they *dramatize* an idea ... [In] dreams ... we appear not to *think* but to *experience* ... we attach complete belief to the hallucinations. Not until we wake up does the critical comment arise that ... we have merely been thinking in a particular way. (Freud, 1900a, p. 49-50; 1900b, p. 523; first, third, fourth sets of emphasis by Strachey, except the second, in the original).

Freud quotes Hildebrandt on “The dramatic depiction [*Darstellungsweise*] in dreams” (1900b, p. 72; my translation and emphasis). In a later text, Freud
defines again: "the transformation of thoughts into situations (dramatization) is the most peculiar and important characteristic of dream work" (Freud, 1901b, p. 653). Such transformation also takes place in:

dream symbolism [that] extends far beyond dreams but exercises a similar dominating influence on representation in fairy-tales, myths and legends, in jokes and in folklore . . .
Dream symbolism in all probability [is] a characteristic of the unconscious thinking which provides the dream work with the material for condensation, displacement, and dramatization" (Freud, 1901b, 685; emphasis added; see also Freud, 1925, p. 45).

Seven years earlier, Freud (1894) had written about transformation: the ubiquity of "transposition," "conversion," and "displacement" (pp. 54, 60) of sexual and other emotions and ideas into the many dramas of neurosis.

While sleep is a condition of body and brain, "The dream," said Freud (1901b), "is the dreamer's own psychological activity" (Der Traum die eigene psychische Leistung des Träumers ist; [1900b, p. 645; my translation, original emphasis]), which Strachey renders, omitting Freud's emphasis of the person, as "The dream is the product of the dreamer's own mind" (Freud, 1901c, p. 633). The crucial psychological fact in dream dramatization is that the dreamer is a passive observer of dream experiences emerging into consciousness as the manifest content of memory, fantasy, and emotions, and is fascinated, enthralled by his experiences, suspending critical self-reflection, reality testing, and insight.

The only method capable of unlocking the latent content and meaning of the dream is free association, a process taking place in a state of mind that is not a goal-oriented effort but an effortless attention, hovering freely and evenly over the emerging stream of consciousness, fostering a temporary regression from secondary to primary process thinking, emoting, and visualizing (Freud, 1900a, pp. 1004). In 1913, Freud enjoins the analysand to "say whatever goes through your mind . . . as though . . . you were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside" (p. 135) and describes his own activity: "While I am listening to the patient, I, too, give myself over to the current of my unconscious thoughts . . ." (p. 134; emphasis added). Such reciprocal free association was "intended to create for the doctor a counterpart to the fundamental rule of psycho-analysis' which is laid down for the patient" (Freud, 1912a, p. 115), completed by an ethical injunction: full
candor for the patient and integrity for the analyst. These ideas were further elaborated by Isakower (Wyman & Rittenberg, 1992), McLaughlin (1975), Reiser (1999), and myself (Lothane, 1983, 1984, 1994, 2006).

It all has to do with the pictorial, plastic, and scenic nature of dreaming, stemming from the pictorial nature of imagination (Einbildung, from Bild, meaning picture), its ability to paint the content in pictures (Freud, 1900a, p. 84; 1900b, p. 88; see also Freud, 1900a, pp. 225, 367, 410, 428), perhaps echoing Plato’s word for imagination, the painter (zoographos), and thus the reciprocal evocative activity between the two persons immersed in the process and alternating as speaker and listener. In this process, images emerging in one evoke corresponding images in the other, and identification, intuition, and insight are born. From the mutual immersion in theaters of the mind, we now move to theaters of enactment and interaction. In his analysis of dreams and delusion in Jensen’s novella Gradius (Freud, 1907; Lothane, 2009), Freud notes that the dream is an “Inszenierung,” a dramatization, or staging, a theater smile, of many thoughts (Freud, 1907) and the transition to dramatization in act, referring to the psychodrama therapy conducted by the heroine as a “procedure . . . [that] shows a far-reaching similarity to, a complete agreement in essence with a therapeutic method which was introduced into medical practice in 1895 by Dr. Josef Breuer and myself, and to the perfection of which I have since devoted myself” (1907, pp. 88-89).

Dramatology in Freud: dramatization in act

As art, drama is an imitation of the real dramas of life in health and disease. Hallowed by the medical model, we speak of the symptoms of neurosis, as if it were a disorder of the body, while Freud redefined neurosis psychologically as a continuum between health and disease:

symptoms, and of course we are dealing with psychical (or psychogenic) symptoms, and psychical illness are acts detrimental, or at least useless, to the subject’s life as a whole . . . “being ill” is in its essence a practical concept . . . you might well say that we are all ill, that is, neurotic since the preconditions for the formation of symptoms can also be observed in normal people” (1916-1917, p. 358; emphasis added).

