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A PHILOSOPHICAL EXAMINATION OF RECENT CLINICAL AND THEORETICAL PSYCHOANALYSIS

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A Thesis Submitted to the Faculty of Graduate Studies and Research

in Partial Fulfillment of the Requirements of the

Degree of Doctorate of Philosophy

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ABSTRACT

The philosophy of psychoanalysis is distinguished from psychoanalysis. An account of psychoanalysis is developed in progressively more detail. Recently published material is assessed, e.g., Bion's. Some older literature objects to an inaccurate account of psychoanalysis. This problem is avoided by treating the content and method of psychoanalysis as inseparable.

Psychoanalytic propositions have unequal epistemic warrant. Support and objections are found in psychoanalysis and extra-clinically.

Philosophical assessments are tied to the inherent features of both classical and contemporary psychoanalytic practice. Clinical psychoanalysis has interrelated procedures which continue to evolve. Both older and modern psychoanalysis have extra-clinical features and use concepts which have emerged from the clinical situation.

Modern clinical practice is distinguished. The evolved knowledge of countertransference, transference, projective identification, and interpretation are among its features. The analyst's function in the dyad is stressed and illustrated with recent cases.

The expanded clinical application to patients previously judged unanalyzable has produced modifications in theory. Theory is kept to a minimum and consists of *flexibly linked* concepts. They are a consistent development of recent practice. Some older concepts are inconsistent.

RESUME

La philosophie de la psychanalyse est distincte de la psychanalyse. Un réçit de la psychanalyse est développé progressivement et en détail. Les derniers recherches sont évalualés, i.e.Bion. De vieux éléménts des écrits font objection à un récit imprécis de la psychanalyse. La reconnaissance de la nature inséparable du contenu et des méthodes de la psychanalyse évite ce problème.

Les propositions psychanalytiques ont une valeur inégale. Les évaluations philosophiques sont liées aux caractéristiques intrinsèques de la pratique classique et contemporaine de la psychanalyse. La pratique clinique a des procédés en relation mutuelle qui continuent d'évoluer. Versions anciens et modernes de la psychanalyse ont des caractéristiques extra-cliniques et emploient des concepts qui ont ressorti de la situation clinique. La pratique clinique moderne est distincte. L'évolution de la connaissance du contre-transfert, transfert, identification projective, et interprétation sont parmi ses caractéristiques. La fonction du psychanalyste dans le couple analytique est appuyée et illustrée de cas réçents.

L'application clinique étendue aux patients antérieurement jugés non-analysable a produit des modifications dans la théorie: elle est restreinte au minimum et consiste de concepts *liés* et *souples*. Ils sont un développement conforme de la pratique récente. Quelques concepts viellis sont non-conformes.

ACKNOWLEDGMENTS

Many people helped me during the writing and research of this work. The McGill Department of Philosophy extended patience, financial support, and extensive research opportunities.

Professor Jeremy Walker gave his time, thought, work, and personal resources. He exerted considerable effort to stay with the work and the literature as it evolved. I learned a great deal from him for he knows many things that still remain opaque to me. J. B. Boulanger supplied me with support, explanations, clinical examples, reprints, and access to a considerable library. He was always ready to answer questions about the history of psychoanalysis, and was a major resource. This work would have been unimaginably different without his input.

All of the psychoanalysts whom I contacted with a question replied and sent articles. I thank Harry Anderson, Harold Bursztajn, Marshall Edelson, Charles Hanly, Clifford Scott, Angela Sheppard, Edwin Wallace, and Gordon Warme. I am grateful for the permission granted to cite unpublished material.

Over the years, Brian MacPherson was always ready to bring his analytic and logical skills to bear on any topic with which I was currently preoccupied. He also extended his personal support. I also benefited from discussions with my friend Vishwas Govitrikar. My friend Irwin Kleinman filled in numerous psychiatric details when these were required. I thank Peter McGill for editing an earlier version of the manuscript.

The lives of my wife Mia, and my children Matthew and Duncan, were affected by my doing this work. I extend my hope that they will benefit from its consequences. My wife deserves a special acknowledgment, for anyone living with a person deeply delving into such material must have, among other attributes, a special eye for when to reserve comment. Her direct and indirect help has been inestimable.

I should like to dedicate this work to the children of the next generation.

CHAPTER ONE

AN INTRODUCTION TO THE PHILOSOPHY OF PSYCHOANALYSIS

> I shall therefore try, without avoiding complexity, to avoid falsity.
> I cannot avoid complexity, for both psychoanalysis itself and the differences between the various branches of science become increasingly complex.[1] Scott

> Let us now discuss sophistic refutations, i.e., what appear to be refutations but are really fallacies instead.[2] Aristotle

> So it comes about that psycho-analysis derives nothing but disadvantages from its middle position between medicine and philosophy.[3] Freud

§ 1 The Philosophy of Psychoanalysis as a Distinct Field: Psychoanalysis as a systematic, self-correcting, issue oriented field of study has been with us for several decades. A century has passed since Freud started to write and the time has come for a different philosophical approach to psychoanalysis. As Malcolm puts it ..."The popular picture of psychoanalysis as a religion of fanatical followers of Freud is far from a true one. Most Freudian analysts can take or leave Freud himself."[4] However, Freud stands to contemporary psychoanalysis roughly as Darwin stands to contemporary genetics. We can still learn from Freud by looking back after working on some systematic topic.

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[1] W.C.M. Scott, "The Psychoanalytic Treatment of Mania," Research Report 17, *American Psychiatric Association*, 1963, p. 84.

[2] Aristotle, *On Sophistical Refutations*, 164a, line 20, In: *The Works of Aristotle*, vol. 1, Trans. W. Pickard-Cambridge, *Great Books of the Western World*, vol. 8, Chicago: Encyclopædia Britannica, 1952. pp. 225-253.

[3] S. Freud, "The Resistances to Psycho-Analysis," *S.E.*, vol. XIX, p. 217.

[4] An exception is K.R. Eissler, one of the founders of the Freud Archives in the U.S., for whom Freud can simply do no wrong. "Eissler's devotion to Freud is known throughout the analytic world, and is considered a kind of lovable nuttiness." Janet Malcolm, *In The Freud Archives*, New York: Random House, 1983, p. 12.

The work Freud started, Freud's written work itself and Freud's character are all separate. Investigating one cannot replace investigating the others. What can be learned from the many compulsive attacks on Freud's character is that this is an unfortunate activity which does not advance our knowledge. I will concentrate on the work he started.

Despite the systematic advances in psychoanalytic knowledge, it is unwarranted to assume that an analysis of current issues in the field would be advisable without an introduction, even if such an analysis was restricted to those issues which most clearly interface with philosophy. In this first Chapter I hope to overcome the problem of lack of familiarity while accomplishing several other related purposes. The first is to introduce the philosophy of psychoanalysis in a manner that highlights the complexity of the issues involved. I present a skeletal picture of some of the issues current in the field. In the process, a selective review of some of the relevant literature is offered. Much of this review is confined to the footnotes since the bulk of my work is conceptual and not scholarly. The footnotes are quite extensive despite the exercise of restraint. I try to follow Bion's recommendation that psychoanalysis itself should be assessed. To do so, I review a sample of the literature the psychoanalysts consider important.