Eventually, Freud emphasized the sociological dimension of human conduct: “In the individual mental life someone else is invariably involved, as model, an object, as a helper or an opponent; and so from the very first individual psychology . . . is at the same time social psychology as well” (1921,
p. 69), with dramatological implications. Writing to Fliess in 1897, Freud (1950) underscored the affinity between daydreams, myths, and “dramas of destiny”: “falling in love with the mother and jealousy of the father... I now regard... as a universal event of early childhood... of Oedipus Rex...” Each member of the audience was once, in germ and in phantasy, just such an Oedipus... the same thing may... lie at the bottom of Hamlet as well” (p. 265). Freud (1916-1917) revisited Sophocles two decades later: “Many people have dreamt of lying with their mothers... [the spectator] reacts as though by self-analysis he had recognized the Oedipus complex in himself” (pp. 330) and “Rank [The incest motif in poetry and saga, 1912] has shown that dramatists of every period have chosen their material from the Oedipus and incest complex and its variations and disguises... [including] Encyclopaedist Diderot [in]... Le Neveu de Rameau” (p. 337). Real-life dramas reveal the same secret truth. Gunnar Brandell (1979) has shown how much Freud’s method owed to literature and in particular Ibsen’s dramas (see also Lothane, 1998).

In the year in which Freud (1905a) published the Dora case, he also (1942) wrote on “psychopathic characters on the stage”:

Since Aristotle the purpose of drama is to arouse “terror and pity”, and so to purge the emotions... of opening up sources of pleasure or enjoyment in our emotional life, just as joking or fun open up similar sources... The prime factor is unquestionably the process of getting rid of one’s own emotions by “blowing off steam”... the consequent enjoyment corresponds... to an accompanying sexual excitation. (p. 305; emphasis added)

These remarks are linked to two other cardinal areas of thought of that year, psychosexuality (1905b) and humor (1905c). Freud (1942) focuses on the psychology of the spectator of the theatrical show (Schauspiel; Schau, meaning show, and Spiel, meaning play): “The playwright and the actor enable [the spectator] to identify himself with a hero” (p. 305), to gain “an enjoyment... based on an illusion” (p. 306), a vicarious compensation for his own unheroic life filled with suffering, for “suffering on stage... is only a game, which can threaten no damage to his personal security”. Compared with “lyric poetry [and] epic poetry, ... drama seeks to explore emotional possibilities more deeply and to give an enjoyable shape even to... suffering and misfortune... as happens in tragedies” (p. 305-6). In drama:
Mental suffering [occurs] in connection with some . . . event out of which the illness shall arise. . . . Some plays, such as the *Ajax* and the *Philoctetes*, introduce the mental illness as already established. . . . It is easy to give an exhaustive account of the preconditions governing an event of the kind that is here in question. *It must be an event involving conflict and it must include an effort of will together with resistance.* (pp. 307-8; emphasis added)

It cannot be emphasized enough: the factor of conflict, one of the pillars of Freud's psychoanalytic method, is his indisputably novel addition to the classical definitions of drama since Aristotle. Freud (1942) delineated five kinds of drama, the first four of which are:

1. *religious drama*, "a struggle against divinity, . . . a rebellion in which the dramatist and the audience take the side of the rebel" (p. 307)

2. *social drama*, the "hero's . . . struggle . . . against human society" in "the excitement of an 'agon' [contest] . . . best played out between outstanding characters that have freed themselves from the bond of human institutions . . . (in Ibsen for instance)" (p. 308)

3. *the tragedy of character*, "a struggle of individual men" (p. 308), most often fused with the preceding type

4. *psychological drama*, where "the struggle that causes the suffering is fought out in the hero's mind itself, a struggle between different impulses" (p. 308). Moreover, "combinations of any kind . . . are possible. . . . And this is where we have tragedies of love, the suppression of love by social culture, by human conventions, or the struggle between 'love and duty', . . . the starting point of almost endless varieties of situations of conflict: just as endless, in fact, as the erotic day-dreams of men" (p. 308), that is, conflicts of conscience. Freud (1916) is explicit about the "forces of conscience," long before he coined the term superego, resulting in "judging and punishing trends" (1916, p. 318), applied to analyzing the characters of Lady Macbeth and Ibsen's Rebecca Kroll and to "criminals from a sense of guilt" (p. 332). Thus, tragic mankind is also guilty mankind.

The zenith is reached with the final point:

5. *psychopathological drama*, . . . between a conscious impulse and a repressed one" (p. 308): the "repressed impulse [of regicide, i.e., parricide] is one of those which are similarly repressed in all of us . . . is shaken up by the situation in the play" (p. 309). Thus, "it would seem to be the dramatist's business to induce the same illness in us; and this can best be
achieved if we are made to follow the development of the illness along with the sufferer” (p. 310). To this, Freud could have added the idea of anaclisis, or recognition, in the mind of the tragic hero leading to demouement, or resolution, a process paralleling insight. Here Freud shifts from dramaturgy to dramatology, conjoining drama with the psychoanalytic method.

In revisiting the Dora case (Freud, 1905a), originally titled “Dreams and Hysteria,” which could have just as aptly been subtitled dreams and dramas of hysteria, my purpose is not to reanalyze Dora, a subject of a sizable secondary literature, but to underscore the formal dramatic features of the interactions. Freud was surprised that “the factor of ‘transference’ did not come up for discussion during the short treatment” (p. 13). Only when Dora abruptly terminated the analysis did Freud realize, with a twinge of self-reproach, that “the transference took [him] unawares” (p. 118) and got dramatic: “She took her revenge on me as she wanted to take her revenge on [Herr K.], and deserted me as she believed herself to have been deceived and deserted by him. Thus she acted out [sie agierte] an essential part of her recollections and fantasies instead of reproducing it in treatment” (p.119; original emphasis), thereby “demonstrating the helplessness and incapacity of the physician” (p. 120). Agieren, from the Latin agere, to act, agir in French, can mean doing, or acting a role in a play, reverberating with Breuer’s ‘tragen,’ overdetermined consciously and unconsciously. Dora’s termination was her own decisive action in reality, blessed by Freud: “You know that you are free to stop the treatment at any time” (p. 103). Dora’s family drama was replete with scenes of seductions, sexual affairs, intrigues of infidelity, love barters and betrayals, and enabled Freud to write as:

a man of letters engaged in the creation of a mental state like this for a short story, instead of being a medical man engaged upon its dissection . . . But in the world of reality, which I am trying to depict here, a complication of motives, an accumulation and conjunction of mental activities in a word, an overdetermination is the rule. (pp. 59-60)

Dora was a real person, dressing, looking, and acting the spirited 18-year-old, and Freud duly acknowledged that:

it follows from the nature of the facts which form the material of psychoanalysis that we are obliged to pay as much attention in our case histories to the purely human and social circumstances of our patients as to the somatic data and
the symptoms of the disorder. Above all, our interest will
be directed towards their family circumstances . . . (Freud,
1905a, p. 18)

Hysteria becomes family drama, technique is tailored to the individual.
In therapy, a real-life situation, the Aristotelian unity of action, place, and
time is both literal and real, and not just a theatrical convention. Also real,
rather than metaphorical, were Dora’s dramatic duels with Freud, as reality
and as the theater of transference. Dora, “a girl of intelligent and engaging
looks” (Freud, 1905a, p. 23) and “sharpsighted” (p. 34) fires “arguments, ”
“rejoiners, “objections” and “contradictions;” Freud, just as sharp in his
rejoiners, while not feeling justified “to attack” her thoughts, nevertheless
repeatedly confronts Dora, for “to make an omelet you have to break the
eggs” (p. 49). Freud reflected on his ethical conflict:

 Might I perhaps have kept the girl under my treatment if I
myself had acted a part, if I had exaggerated the importance
to me of her staying on, and had shown a warm personal
interest in her, a course which, even after allowing for my
position as her physician, would have been tantamount to
providing her with a substitute for the affection she longed
for? I do not know” (p. 109).

He should have known better. Dora was important to him, and Freud was
not loyal enough to her. He should have confronted her less with seducing
Herr K. at age 14 and more with not dating a boy her age at 18. Dora
dramatized her conflict with Freud, as other women before her; but here
confrontation, contest (agon), and combat occupied center stage. She acted
and acted out. Hence the new conception of analysis as a transference drama
played out between two protagonists turned antagonists, in which:

this latest creation of the disease must be combated like
the earlier ones. This happens, however, to be by far the
hardest part of the whole task. It is easy to learn how to
interpret dreams, to extract from the patient’s associations his
unconscious thoughts and memories, and to practice similar
explanatory arts: for these the patient will always provide the
text. (1905a, p. 116; emphasis added).

Interpretation alone is no longer sufficient, “since a whole series of
psychological experiences are revived not as belonging to the past but as
applying to the physician at the present moment” (1905a, p. 116), since “All
the patient’s tendencies, including hostile ones, are aroused” (1905a, p. 117), 
explanation needs to be amplified by confrontation. In this way, “transference, 
which seems ordained to be the greatest obstacle of psycho-analysis” (1905a, 
p. 117), became a crisis, a challenge, and an opportunity.

The dramatology of the analytic situation is continued in Freud’s 
1912-1915 papers on technique, where military metaphors point to dramatic 
confrontations. It is no longer a matter of pursuing explanatory arts; it has 
become a continuing confrontation. Freud writes:

This struggle between the doctor and the patient, between 
intellect and instinctual life, between understanding and 
seeking to act, is played out almost exclusively in the 
phenomena of transference. It is on that field that the victory 
must be won, the victory whose expression is the permanent 
cure of the neurosis . . . For when all is said and done, it is 
impossible to destroy anyone in absentia or in effigie (Freud, 
1912b, p. 108).

In absence or effigy, for “the [transference] resistances determine the 
sequence of the material which is to be repeated. The patient brings out of 
the armory of the past the weapons with which he defends himself against the 
progress of the treatment weapons which we must wrest from him one by one. 
(Freud, 1914, p. 151).