The second purpose is to outline my strategy for approaching psychoanalysis. This consists in focusing on a limited number of specific but wide topics which exemplify the problems arising from psychoanalysis. A third related purpose is to introduce some of my initial arguments, such as my claim that psychoanalysis as a whole has not yet been seriously challenged by philosophers. The more detailed analysis and arguments will emerge chapter by chapter.

The philosophy of psychoanalysis is now a well-developed and developing field.[1]

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[1] The expression 'the philosophy of psychoanalysis' came into usage spontaneously in many different circles. It is used at the Russian Academy of Sciences, see: *The Behavioral and Brain*

Wallace says that it is in "its infancy," comparable to analytic philosophy in the 1930's.[1] It is both well-developed and in its infancy. It is well-developed in the sense a more clear identification of the issues is underway. It is in its infancy in the sense that almost none of the problems are solved. We are justified in identifying it as a separate field for several reasons, one of which is the sheer number of contributors. It can be distinguished from both the philosophy of science and the philosophy of mind even though to some extent it overlaps with these areas. Similarly, it can be distinguished from the critical history of psychoanalysis and from what we might call psychoanalysis proper. Like any philosophical task, it requires that the topic be held onto with a certain amount of dogged tenacity and that all conventionally received views be taken under advisement until intellectual satisfaction is achieved.

The philosophy of psychoanalysis has certain goals and asks specific questions. Some of these questions are closely tied to minute technical aspects of psychoanalysis itself. The philosophy of psychoanalysis also has some general goals. Some of the most general are:

1) to engage in a clarifying analysis of psychoanalytic results and controversies in a clinically informed manner which is not restricted to one narrow clinical focus. Since many believe that "the appropriate career goal of a psychoanalyst is one that emphasizes clinical psychoanalysis *only*..."[2] there remains much other work to be done. When

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Sciences, Cambridge University Press, vol. 9, no. 2, 1986, pp. 217-284. Grünbaum also adopted it. Wallace spontaneously started to use it quite independently. It merely names an area they and others were already working in.

[1] Edwin Wallace, *Historiography and Causation in Psychoanalysis: An Essay on Psychoanalytic and Historical Epistemology*, New Jersey: The Analytic Press, 1985, p. 256.

[2] Jonathan Lieberson, "Putting Freud to the Test," Review of Grünbaum's *The Foundations of Psychoanalysis, A Philosophical Critique*. In: *The New York Review of Books*, vol. 32, Jan. 1985, p. 28.

clinicians write they extrapolate from a relatively limited number of cases they have personally conducted. I extrapolate from a number of their extrapolations.

2) to determine what the appropriate approach to psychoanalysis should be, if it is no longer satisfactory to simply ask, 'is psychoanalysis a science?'

3) to account for the success of psychoanalysis in contributing to our knowledge of mental processes and consequently, to human culture,

4) to determine how we can both recognize specific flaws and specific accomplishments in psychoanalytic theory and by virtue of this be slightly more free to facilitate further progress,[1]

5) to contribute towards the formulation of a systematic research program for future generations of psychoanalytic researchers,[2]

6) to isolate some of the central features of current psychoanalytic theories. This is inspired by Bion's programmatic recommendation that we should attempt to isolate some of the invariant features of psychoanalysis. And,

7) to help make current psychoanalysis views more publicly accessible but in a manner that takes into account, as far as is currently possible, the special subject matter of psychoanalysis.[3]

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[1] An internal self-critical effort has been with psychoanalysis from the start, notwithstanding the co-presence of many dogmatic exponents. The psychoanalysts-critics are interested in the advancement of psychoanalysis. They offer different and specific objections. An early example is Joan Riviere's "On the Genesis of Psychical Conflict in Earliest Infancy," *International Journal of Psycho-Analysis*, vol. 18, pt. 4, 1936, pp. 395-421. This paper was presented to the Vienna society, where Freud her original analyst was present. It gives an account of new developments in psychoanalysis, e.g., internal object relations.

[2] M. Edelson, makes this same point in his *Hypothesis and Evidence in Psychoanalysis*, Chicago and London: The University of Chicago Press, 1984, Chapter 12, pp. 157-160.

[3] Apart from the many intellectual obstacles in our path there are also the psychological interferences. Residual paranoid tendencies manifest themselves in a repetitive attempt to prove a

Since these are admittedly only very general goals, and ones that would be very difficult to accomplish in this work, I will formulate more specific proposals and problems from these as I proceed.

§ 2 A Sample of Empirical Studies and Applications: Examining the specific issues arising in the philosophy of psychoanalysis without first considering reasons why we should take psychoanalysis seriously, might be premature. If psychoanalysis did not merit concern, then the philosophy of psychoanalysis would be restricted to criticism. To be serious, there must be at least some accessible evidence for some of the key psychoanalytic hypotheses or for other hypotheses suggested by psychoanalytic theory. Such evidence can be divided into the clinical, the experimental, the conceptual, and also the enhanced assessment of everyday experience. The clinical can be divided further into that type of clinical observation specific to psychoanalytic practice, and other types of more publicly accessible observations which still fall within the clinical arena, an example being the observations of patients by numerous people within a clinical setting but outside the psychoanalytic interview.

The literature indicates that there is such evidence for some specific psychoanalytic

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foregone conclusion. This results in great skill at argument but with very little real thought. See: Paula Heimann, "A Combination of Defence Mechanisms in Paranoid States," In: Klein, Heimann & Money-Kyrle, eds. *New Directions in Psycho-Analysis: The Significance of Infant Conflict in the Pattern of Adult Behaviour*, London: Maresfield Library, 1985. [originally published 1955.], p. 261. Residual obsessional tendencies result in the attempt to isolate affect and cognition, resulting in an incomplete and usually unusable understanding of psychoanalytic claims. Residual defects in the ability to think, which are now recognized as related to the psychotic core, will result in the compulsive attempt not to know [in Bion's symbolism, —K]. It cannot be completely overcome. Dealing with it is simply an inevitable part of the task of trying to learn more.

The sharp split between knowledge and emotion cannot be maintained when dealing with psychoanalysis.

propositions. The intuition of many non-specialists that psychoanalysis is folk psychology at best is not merited. This is a view also held by some practicing psychoanalysts.[1] It is also difficult for anyone working within the field of psychoanalysis to absorb new refinements especially when they are not consistent with their initial exposure to psychoanalysis. For this reason I will develop a set of psychoanalytically-based criteria for assessing potential contributions.