No less real than dramas of aggression are those due to temptations of the 
flesh and the danger they pose for both protagonists in the theater of therapy. 
Freud’s ethics are Hippocratic:

[The analyst] has evoked this [sexual] love by instituting 
analytic treatment in order to cure the neurosis . . . he must 
not derive any personal advantage from it . . . For the doctor, 
ethical motives unite with the technical ones to restrain 
him from giving the patient his love. The treatment must 
be carried out in abstinence. By this I do not mean physical 
abstinence alone, nor yet the deprivation of everything that 
the patient desires, for perhaps no sick person could tolerate 
this, (1915, p. 169).

While not as explicit as Ferenczi’s heir, Balint, (1965) about primary 
love and psychoanalytic technique, Freud differentiated needs, modes of 
gratification, and kinds of love, sexuality versus tenderness, eros versus agape 
and philia:
The doctor, in his educative work, makes use of one of the components of love. In this work of after-education, . . . love is the great educator; and it is by the love of those nearest him that the incomplete human being is induced to respect the decrees of necessity and to spare himself the punishment that follows any infringement of them (Freud, 1916, p. 312).

Love is the great container: it frames the dramatic psychoanalytic encounter and allows for living and confronting that drama and analyzing the conscious and unconscious elements of acting and acting out as aspects of reality and transference.

Other Writers on Drama

An early exponent of the dramatic conception was the Hungarian-French Marxist philosopher, Georges Politzer (1903-1942) who argued (1928) that life is both biological and “properly human, the dramatic life of mankind. All the characteristics of this dramatic life are suitable to be studied scientifically” (p. 23; my translation, original emphasis), that all psychology should be viewed as dramatic, a feat that has only been achieved by psychoanalysis. Critical of “classical psychology” for its inability to understand the concrete phenomenon of dreaming, Politzer extolled the singular achievement of psychoanalysis where the

I of psychology cannot but be a particular individual. . . . Thus, an act of a concrete individual is his life, the singular life of a single individual, life in the dramatic sense of the word. . . . Classical psychology seeks to replace the personal drama by an impersonal one, the drama whose actor is the concrete individual, who is a real person, by a drama whose actors are mythological creatures: ultimately, an abstraction amounts to claiming an equivalence of both these dramas, to insist that the impersonal drama, the “true” one, explains the personal drama, which is only an “apparent” one. The ideal of classical psychology is to investigate dramas that are purely “conceptual” (pp. 61-62; my translation, original emphasis).

Politzer’s ideas were elaborated by the Argentinian psychoanalyst, José Bleger (1963). Omitting the Marxist glosses in both authors leaves their dramatology undisturbed. Bleger (1963) argued that whereas “psychoanalysis is born and develops in a concrete operational field, . . . there is in psychoanalysis
a growing disconnect between theory and practice... between dynamics and dramatics. The dynamic point of view in psychoanalytic theories no longer reflects the dramatic reality" (pp. 111-112; my translation). However, it is the "dramatics that constitute the central nucleus of Freud's new psychology. The dramatics of the person have been replaced by the dynamics of instinctual drives" (p. 115), or by "neurophysiology," amounting to a dethroning of the person as the center of the drama, or, a denial of "the-here-and-now-with-me" (p. 123), to terminate in "mytho-psychology" (p. 121).

In the chapter, "The psychoanalytic session," a situation "defined by its frame and roles assigned to the two persons," Bleger contrasted the difference between the role of the analyst as "a 'pure' observer, ... as a receptive screen" (pp. 134) with the reality of the dramatic "human encounter" (p. 138), of the "bipersonal relationship" (p. 141; original emphasis), such that "counter-transference is no longer a disturbing element (subject to certain limitations) but passes into an active, operating, integrating participation that plays its inevitable role in that synthesis called interpretation" (p. 145). Bleger also called his method "situational analysis" (p. 148; original emphasis), in which the dynamics were completed by the dramatics, enabling a better understanding of the specific conducts, or behaviors, in the situation. In 1967 Bleger emphasized that "the psychoanalytic situation... includes phenomena which make up a process and which is studied, analysed and interpreted; but it also includes a frame as a 'non-process' in the sense that it represents the constants, within whose limits the process occurs" (1967, p. 517; emphasis added).

McDougall (1985) reformulated Anna O.'s "private theater": "the theater as a metaphor for psychic reality" (p. 3); this could be both truth and illusion, (1) a theory of disorder and (2) a theory of the analytic situation. She theorized about an "inner theater where neurosis and the delusional plots of psychosis are staged," paralleled by "another theater whose performances go on the world's stage... to externalize intolerable inner dramas... as complicated dramas commonly called character neuroses" (p. 65), "all awaited production on the analytic stage" (p. 17).