A specific instance of this type of global a priori intuition against psychoanalysis is the often repeated view that psychoanalysis is untestable in principle. This view is used as a premise in a variety of arguments. The literature indicates that there are more tests of hypotheses suggested by psychoanalysis and for sub-theories taken as central to psychoanalysis, than for *any other* similar global psychological 'theory,' notwithstanding that the field of psychoanalysis consists of a large set of specific and diverse theories. This view that psychoanalytic propositions are untestable has no foundation in fact. Two experimental psychologists assessed the situation thusly:

> We have been amused by the fact that while there is the stereotyped conviction widely current that Freud's thinking is not amenable to scientific appraisal, the quantity of research data pertinent to it that has accumulated in the literature grossly exceeds that available for most other personality or developmental theories (for example, Piaget, Witkin, Allport, Eysenck). We have actually not been able to find a single systematic psychological theory that has been as frequently evaluated scientifically as have Freud's concepts!
> [Hostile critics] have been so deeply invested in the position that his views [Freud's] are mystical and untestable that they found it convenient to avoid the dissonance of confronting the real evidence.
> For example, as we have already shown, there is an amazing amount of infor-

[1] Some psychoanalysts who are either Lacanians and/or hermeneuticians favor picturing psychoanalysis as an area falling outside the bounds of knowledge. I will analyze some of the reasons for their views later in this chapter.

mation that has been buried for years in unpublished doctoral dissertations.[1]

This large body of experimental literature, a small portion of which Fisher and Greenberg touch on, deals with specific issues.[2,3,4] The claim that testability has now been demonstrated is not weakened by the fact that some of these studies are judged trivial by psychoanalysts. For example, in one empirical study, not included in the Fisher & Greenberg compilation, an attempt was made to demonstrate that strongly

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[1] S. Fisher & R.P. Greenberg, *The Scientific Credibility of Freud's Theory and Therapy*, New York: Basic Books, 1977, p. 396. Since 1977 other empirical studies have been published. They are too numerous to keep track of while writing this work.

[2] Others have taken into account the Grünbaum-Edelson objections to earlier designs.

Five studies designed to meet modern scientific criteria was recently reported by Dennis G. Shulman in "The Investigation of Psychoanalytic Theory by Means of the Experimental Method," *International Journal of Psycho-Analysis*, vol. 71, pt. 3, 1990, pp. 487-498. It includes a critique of possible weakness in experimental design, which is relevant since the studies were chosen not for their significance for advanced psychoanalytic thought but on the basis of their experimental interest.

In the third generation of subliminal psychodynamic activation studies, competing psychoanalytic theories are now being tested. These have yielded support for Kernberg's aetiology of narcissistic personality disorder and not yielded statistically significant support for Kohut's competing theory. Similarly, the validity of making the distinction between anaclitic and introjective depression scores high in statistical significance, object loss being correlated to anaclitic and fear of deficiency to introjective. See esp. p. 491.

Shulman concludes that "...psychoanalytically significant research, concerned with methodological controls, can be accomplished." p. 495. In my view, they have been accomplished. The current problem is making this research more accessible.

[3] Another example is Lester Luborsky & Paul Crits-Christoph's "Measures of Psychoanalytic Concepts—The Last Decade of Research from 'The Penn Studies,'" *International Journal of Psycho-Analysis*, vol. 69, 1988, pp. 75-86. The studies measure aspects of the hypothesized curative factor in psychotherapy, including objective measures of transference patterns. A study of the role of internalization has been under-way since 1984.

[4] Earlier reports indicated that some psychoanalysts were involved in producing quantified microanalytic studies. See, for example, Justin Simon, "Research in Psychoanalysis: Experimental Studies," *Journal of the American Psychoanalytic Association*, 18, #3, 1970, pp. 644-654. Simon found that the use of audio recording tended to affect the analyst but not the patient.

negated contents (i.e., forcefully claiming ~x) indicates defence against repressed desire. The hypothesis is tested by focusing on the specific case of incest. The experiments showed that the hypothesis had statistically significant support.[1] Conversely, the specific theoretical hypothesis of primary narcissism conflicts with scientific evidence from other areas, i.e., neonatology, child observation and ethology.[2] Long-term studies tracking therapeutic success and failures have also now been published.[3] These empirical studies offer an alternative to the anecdotal accounts.[4] Without assuming that all studies are of equal value, the large number that have already been conducted within normal experimental constraints render it untenable to maintain that psychoanalysis is untestable. Still, the view persists and is likely to continue in many circles and countries.[5,6] Some ideologies have opposed the use of psychoanalytic knowledge and are

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[1] William M. Bernstein, "Denial and Self-Defense," *Psychoanalysis and Contemporary Thought*, vol. 7, no. 4, 1984, pp. 423-457. This is a summary a doctoral dissertation using empirical approaches to test psychoanalytic propositions.

[2] John Bowlby, "Psychoanalysis as a Natural Science," *International Review of Psycho-Analysis*, vol. 8, 1981, pp. 243-256.

[3] An early one was R.S. Wallerstein's *Forty-two Lives in Treatment. A Study of Psychoanalysis and Psychotherapy*, New: York: The Guilford Press, 1986. The Menninger Clinic and Penn University have conducted similar studies.

[4] "The unwary reader [of Grünbaum] would think that there is 'scientific' (and thus 'reliable') evidence challenging the therapeutic results of psychoanalysis. There is not." Vann Spruiell, "The Foundations of Psychoanalysis: An Essay on a Philosophical Book by Adolf Grünbaum," *International Review of Psycho-Analysis*, vol. 14, pt. 2, 1987, p. 177.

[5] As of 1988-89, an invited group of 35 psychoanalysts were able to find only one child psychiatrist in China with a knowledge of psychoanalysis, responsible for 350 million children. H.C. Halberstadt-Freud, "Mental Health Care in China," *International Review of Psycho-Analysis*, vol. 18, pt. 1, 1991, p. 17. The Chinese favor American behavioral methods conjoined with re-education. They prescribe anti-psychotic drugs for minor psychological disturbances. There were psychoanalysts in China but their knowledge was not judged relevant. One such psychoanalyst was a Prof. Tao who spent his time scrubbing floors for 10 years during the cultural revolution. He is

opposed even to its assessment.[1]

Faced with the combination of compelling evidence and sustained rejection, we are led to the conclusion that this phenomenon is a 'sociological problem,' albeit one that has serious consequences for our knowledge of mental operations. The un-testability premise amounts to an a priori attitude shared by groups, rather than presenting us with a serious objection.

There is also evidence that certain specific theories posed at one time within psychoanalysis are false. For example, the wish-fulfillment theory of dreams does not hold

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now training new psychoanalysts. The report suggests that discipline and constraint were used as substitutes for flexible and spontaneous mental health. (p. 15) These do produce behavioral changes. The ideology purported to contain an account of the development of the personality. Overt disciplined behavior may give the impression of psychological well-being. The Chinese press reports a sudden increase of interest in psychoanalysis as of 1993.

[6] Czechoslovakian émigrés who left at the time of the 1968 Russian invasion report that the principal use of psychiatric facilities for professional academics was to avoid political persecution. While speaking in public, if a lecturer made what he knew would be taken as a political mistake by Communist party members, he stopped the lecture and had himself immediately committed to an asylum in order to avoid the political consequences. There was a general view that only someone suffering from a psychiatric illness or a dissident could make a political mistake. Psychoanalytic knowledge was not openly displayed.

[1] The historian Russell Jacoby approaches these problems in his book, *The Repression of Psychoanalysis: Otto Fenichel and the Political Freudians*, New York: Basic Books, 1983. In the United States, Jacoby carefully documents that there were political and ideological disagreements between psychoanalysts who fled Europe due to the rise of Nazism before World War II. Fenichel was a Marxist. Waelder was an anti-Marxist. All the European analysts who moved to America objected to the attempt to subordinate psychoanalysis to pragmatic American psychiatry. Freud thought that the superficial embracing of psychoanalysis indicated a misunderstanding. From this he reasoned that the prospects for psychoanalysis in America were poor. p. 119

Fenichel believed the English analysts did not appreciate the psychological consequences of social situations. (p. 96-7) Fenichel claimed the over-estimation of biology leads to less social and psychological reform.

for all dreams, although it does hold for some in ways that are clinically significant.[1] Bion pointed out that there is also the fear of sleeping and fear of dreaming, which indicates severe anxiety, and in some cases, psychotic anxieties. We could call this wish not to dream part of the wish to avoid contact with reality and to avoid important aspects of thought. On this new model, some apparent wish fulfillments would be understood as frustration avoidance. When dreaming is more psychologically successful, then frustration modification would be achieved.[2] This results in a specific kind of ability to think

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[1] As the Harvard psychiatrist and neurophysiological researcher Allen J. Hobson points out: "...REM sleep is well-developed at birth (when it occupies fully eight hours of a newborn's day) and that it may be the predominant state of the brain during the third trimester of intrauterine life." See his "Can Psychoanalysis be Saved?: The Quest for the Biological Basis of Freudian Theory," A review of Adolf Grünbaum's *The Foundations of Psychoanalysis: A Philosophical Critique*, University of California Press: Berkeley and Los Angeles, 1984, In: *The Sciences*, Nov./Dec. 1985, p. 56.

In adults, generally REM is sufficient to indicate the presence of dreams. Extending this to children and neonates seems *plausible*, and this alone would incline me to assign a different role to those dream states. Some dreams seem to serve an information processing role, others a developmental role. There are at least some counter-examples to the wish-fulfillment theory; however, Freud did allow that "day residue" would form part of the content. Freud did not consider the possibility of dreaming in utero, a consideration now indicated by the measurable presence of REM states. He also had a picture of the immaturity of the neural processes in neonates that is *false*. Yet, it is often repeated by rote among analysts. None of this means that psychoanalysis is terminally defective; rather, it means that some of the claims need modification, which is exactly what is happening in contemporary psychoanalysis. The specific neurological and developmental claims found in Freud's texts are occasionally wrong; but this is to be *expected*, given the limited amount of research on children in his time.

[2] W.R. Bion, *Cogitations*. Edited by F. Bion, [posthumous], London: Karnac Books, 1992, p. 54. More clearly put: 1) wish fulfillment ≡ frustration avoidance; whereas, 2) wish modification ≡ frustration modification. Modifying a wish by dreaming would entail having the dream do a different type of psychological work, according to Bion.

If this represents a step forward in the understanding of dreams and cognition, then it could result in productive scientific experimentation in the future. Bion identified several stages, or degrees, of dream avoidance (pp. 40-42), which allow for one more refinement in our picture of

more productively about life-issues which is both generally helpful and specifically helpful for the practice of clinical psychoanalysis. The name Bion has given to this cognitive capacity is 'alpha elements.' Although I cannot explain at this early juncture what this concept means, it is worth mentioning the name for I will later give an explanation as I proceed.[1]

Another example of a revision of views within psychoanalysis is provided by the traumatic theory of neurosis. There has been a broadly accepted change in the assignment of the relative weight trauma plays in understanding psychic disturbances. In its original formulation it was inadequate, since the psychogenesis of neurosis cannot usually be traced to one significant event, no matter how traumatic.[2] Thus, what we could vaguely identify as the Popperian approach to psychoanalysis will not do. I say 'vaguely identify' because this approach or attitude, commonly found in philosophy circles, is different from the exact positions Popper himself held.[3] This general ap-

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why sleep is sometimes avoided.

[1] See: § 7 of Chapter Three below, entitled "Bion's α and ß-elements."

[2] Even here, within psychoanalysis, Scott reports that his experience indicates that "...the trauma of emotional frustration" causally results in inhibition which in turn results in the disorganization of the personality. Thus, an appreciation of overdetermination and early infantile experience increase and *modify* the understanding of trauma. See: W.C.M. Scott, "Primitive Mental States in Clinical Psychoanalysis," *Contemporary Psychoanalysis*, vol. 20, no. 3, 1984, p. 463.

[3] In his more nuanced later views, Popper held that the claims of psychoanalysis must be testable by predictions of overt behavior. He also held that there must be clear diagnostic criteria for, say, traumas, and believed that there is no overtly behavioral way of testing psychoanalysis. Popper also held that there is no reliable diagnostic criteria of what he calls 'neurosis' and believed that while clear behavioral indicators of non-neurosis may be available, none exist for neurosis. See Poppers' "Predicting Overt Behavior Versus Predicting Hidden States." *The Behavioral and Brain Sciences*, Cambridge University Press, vol. 9, no. 2, 1986, pp. 254-255, for these views. Popper mentioned in this 1986 article that he had not read Grünbaum's *Foundations*. This is a bit odd for two reasons. Firstly, because *Foundations* is in part a response to Popper, and secondly, the article is included in dissuasion of Grünbaum's *Foundations*. Popper argues against behavior-

proach holds that psychoanalysis is neither true nor scientific since proponents of psychoanalysis will not revise their views on the basis of conflicting evidence. If a proposition must be capable of being falsified in order to be considered as a possible candidate for a scientific proposition, and psychoanalysts do not hold such propositions, then it follows that they are holding dogmatic and therefore non-scientific propositions. We can specify the conditions under which the psychoanalyst would be obliged to give up psychoanalysis as a whole. For example, if there were no data whatsoever forthcoming from psychoanalysis, the analyst would have to drop the whole field of psychoanalysis. The same would apply to any field without a persisting flow of pertinent data. If biology did not have a flow of pertinent data it would be dropped. There is such a flow in the form of a research program in the case of both biology and psychoanalysis.

The concerns mentioned do not exhaust what is philosophically interesting about psychoanalysis. Rather, they indicate that attending to more specific details of psychoanalytic claims and theories is required. There are a wide variety of psychoanalytic propositions which extend over different ranges of phenomena. These propositions have very unequal degrees of epistemic force and centrality to psychoanalysis. These days, it is not intellectually respectable to offer either a wholesale dismissal of, or a wholesale apology for, psychoanalysis. The alternative is to consider more specific, detailed and precise questions about psychoanalysis. This is indicated even before considering the evidence offered by the psychoanalysts themselves, the assessment of which is contingent upon a detailed understanding of specifics.

However, it could be the case that psychoanalysis, conceived as a set of diverse

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ism because it is unable to account for internal states such as envy, but is also against psychoanalysis on the grounds that only overtly observable behavioral states could test it and none are available as far as he is concerned.

propositions, *has already been established* on reasonably firm scientific footing by non-psychoanalysts, independently of the clinical setting, and that what remains is to compile and critically analyze the already existing literature. This determination is best left to someone else deeply schooled in experimental design. Intuitively, we might expect that large amounts of supporting experimental work could help facilitate exchanges between psychoanalytically and non-psychoanalytically oriented people.[1] In practice, the experimental work has little impact on the opinions of philosophers or psychoanalysts, but its existence cannot be reasonably doubted.[2] This again indicates the *unusual* character of the field of psychoanalysis and the related *difficulties* in doing work in the philosophy of psychoanalysis.

The status of experimental research is not the only issue. The importance of developing a detailed picture of psychoanalysis becomes more clear if the clinical evidence is taken seriously. There is a vast corpus of clinical data in the form of case reports, histories, and reports of clinical experience. This corpus has a considerable amount of consistency, despite the divergence of theoretical stances within mainstream psychoanalysis. If taken seriously, it should at least incline us to the intuition that some of the central claims of psychoanalytic theory are correct.