Simon (1988) showed the intimate affinity between drama and psychoanalysis, "how and why tragic drama is so much concerned with the family" (p. ix), how "murder, suicide, incest, betrayal, abandonment are, as a contemporary sitcom has it, "all in the family" (p. 1), the "warfare within the family" (p. 26). Simon applied this interpersonal dramatic to psychopathology in its varieties, the infantile and the adult, and to the "various solutions and resolutions of the problem of living among one's own kind, the problem of the survival of the family. Psychoanalytic theory... has also examined various formulations and 'solutions' to the same problematic" (p. 253).
Modell (1990), echoing Bleger, underscored the “psychoanalytic setting as a frame” (p. 30) in which “reality set-off and demarcated from ordinary life, ... paradoxical in that the essence of play [is] its freedom and spontaneity, but it is a freedom that must occur within certain constraints,” or “restraints,”, that is, “restrained by the ‘rules of the game’” (p. 27). He also cited Winnicott: “Psychotherapy takes place in the overlap between two areas of playing, that of the patient and that of the therapist” (p. 29), thus being closer to action.

Loewald (1975) addressed the “fantasy character of the psychoanalytic situation ... a re-enactment, a dramatization of aspects of the patient’s psychic life history, created and staged in conjunction with, and directed by, the analyst” (pp. 278–9).

[In] transference neurosis ... psychoanalysis shares important features with dramatic art ... [with its] make-believe aspect, [in whose] promotion and development ... analyst and patient conspire in the creation of an illusion, a play ... Patient and analyst in a sense are co-authors of the play ... The specific impact of a play depends on its being experienced both as actuality and as a fantasy creation (pp. 279–80; emphasis added)

Loewald combines dramatization in act and in fantasy, patient and analyst work as a team in the theater of transference, and both are interpreters. The analyst also embodies the function of the Greek chorus: he is a voice of conscience, imparting words of wisdom.

Nuetzel (1999), applying the metaphors of Shakespeare and McDougall, noted that “In the clinical psychoanalytic process knowing involves showing along with telling, it shouldn’t be too surprising that psychoanalysts today frequently use theatrical metaphors in describing their work. Phrases like ‘the analytic stage’ and ‘the theatre of the mind’ have become commonplace in analytic writing” (pp. 294–5; emphasis added). He drew parallels between feelings in the analysand (erotic, friendly, hostile) and the feeling tone of the transference (warm rapport, love, hate, fear), whereby the analyst is cast into various roles (friend, lover, rival, enemy) (p. 305).

Inspired by Freud’s title (1901a), Scheibe (2000) applied role theory to everyday psychopathology (pp. 5–6). Psychoanalytic family therapist Sander (2001) cited Simon’s dictum that “both tragic drama and the best of psychoanalytic thinking are so rich that there is a mutual enhancement, a two-way dialogue” (Simon, 1988, p. 10; Sander, 2001, p. 286). Sander noted Moreno’s (1959) analogy between theater and psychodrama, and argued for “an expanded psychoanalytic theory by including an interpersonal perspective
to complement our intrapsychic model" (p. 283). Family therapy and group therapy could fairly be seen as using techniques consonant with dramatology. Coleman's book (2004) is an inspired synthesis of unconscious processes, narratives, poetics, linguistics and neuroscience, with attention to drama and film, focusing on the rhetorical "inner theater" (p. 300) of fantasy, memory, and metaphor.

**Dramatology in the analytic situation**

In the theater, art imitates life; in the theater of the psychoanalytic situation, life imitates art. The word "scene" is listed 564 times in Freud's psychological works (Gutman, 1984) and "scenes" 228 times, referring to dramatic situations in life and in therapy.

While therapy becomes a person's parallel life for some time, there are differences between life and therapy: falling in love in real life is fraught with real decisions and consequences; in therapeutic relations, the emotions may be as strong and as genuine as in real life, but the therapeutic situation as such is an artificial one. In it the analysand's dreams and transference enactments are just that, experienced but not acted upon, like stage murders where no one is killed and blood is red paint. However, at the end of therapy both participants may be changed psychologically: the analysand grows in maturity, the analyst in his professional skills.

Agents in real life and actors on stage impersonating real-life characters have this in common: they are seen and heard in the flesh, they present external appearances of social status, ethnic, economic, and cultural background, dress, accent, bodily and facial expression, and action, in short, of unique personhood. It is one thing to listen to the disembodied words of an unseen patient presented at a case conference, or to listen to a tape recording of a session, or read its transcript: it is quite another for the two participants in therapy to interact face-to-face or from the couch, reflecting the diversity of the physical, psychical, and dramatic constellations involved.

The drama of the therapeutic encounter has a profound effect on analytic process and work.