In addition, there are other indications why we should attend to psychoanalysis in a way that is quite different from the early rejections and endorsements. There are, contrary to popular assumption, extra-clinical data that lend strong support for some

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[1] Luborsky, In: Justin Simon's "Research in Psychoanalysis: Experimental Studies," *Journal of the American Psychoanalytic Association*, vol. 18, #3, 1970, p. 648.

[2] See: Paul Kline, "Freudian Theory and Experimental Evidence," in Peter Clark, & Crispin Wright, *Mind, Psychoanalysis, and Science*, Oxford: Basil Blackwell, 1988, p. 228. He points out that experiments turn up with "monotonous regularity" which support the Freudian theory of defenses. Others meet the criteria of cross-cultural testability.

key psychoanalytic propositions. For example there is support for regression, repression, and projective identification. Since all of these are unconscious processes, there is support for unconscious dynamics. Indeed, far from being irrelevant therapeutically, it appears that quality of mental health care has been, in part, proportional to the presence of psychoanalytic influence.[1,2,3] Those teaching at the most-respected medical schools hold that this knowledge is advantageous for many physicians, including those practicing psychiatry, because the accuracy of diagnosis increases when guided by psychoanalytically derived intuitions:

> [1] the capacity to understand the multiple meanings of life events, illnesses, and treatments in terms of each patient's unique personality structure...[4]

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[1] Morton F. Reiser, "Are Psychiatric Educators "Losing the Mind"?" *The American Journal of Psychiatry*, 145:2, February, 1988, pp. 148-153. Reiser teaches psychiatry and supervises residents at Yale.

[2] This is a matter of historical record. The psychoanalyst Karl Menninger founded the Menninger Clinic. At McGill, the heads of the psychiatry departments have almost always been psychoanalysts. Eva Lester is the current head of the Child and Adolescent unit at McGill, and she also served for a time as president of the Canadian Psychoanalytic Association.

Psychoanalysts have been instrumental in developing mental health programs and administering many of modern mental health institutions in the western world. Psychoanalysts are sought out as supervisors by other types of psychotherapists in training. Moreover, the research required to devise many other types of therapy was begun by people with psychoanalytic training. For example, Irwin Kleinman teaches the Toronto psychiatric residents how to do framed psychotherapy, using his knowledge of psychoanalysis.

[3] The *intelligibility* of the behavior and utterances of the mentally troubled is contingent upon psychoanalytic knowledge. For example, paranoid states, when serious, result in paranoids getting angry at anyone who attempts to help him. If they accept help they may have to then know that there is something wrong with them, and give up the belief that there is something wrong with everyone around them. W.C.M. Scott told me [personal communication] that even with the excellent medical and psychiatric education he had, he was unable to either understand or help seriously ill patients. It was after he met Klein that he was able to do and see more. This is an example of what I mean by intelligibility.

[4] Morton F. Reiser, "Are Psychiatric Educators "Losing the Mind"?" 1988, p. 149.

> [2] There is a core base of theoretical knowledge about, and a core of experiences for learning to apply, diagnostic and therapeutic principles derived from psychoanalytic theory.[1]
> [3] This core should form part of the education of all psychiatrists about the mind.[2]
> [4] [the] astonishingly unpsychological...blind application of technical skills and maneuvers that can be described in manuals [DSM-III] of computerized programs. [results in misdiagnosis.][3]

There are indications that health professionals who have either been psychoanalysed or have some psychoanalytic knowledge tend to be better psychotherapists. Thus, even the patient population which cannot be treated by psychoanalysis indirectly benefits by psychoanalysis. Even in physical medicine there are some indications that a failure to bind the physician's anxiety can result in inappropriate treatments which can harm patients and even result in their deaths.[4]

Most North Americans and Western Europeans are influenced by psychoanalysis whether they are aware of it or not. It is impossible to understand aspects of Western culture while at the same time ignoring psychoanalysis. Some examples are: 1) Psychoanalysts played a role in the attempted denazification of Germany just after World War II.[5] 2) Others have been advising American politicians and political theorists about the

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[1] Reiser, 1988, p. 150.

[2] Reiser, 1988, p. 150.

[3] Reiser, 1988, p. 152.

[4] Part of the Harvard picture of modern medicine was developed in part by the psychoanalyst Harold Bursztajn. See: Harold J. Bursztajn et.al., *Medical Choices / Medical Chances: How Patients, Families, and Physicians Can Cope with Uncertainty*, Preface by Hilary Putnam. New York: Routledge, 1990.

[5] R.E. Money-Kyrle [Ph.D. in philosophy], "Some Aspects of State and Character in Germany," In: George B. Wilbur, & Warner Muensterberger, *Psychoanalysis and Culture: Essays in Honor of Géza Róheim*, New York: Science Editions of J. Wiley & Sons, 1967, pp. 280-292. After the second World War Money-Kyrle was among those assigned the task of identifying dependable

relationship between identifying enemies and the democratic process.[1] 3) During the development of analytic philosophy in England, many of the philosophers did some personal analysis, which had at least some impact on the concepts they used.[2] 4) Some

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criteria which would enable clinical interviewers to distinguish personalities who were Nazi-sympathizers from those who were not. This was important for the denazification of Germany and for the security of the world.

Money-Kyrle was the only person to succeed. He saw that non-sympathizers expressed empathy for the victims in one way or another. Nazi-sympathizers expressed the view that the Nazi should be severely punished, which turned out to indirectly expose their own Nazi leanings. As a general, rule totalitarian personalities tend to be more destructive and entertain more revenge phantasies. They are therefore less capable of achieving what the Kleinians would call the depressive position.

"In other words, very many Germans in 1946 were in a depressive phase which could be succeeded either by an impulse to constructive reparation or, if this failed, by a renewed paranoid attack on the objects they had injured." (p. 292.) Money-Kyrle also showed that this tendency is intergenerational, especially following war, since the abandoned and disturbed mothers set conditions for a statistical increase in delinquency and disturbance in the population of children raised under such circumstances. Moreover, among the 1946 Germans, obsessional meticulousness in work tends to characterize authoritarian personalities who are in turn inclined to value duty over other moral feelings, whereas those not so inclined felt guilty for not having made a sufficient effort to oppose authority. (p. 284.)

[1] The psychoanalysts working in international relations have supplied some psychodynamic understanding of politics, which is consistent with the intuitions of political thinkers throughout history. What is new is the underlying psychodynamic explanation.

Rangell, following Volkan, showed that once an external enemy is identified, then internal anxiety can be lessened. "One would rather have an external than an internal enemy." Rangell, p. 88. This simple example is consistent with common sense, but it clearly does highlight that internal unconscious anxieties of groups affect international relations and elections. See: Leo Rangell, "The Psychoanalyst in International Relations," *International Review of Psycho-Analysis*, vol. 18, pt 1, 1991, pp. 87-96; And, Vamik Volkan, *The Need to Have Enemies and Allies. From Clinical Practice to International Relationships*, Northvale, NJ: Jason Aronson, 1988.

[2] Jonathan Miller, ed. *States of Mind: Conversations with Psychological Investigators*. (G. Miller, J. Bruner, R. Gregory, D. Dennett, J. Fodor, S. Hampshire, N. Geschwind, G. Mandler, R. Harré, R. Hinde, C. Geertz, E. Gombrich, B.A. Farrell, H. Segal, T. Szasz), BBC Publication, Mackays of Chatham, 1983.

aspects of the current theory of medical practice attempt to use psychoanalysis.[1] 5) The language we use to criticize psychoanalysis often indicates absorption of psychoanalysis, as Putnam put it:

> What I am saying is that Freud discovered that neurosis is not senseless. And...we cannot inhabit a pre-Freudian world.
> I referred to the worry that Freudian therapy is "suggestion." A complementary worry is that post-Freudian observation is "projection." (Note that, like "suggestion," "projection" is an unconscious process; even when we criticize Freud, our criticism reflects his influence.)[2]

6) Another example is through parenting or upbringing, since some psychoanalytic principles have been absorbed into child-rearing practices.[3] It is difficult to tell if this has successfully decreased damaging parental practices across the population. However, there is reason to believe that some acquaintance with results of psychoanalytic investigation is helpful for prospective parents. In practice it is unrealistic to expect more than the absorption of either popularizations or the occasional well-timed remarked offered to a parent when dealing with a specific issue.[4] How much knowledge would be of general use to parents is a serious question with no simple answer at this time. Answering it entails acknowledging that there is some risk of damaging the frag-

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[1] Bursztajn et.al., 1990. This book shows that the ability to tolerate probabilistic reasoning in medicine, is in part a function of managing persecutory and depressive anxieties. Intolerance for probabilistic reasoning can lead to lower quality medical care and even to unnecessary patient death from over-testing. Such over-testing can be a physical acting-out of anxiety serving as a substitute for emotional comprehension.

[2] Hilary Putnam, "Preface," In: Bursztajn et.al., 1990, p. xv.

[3] An example is the work of Benjamin Spock. Although often dismissed as a crude and distorted popularization, it clearly was influenced by psychoanalysis. Spock trained as a psychoanalyst under the supervision of Winnicott. He was unable to learn how to practice clinically in a way that would satisfy his instructors, and thus chose a different path.

[4] One source is D.W. Winnicott, *Babies and their Mothers*, Massachusetts: Addison-Wesley Publishing Co., 1988.

ile mother-infant dyad.[1] In other words, what natural healthy parents spontaneously do is difficult to improve upon and even knowledge offered in a well-meaning way should not interfere with the best interests of the infant.

If we stick to basics in early development we can say that: 1) without successful breast-feeding and weaning, the child will be disadvantaged barring favorable external circumstances,[2] 2) the baby is a person with an emotional life and treating the baby exclusively as a physical and cognitive entity is dangerous.[3] These are among the minimum items of knowledge, all of which are subject to repression but are still often spontaneously used by parents.

The observations presented above pose a minor problem when we are confronted with the wide-spread opposition to psychoanalysis in principle. A significant number of psychiatrists, psychologists, psychoanalysts, and philosopher-psychoanalysts,[4] hold that there is psychoanalytic knowledge that is worth preserving and enhancing. Given the extent of the modern evidence in favor of psychoanalysis, it would appear that wide-spread critical intuitions require re-examination.

Psychoanalysis does appear to be an *anomaly* with respect to most of the sciences, and this anomalous character persists across the content, the method, and the concepts

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[1] For a more technical study, indicating how specific psychoanalytic theories are used in the empirical study of infants, see: Paul V. Trad, *Infant Depression: Paradigms and Paradoxes*, New York: Springer-Verlag, 1986.

[2] M. Klein's "Weaning," is still useful, In: *The Writings of Melanie Klein, vol. I, Love, Guilt and Reparation and Other Works: 1921-1945*, [1936] London: The Hogarth Press, 1980, Chapter 18, pp. 290-305.

[3] This is *still* the attitude of many paediatricians today as it was in 1936. See Klein's "Weaning," [1936], p. 297.

[4] Money-Kyrle is an example, and they were among the first to note the importance of Klein and Bion.

commonly found in psychoanalytic claims and theorizing. Utilizing a non-standard assessment criterion in the case of psychoanalysis to preserve an initial critical intuition is not called for. On standard assessment criteria psychoanalysis bears up well. It is difficult to avoid falling into sophistic stances or spending time with straw man arguments in philosophy of psychoanalysis. Many of the often-heard arguments are unfair. It is very difficult to get to the more *relevant* subject matter even when careful attention is given to argument.

For example, Allen Hobson claims that psychoanalysis does not revise its theories on the basis of clinical data, especially that coming from neurophysiology. The same claim could be made of every branch of psychological and neurological study. Given the avalanche of information, there is a time delay. Psychoanalysis does revise its clinical procedures as new psychoanalytic clinical information comes out. Theory is occasionally revised on the basis of clinical information from other disciplines. It is a slow process. Asking *which* specific changes are required constitutes an appropriate set of questions about psychoanalysis today. Thinking about this is part of the philosophy of psychoanalysis.

This does *not* entail an obligation on my part to correct the 'sociological' problem, which results in some opining about psychoanalysis without enough of the requisite information.[1] Nor am I obliged to address those psychoanalysts who hold that philosophy and the pursuit of knowledge are mutually exclusive. To an extent, this was Han-

[1] This point is also made, with respect to psychoanalysis among other fields, by Hilary Putnam. In: *Representation and Reality*, Cambridge: MIT Press, A Bradford Book, 1988, pp. 88-89. Cf. "It does not mean that we could tell any smart native what the book in philosophy or the paper in clinical psychology or the lecture on quantum mechanics "says" and have him understand(without years of study). Often we cannot even tell members of *our* linguistic community what these discourses "say" so that they will understand them well enough to explain them to others."

ly's early view. He held that psychoanalysis should be used to reduce philosophical views to their unconscious origins and thereby eliminate them.[1] He now takes an empiricist stance while retaining this interest in applied psychoanalysis. Hanly still claims that psychological errors can lead to philosophical ones.[2,3,4] We can use philosophical concepts and analysis to approach psychoanalysis in a less psychologically distorted way without also taking this reductionist stance.

Many thinkers, with various types of backgrounds, are making contributions to the philosophy of psychoanalysis. Included in this group are some main-stream recent analytic philosophers. This should lead to the eventual enhancement of psychoanalysis proper. We cannot anticipate exactly how such enhancements would come about. We should not worry about this, much as the pure mathematician does not usually worry about the application of his mathematical work. There is an obvious difference in that

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[1] He was interested in an existentialist view of freedom early in his career which led him to conclude, after learning psychoanalysis: "In the final analysis, existentialism and phenomenology are regressions to forms of thought and principles that have been made obsolete by psychoanalysis." C. Hanly, *Existentialism and Psychoanalysis*, New York: International Universities Press, 1979. (p. 268.) His view is that there is no comprehensive substitute for psychoanalytic knowledge in any philosophical system of thought.

[2] Hanly conflates the hermeneuticians with Putnam and Husserl. This is based on his distinction between the correspondence and coherence theories of truth. He says psychoanalysis needs a clear commitment to correspondence and realism. Psychoanalytic theorists sometimes conflate common-sense realism, psychological realism, metaphysical realism, and scientific realism. Someone lacking the capacity for psychological realism would be delusional, i.e., psychotic. Psychotics could still advocate scientific realism.