The analyst's interpretations do not take place in a semantic vacuum of the meaning of words, but both persons confront each other as the real people that they are: both are working together to discover the meaning of the patient's individual life drama, to make sense of it. Therefore, the analyst's interpretations will be affected and shaped by the personality of the patient just as much as the patient is affected by the personality of the analyst. In this encounter, confrontation enhances interpretation. The dramatic encounter between the patient and therapist is not staged: it evolves between real and
unique persons, alternating between speaking and listening. Their dialogues are symmetrical in form but are asymmetrical in function (Withaeuper, Bouchard & Rosenbloom, 2004). It is only the patient who bares his soul in his associations; the listening analyst will also reveal his soul, but even his occasional enactments will be shaped by analytic judgment and his ethical responsibility for maintaining the frame. The patient is allowed to act out within limits, the analyst is not. Within the frame, both participants will be subject to transfer of emotions due to a reciprocally unconscious immersion in the process. Loewenstein (1956) delineated three emotional functions of speech acts in the analytic situation:

the function of representation . . . the knowledge and description of things and objects and the connections between them; the function of expression, by which the speaker expresses something about himself; the function of appeal, encompassing all those speech acts which appeal to the addressee to do something or to respond in some way, e.g. imploring, commanding, forbidding, seducing etc. (pp. 461-2)

Interpersonal theory and dramatology address the emotional needs of both participants and enhance the heuristics of communication, as illustrated in the following vignette.

Mr. M., aged 40, married and a father of two, as well as a successful lawyer, has been in ongoing analysis for 10 years. He suffered from a character disorder with anxieties verging on panic, alternating with depressions. He described himself as “hypocritical, arrogant, paranoid, vain, envious, and passive,” often overwhelmed by poorly controlled rage. He had difficulties with authority figures, was competitive with and envious of his peers, suffered from low self-esteem, “resented growing up,” and was in love with himself as a winsome child. His self-love was fueled by “a powerful dependence and identification with mom who constantly undermined father’s authority, resulting in [his] becoming a mama’s boy, a sissy, with disrespect and contempt for authority.” He repeatedly demanded to have his dependent wishes gratified by me, to be admired as my “best patient.” He fantasized being a girl and being taken care of, and was envious and resentful of his wife’s financial dependence on him. He identified with his father’s love of objects, the sports car and gun collection, which he felt “father loved more than me.” Like his father, he “loves toys and gadgets.” He once scratched his father’s car, incurring his wrath. He feared his father’s alcoholic binges, which resulted in frequent bellowing and raging and constant quarrels with mother. They divorced when he was 10, and he stayed with his mother. He retained vengeful hostility towards his father,
collected grievances for hurts he had suffered from him as a child and was now unable to confront his father with this painful past, fearing retaliation.

As a child and adolescent, Mr. M. used “to manipulate and lie, cheat and steal. Lying was a way to preserve power vis-a-vis my parents. Lying served to protect myself from feeling small and completely powerless. It led to lying to myself, to self-deception.” Moreover, “panic and passivity were my defenses to get my parents to pay attention to me.” He taunted me repeatedly. The analytic frame was maintained, utilizing free association, dream, daydream and transference analysis, interpretation and working through.

A dramatic scene occurred at the midpoint of the analysis. Early one morning, Mr. M. was drinking a cup of coffee in the waiting room. As I walked in, I observed the cup, and then saw him vigorously rubbing the sofa. The following dialogue ensued:

*Therapist:* I see you spilled coffee on the sofa and stained it.
*Patient:* [agitatively] No, I did not!
*Therapist:* I saw you cleaning.
*Therapist:* [calmly] Come in and let us discuss it further.

After Mr. M. had settled down on the couch:

*Patient:* Spilling the coffee was a mistake; I did not do it on purpose.
*Therapist:* However, you damaged something of mine and you owe for the cleaning.
*Patient:* [more agitated] No f...ing way! It’s a piece of junk anyway, and I already pay you thousands of dollars a year, and you don’t even give your patients a nice waiting room. If you had more room out there, I wouldn’t have bumped the coffee. You really don’t care about your patients with that decrepit, crappy old waiting room. And by the way, that sofa is so stained and disgusting anyway.
*Therapist:* [evenly] Let us explore this as your acting out.
*Patient:* [starting to reflect] Well, after our last session, I had this fight with my dad last night and I wanted to kill him. I really didn’t want to get up and come here this morning, so spilling the coffee might have been related to the fight I had.
This scene was traumatic for us both: Mr. M.’s shock at being found out; my felt anger over damage to my object. I was a container for his anger and mine. Intuitively and with projective identification, the patient found a chink in my armor: I am also a father of a child who often tried my patience, and this was my counteridentification (Cassorla, 2001; Grinberg, 1962; Steiner, 2000). The acting out of the unconscious hostility against his father facilitated the exploration and working through of his character defenses of denial, manipulation, and self-absorption. He gained a new sense of conviction:

it was a real-life, current-day touchstone for my unwillingness to take responsibility for my actions and my neurotic relationship with my father. It became a major turning point in my understanding of myself. When I spilled the coffee, I had a feeling at once of guilt, of great panic and great joy. Panic, in that I knew I had done something to harm a lovely object, and a sense of joy that I sullied something of the doctor’s which I imagined he loved, much the same way as I had fantasized sullying my father’s collectibles that he had always prevented me from touching as a child and which caused me great rage.