[3] Horwich distinguishes between epistemological [there are bacteria], semantic [there is a body of facts] and metaphysical realism [truth is a property of propositions, beyond correspondence with reality]. Horwich, "Three Forms of Realism," *Synthese*, vol. 51, 1982, pp. 181-2.

[4] In contrast to Hanly's view, Husserl was a realist, although Hanly is not alone in thinking otherwise. Because hermeneutics influenced psychoanalysis, it is important to mention. This is manifest in his *Collected Works* vol. III. See: C. Hanly's *The Problem of Truth in Applied Psychoanalysis*, Foreword by P. Gay, New York: The Guilford Press, 1992, p. 2.

psychoanalysis is applied directly to persons in the clinical situation whereas mathematics has a more indirect application to the human world.

The philosophy of psychoanalysis started with Freud and was carried on by some of his earliest followers, among them Victor Tausk,[1] and Heinz Hartmann.[2] There has been a continuous effort by some within psychoanalysis to continue this work. This feature of the field of psychoanalysis is not always noted by clinical psychoanalysts. They may be aware of some of the psychoanalytic writings of the psychoanalyst-philosophers without noticing their other work. Therefore, I should mention some of the people who have continued the philosophy of psychoanalysis within psychoanalysis and give a cursory indication of the type of work they do. These would include: R.E. Money-Kyrle,[3] noted for editing the work of Klein and for his work on ethics, as well as for his practical work in World War II. J.O. Wisdom, who was Bion's editor and worked on philosophy of science at York University in Toronto before retiring to Ireland. R. Waelder was a

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[1] See Freud's comments on Tausk in the *S.E.*, vol. XVII, pp. 273-275. Freud says that "His [Tausk's] strong need to establish things on a philosophical foundation and to achieve epistemological clarity compelled him to formulate, and seek as well to master, the whole profundity and comprehensive meanings of the very difficult problems involved." Clearly, Freud grasped the importance of the philosophical issues found in psychoanalysis, despite his various disclaimers. His followers often fail to see this as clearly as he did. It would require a lengthy historical analysis to assess the contributions made by these early people. This is a task for a historian.

[2] Hartman was influenced by phenomenology, especially Scheler's ethical theories. This is a part of the forgotten history of the American ego-psychology school, which takes him to be one of their prime theorists. He insisted that psychic energy is necessary if psychoanalysis is to be considered a science, [p. S 135, *Die Grundlagen*] and that the descriptive work does not qualify it as science without the further real scientific work of identifying types and laws. See: Müller-Braunschweig's review of *Die Grundlagen der Psychoanalyse* by Heinz Hartmann, Leipzig: Georg-Thieme-Verlag, 1927, In: *International Journal of Psycho-Analysis*, vol. 10, 1929, pp. 451-466, esp. p. 452.

[3] R.E. Money-Kyrle, *Man's Picture of his World: A Psycho-Analytic Study*. New York: International Universities Press, 1961.

physicist who trained as a psychoanalyst and then tried to bring some rigor to psychoanalytic theorizing.[1,2] Marshall Edelson is a Yale psychiatrist-psychoanalyst-philosopher who has tried to bring some increase to the conceptual rigor in psychoanalysis and has also responded to Grünbaum. Charles Hanly is a University of Toronto-based philosopher-psychoanalyst who has worked extensively on the problem of truth and is the current Vice-President of the International Psychoanalytic Association. E. Gedo is a Chicago-based psychoanalyst who has been a constant internal, and not always welcome, critic of any potential laxness in psychoanalytic theorizing. Roy Schafer is a clinical psychologist and training analyst at Cornell who tried to supply a new way of theorizing about psychoanalysis by altering the theoretical language of psychoanalysis.[3] Gordon Warme is a Toronto-based psychoanalyst who has also engaged in the critique of metapsychology.[4] Michael Sherwood wrote his thesis on psychoanalysis at Oxford, and then worked at Harvard Medical School until his death. His work demonstrated that psychoanalytic hypotheses are arguable and can be made sharper to improve this feature.[5] Then there is Wilfred Bion, a surgeon turned psychoanalyst, whose intellect, independence of mind and Oxford training conjoined with what he absorbed from Klein

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[1] An example of his work is R. Waelder *Basic Theory of Psychoanalysis*. New York: International Universities Press, 1960.

[2] Also, Waelder's "Observation, Historical Reconstruction, and Experiment: An Epistemological Study," In: *Psychoanalysis: Observation, Theory, Application*. New York; International Universities Press, 1976, pp. 635-675.

[3] Roy Schafer's *A New Language for Psychoanalysis*, New Haven and London: Yale University Press, 1976.

[4] Gordon E. Warme, "The Methodology of Psychoanalytic Theorizing: A Natural Science or Personal Agency Model?" *International Review of Psycho-Analysis*, vol. 9, part 3, 1982, pp. 343-354.

[5] M. Sherwood, *The Logic of Explanation in Psychoanalysis*, New York: Academic Press, 1969. Sherwood spent his entire working life on this book.

to produce a profound account of psychoanalytic cognition.[1] These are but a few of the people worth mentioning, but I necessarily cannot give them a proper introduction here if I am to deal with any other topic.[2]

There is a widespread *faulty* impression that there are only a few philosophers seriously interested in psychoanalysis and that we ought to restrict ourselves to responding to their work. On this view, even the short list might include some impressive figures: Popper, Grünbaum, Ricoeur, Farrell, MacIntyre, and perhaps a few others. There are many others who are not included on the short list, some well-known, e.g., Putnam and Hampshire, and some who have worked one specific technical topic. Space does not permit a comprehensive introduction to them so I have elected to mention their names in the footnotes as I address individual problems. I am indebted to a reading of the authors on the short list since their work did stimulate me to research some primary sources within psychoanalysis itself. Through the course of the following chapters I will try to supply an alternative to some of their arguments, by considering some very recently emerging aspects of clinical psychoanalysis. However, my principal purpose is, for the most part, not to refute their specific views but rather to offer an alternative approach to psychoanalysis. It is important to offer such an alternative which takes into account some of the current psychoanalytic literature and strives to frame the vast complexity of psychoanalysis in a more manageable manner.

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[1] Bion, *Cogitations*, F. Bion ed., [posthumous], London: Karnac Books, 1992.

[2] Others are appearing on the scene almost monthly. It has become a more conspicuous part of theoretical psychoanalysis and psychiatry since about 1985. Yet another example is Keith A. Young's "Reflections on the Epistemology of Psychiatry," *Canadian Journal of Psychiatry*. vol. 33, Nov. 1988, pp. 686-690. He recommends that psychiatrists acquire more philosophical sophistication by collaborating with philosophers. This is what I call the 'tag-team approach.' Although the philosophy of psychiatry overlaps with the philosophy of psychoanalysis, it is another distinct area with its own problems.

In order that the reader might better follow what comes next, I will say that there are problems with making a prior determination as to what science may accomplish or what it may not accomplish. These views are exemplified by two of the most prestigious philosophers who are well-known for their work on psychoanalysis, i.e., Ricoeur and Grünbaum. Grünbaum's excessively restrictive picture of science makes it difficult to examine the propositional content of psychoanalysis itself. Ricoeur's excessively restrictive picture of what science may not accomplish has the same net effect of preventing us from discussing some of the more interesting aspects of current psychoanalysis. There have been numerous arguments concerning specific psychoanalytic issues raised by many others, which are more important, or have a different *kind* of importance, than the global arguments raised by either Grünbaum or Ricoeur. This is because arguments concerning specific issues are tied to psychoanalysis proper rather than being removed from it and distancing the reader further from understanding psychoanalysis. To avoid this we will eventually focus on arguments which fall into what I call a properly analytic approach to psychoanalysis: meaning that each individual topic can be addressed on its own merit without having to tie in into some unified system which is external to psychoanalysis.