Subsequently:

The scene resurfaced in many vivid dreams I started having the night the incident happened and the weeks that followed. I had dreams about mangling myself, other objects, fears of losing control, not unlike the old fears of going crazy. Here is an example of a particularly scary dream. I was walking down a deserted street only to be set upon by members of a violent gang. By investigating this dream that arose in direct proximity to the sofa incident, I began to gain insight into my own anger that I had, for most of my life, framed as a continual state of victimhood where others, like the gang that tried to attack me in my dream, were out to cause me harm. When I had spilled coffee on the sofa, I had immediately denied the act when confronted by you and the feeling was as if I were the victim, and not the perpetrator of the mess.

The patient understood how his unconscious processing of the world came actually to impact his current behavior.
Additional childhood memories emerged: “I remembered the time when I got car-sick and threw up on my father’s fancy car, and he yelled at me. Through this interaction I learned about the meaning of personal responsibility, accountability for one’s actions, and the stress-reducing benefits of facing the truth and telling the truth.” The upsurge of new memories enabled maturation. Mr. M. sat down with both his parents and for the first time confronted them with anger he had bottled up for decades, resulting in a friendlier and more mature relationship with them. He continues to overcome his hatred, including hatred in the transference, to love less ambivalently, including the analyst, and feel compassion and love towards his father. He shows a growing improvement in relating to his wife, peers, and superiors, and is advancing in his career. As an interpersonal enactment, with its conscious and unconscious elements, the scene was rich in emotional and ethical insights, providing growth for us both.

**Discussion: With Freud and Beyond Freud**

Dramatology underscores the centrality of communicative action and interaction, both verbal and nonverbal, as it pertains to behaviors in life and disorder. We work not with monadic symptoms, as in the medical model, but with dyadic and reciprocal communications in words, gestures, and enactments. Freud knew that:

Symptoms, and of course we are dealing with psychical (or psychogenic) symptoms and psychical illness, are acts detrimental, or at least useless, to the subject’s life as a whole... “being ill” is in its essence a practical concept... you might well say that we are all ill that is, neurotic since the preconditions or the formation of symptoms can also be observed in normal people (1916-1917, p. 358; emphasis added).

This dyadic approach was expressed via the concept, “social”: “In the individual mental life someone else is invariably involved, as model, an object, as a helper or an opponent; and so from the very first individual psychology... is at the same time social psychology as well” (1921, p. 69).

By the 1980s, the concept of acting out was enlarged by that of enactment. Dora acted out instead of remembering, said Freud, while he supposedly remained an unmoved mover, a neutral observer from above. But acting out is a form of unconscious remembering, until analyzed. Outside therapy, enactment means dramatization; in therapy, enactment is applied to both participants, so “that close scrutiny of the interpersonal behaviors shaped between the
pair will provide clues and cues leading to latent intrapsychic conflicts and residues” of the analysand (McLaughlin, 1991, p. 600). Chused (1991) linked interpersonal enactment with dramatization. She reaffirmed that:

Communication is always a two-person procedure; what is intended to be said is altered by the person and the context in which the information is received. When patient or analyst speak, the meaning and intent of the words is altered by how the other hears him, altered for the speaker as well as for the listener. If an analyst accepts the inevitability of his contribution to enactments and analyzes them to separate his participation from the patient’s understanding of his participation, to distinguish the determinants based on his psychology from those arising from the patient’s, the work can only be enhanced (p. 617).

Chused illustrated how “much of a child’s communication is through action,” how she “felt as if [she] were part of a stage set for a movie,” how her patient “was given to emotional storms, which were made more dramatic by their unpredictability” (p. 618), how she “dramatize[d] conflicts and wishes in play rather than speaking about them directly, . . . [how] she also played to an audience (me) and the manner in which she played was determined by the response she wished to elicit from me” (p. 628), how she “slipped into her ‘actress mode,’ over-dramatizing scenes and events” (p. 630), and how the analyst was “susceptible to the primitive, dramatic quality of [the patient’s] behavior” (p. 632). Clearly, such propensities are not limited to children, as amply demonstrated in my own case. Chused put all these dramas to good use in being able to achieve a “new depth of understanding of the conflict, fantasy, and memory,” because “enactments result from a communication via unconscious clues” (p. 633), for “unlike repetitions [of acting out], in which it is the patient who repeats and the analyst who witnesses, in an enactment both analyst and patient are participants” (p. 636).

It is here that the relational approach (Aron, 2003) and dramatology make an important contribution. Aron’s distinction that “some interactions stand out as . . . enactments with a capital E, set apart from the ongoing (small e) enactments that we understand constitute all psychoanalytic process. . . . [the former] . . . are times of high risk and high gain for both patient and analyst” (p. 624) fits dramatology. Life is largely made up of small d dramas, while capital D high dramas are the rare, momentous, and memorable events in a relationship, including the analytic relationship. Thus there are two kinds of
enactment: (1) unconscious acting that belongs to the patient, who re-enacts by remembering, repeating, and working through; and (2) the dramatic and reciprocal enactment with the analyst, both conscious and unconscious.

Political drama happens in real life and can be staged as social drama, both progressing from confrontation, an actual clash between *dramatis personae* as agents, passing to climax and to resolution. Freud confronted Dora; Jacobs (1986) confronted his patient; I confronted mine. Greenson (1967) wrote the following definition: “At least four distinct procedures are included or subsumed under the heading of “analyzing”: confrontation, clarification, interpretation, and working through” (p. 97). Quoting Reich (1928/1948) on character defenses and resistances, Greenson recommended that:

> the resistance must be demonstrable and the patient must be confronted with it. Then the particular or precise detail of the resistance has to be placed into sharp focus. Confrontation and clarification are necessary adjuncts to interpretation and have been recognized as such ever since our knowledge of ego functions has increased (p. 98).

Character analysis was discussed by Withauper et al. (2004), who also cited Reich. Defenses and resistance become demonstrable when dramatized, acted out, and enacted, at times in a stormy fashion. Here, too, dramatology renders an important service to psychoanalytic work. Dramatology does not displace narratology but completes it by providing a more penetrating vision of interactions in life, disorder, and therapy, and a treatment technique that encompasses the person as dreamer and as amoral and social agent in the various arenas of life.

**Conclusion**

Dramatology addresses the essence of life and therapy as an interaction between people engaged in dialogue, emotion, gesture, and all forms of communicative behavior. In common parlance, “dramatic” can mean varying degrees of actions and effects, sudden and striking, exciting and intense, or powerfully expressive. From the perspective of the psychoanalytic method and work, “dramatic” and “dramatology” mean live dialogue in the here-and-now. I argue for the primacy of dramatology for the psychoanalytic situation. Dramatology represents a new challenge to the psychoanalytic method. Given this living reality, the aliveness of interaction, dramatology confronts the deadness of psychiatric descriptive phenomenology (as for Kraepelin and Jaspers), psychiatric diagnoses (as presented in the DSM-IV and ICD-10), and
dynamic formulas (Freud, Jung, and other schools). This may seem a radical stance, and it is. I do not deny, however, that the legitimacy of description, diagnosis or dynamics only underscores the fact that that description, diagnosis, and dynamics address different activities and goals compared with dramatology. Freud offered the following recommendation:

It is not a good thing to work on a case scientifically while treatment is still proceeding to piece together its structure, to try to foretell its further progress, and to get a picture from time to time of the current state of affairs, as scientific interest would demand (1912a, p. 114).

The goals of working scientifically in describing and diagnosing, be it for the purpose of scientific studies, forensic expertise, reports to insurance companies and other agencies for reimbursement for services rendered, statistics scientific and actuarial, drug efficacy studies or neuroscience, are different from the goal of therapy. In therapy, work is with the individual patient and with his or her personal life story in the unique encounter between this sufferer and this therapist. Theirs is a unique dramatic encounter whose primary purpose is healing and whose secondary purpose is investigation and research.

Dramatology offers a challenge to psychoanalytic case studies. Countless case presentations in the psychoanalytic literature represent generalizations based on received formulas: theories of sexuality and aggression, developmental and maturational lines, psychologies of various schools (Freud, Jung, Kohut, Kernberg, Lacan, Klein, and Bion). They thus tend to become exercises in applied psychoanalysis compared with those that focus on the actual interactions, feelings, and emotions within both participants and in their interchanges (Lothane, 2007). I do not deny the legitimacy or the heuristic contributions made by the various schools, even as they may shade into ideologies that nurture ambitions of the leaders of such schools and their power politics. Dynamic formulations, as a research or scientific goal, should come as an afterthought, when the work of therapy has been completed.

Dramatology sheds a new light on two pivotal concepts in psychoanalytic therapy: transference and resistance. Transference has been both vigorously deployed (Freud, 1912b) and denounced (Schachter, 2002) down the decades. Defenders and deniers of transference have become bogged down in a rather ritualistic or formulaic use of these concepts, which require an exploration of both conscious and unconscious emotional reactions.

The dramatology paradigm, however, suggests a remedy. Actions seen as resistance or transference do not enter the scene with the labels "resistance"
and "transference" attached to them; they are enacted in dramatic dialogue. In the dramatic here-and-now, transference and resistance are to be applied not as initial diagnoses or determinations to the patient's actions, but rather as the achievements and conclusions of a mutual quest, since both are capable of resistance and transference. Traditionally, analysts have extolled the passive role of the listener and eschewed the active role of confrontation; the latter was erroneously deemed as punitive towards the patient. Neither literary drama nor the dramas large and small of the psychoanalytic situation can deny conflict and confrontation; the latter needs to be given its proper place in psychoanalytic technique (Lothane, 1986). Confrontation is the first step in the clarification of actions mutually observed, while reciprocal free association facilitates the uncovering of their deeper unconscious ideational and emotional meanings and ramifications.

Literary drama psychoanalytic dramatology are consonant with ethics (Freud, 1915; Lothane, 1998). Conflict and confrontation need to be completed by ethics so that the participants in the psychoanalytic drama can reach a mutual emotional understanding and growth as they journey together, temporarily or interminably, in search of love, justice, and truth.

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