Since the work of Grünbaum and Ricoeur is judged by some as being among the chief contributions of philosophers to the study of psychoanalysis, I will now succinctly address their work and then move to more systematic concerns.

§ 3 Grünbaum: Arguments From Eliminative Inductivism: With the appearance of his work *The Foundations of Psychoanalysis* in 1984, Grünbaum has come to be perceived by many philosophers and a few psychoanalytic theorists as one of the most sig-

nificant contemporary contributors to the philosophy of psychoanalysis.[1] It is worthwhile to briefly discuss the book as a means of moving towards a discussion of more pertinent problems which do not occur within Grünbaum's formulation.[2] This is precisely the use Grünbaum intended for his work. As he says, "For my part, I shall be glad if *Foundations* does serve as a catalyst for well-conceived investigations (whose outcome I would not presume to anticipate)."[3]

On the basis of his analysis, Grünbaum developed the intuition that an adequate philosophical approach to psychoanalysis would have to include certain things. Namely, the examination of both the highly detailed accounts of clinical practice and the metapsychological superstructure which is used to explain the underlying dynamics of the clinical practice. On his own appraisal,[4] he did not fully accomplish this task, pleading that ten years of work is an insufficient amount of time. Requiring ten to twenty years *is common* among those who try to write something about psychoanalysis that is not simply an expression of initial intuitions.[5] Given Grünbaum's talent we have

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[1] For a review see Spruiell, "The Foundations of Psychoanalysis: An Essay on a Philosophical Book by Adolf Grünbaum," 1987, pp. 169-183.

[2] For another review, see: Jonathan Lieberson, "Putting Freud to the Test," Review of Grünbaum's *The Foundations of Psychoanalysis, A Philosophical Critique.* University of California Press: Berkeley and Los Angeles, 1984, in *The New York Review of Books*, vol. 32, Jan. 1985, pp. 24-28.

[3] Adolf Grünbaum, "Précis of The Foundations of Psychoanalysis: A Philosophical Critique," [With extensive peer commentary.] *The Behavioral and Brain Sciences*, Cambridge University Press, vol. 9, no. 2, 1986, p. 267.

[4] Adolf Grünbaum, *The Foundations of Psychoanalysis, A Philosophical Critique*, University of California Press: Berkeley and Los Angeles, 1984, p. xi.

[5] Among psychoanalysts there are usually three stages: The first is coming to see the objective aspects of subjective therapeutic relations; the second is being able to do more even research which includes the mature assessment of views conflicting with their own; the third is being able to communicate and communicate in writing. The last stage is not always reached; thus there is an unfortunate amount of unpublished research in this area.

an indication of the extent and difficulty of the problems involved. Psychoanalysis is certainly not the kind of topic that any competent philosopher can deal with on a spare weekend.

What he did attempt to show was: 1) Psychoanalysis *is scientifically alive*, in the sense that there has as yet been no definitive empirical or conceptual argument which conclusively disproves psychoanalysis as a whole. 2) Popper's critique is absurdly inadequate, since there have been refutations of specific psychoanalytic claims which occurred even in Freud's work. 3) It is possible to reduce many of the central claims of classical early psychoanalysis to a limited number of arguments which could be extrapolated from Freud's texts. 3.1) One of these is what he calls "the tally argument." He argues that all psychoanalytic claims are dependent upon clinical evidence. All clinical evidence rests upon the analysands' judgment that an interpretation tallies with what is *real* to them in their emotional life. This is quite different from tallying with the historical facts which may be somewhat dimly related to the emotional realities in the present.[1] 4) The data forthcoming from the clinical situation are epistemically contaminated, insofar as they rest on the tally argument. Grünbaum concludes that extra-clinical collaboration is required for psychoanalytic claims and psychoanalysis cannot be securely founded on clinical data alone. He does claim that the clinical reports and observations are sufficiently compelling to merit further examination.

Not all of these claims hold up equally well. I will now examine some of them in

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See: Eugenio Gaddini, "Changes in Psychoanalytic Patients," In: *A Psychoanalytic Theory of Infantile Experience: Conceptual and Clinical Reflections*, ed. Adam Limentani, Foreword by R.S. Wallerstein, The New Library of Psychoanalysis, vol. 16, London: Tavistock/Routledge, 1992, p. 187.

[1] One of his main sources is S. Freud's "Constructions in Analysis," [1937], *S.E.*, vol. XXIII, pp. 257-269.

greater detail since this enables us to analyze some of the perceived issues about psychoanalysis. I will later move from these perceived issues to those which have emerged from current psychoanalysis itself.

Grünbaum's worry was that psychoanalysis *does* seem to meet the criterion for science on Popperian grounds. This is in part because Freud sought falsifications for his earlier views as did later psychoanalytic theorists. This worried Grünbaum because it seemed to him that Popper's criterion for distinguishing science from non-science was too weak. He views Popper's interest in psychoanalysis as limited to its use as an convenient example for work in the Philosophy of Science. It is useful for the purpose of attacking the inductive conception of science, favored by Grünbaum. What he does not say is that psychoanalysis does appear to be observationally adequate for certain ranges of phenomena,[1] in the sense that many of the explanations do accord with the observable data. For example, we know that children do exhibit conspicuous physiological signs of sexual excitation and this is consistent with what we could vaguely term general psychoanalytic theory. Indeed, prior to psychoanalysis, we were not able to consciously and explicitly make certain kinds of important observations, and this is especially true when it comes to children.[2]

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[1] Van Fraassen says: "...empirical adequacy goes far beyond what we can know at any given time. (All the results of our measurement are not in; they will never all be in; and in any case, we won't measure everything that can be measured.)" Bas van Fraassen, *The Scientific Image*, Oxford: Clarendon Press, 1980, p. 69. Van Fraassen offers an alternative to the positivistic account of science to which Grünbaum adheres. He was one of Grünbaum's students.

[2] Piontelli's recent longitudinal study of the development of the child is distinguished from other studies by its thoroughness and detail. It includes observing the fetus by ultrasound, then the birth, the behavior following birth, and is followed by a child analysis spanning four years after birth.

The study shows that the intra-uterine environment seems to shape the personality of the child, and that the casual equation of pre-natal with the genetic is no longer warranted without

The literature indicates that *accurate* child observation in a natural setting, where the emotions are also noticed, is a skill that does not occur naturally. It must be learned. It is being learned by some experimenters, physicians, psychiatrists, psychoanalysts, and parents. It is not a skill that is automatically learned by the practice of psychoanalysis, including child analysis. When learned it is used. This is resulting in a change in our understanding of the personality of neonates and young children, based on slightly more objective grounds. This is an example of an issue meriting philosophical scrutiny.

One good reason for valuing any set of theories is when it enables us to structure our observations in a more useful way. Grünbaum thought that there was certainly enough to psychoanalysis to merit a careful critique, not an attack. To accomplish this critique he used what he took to be the general canons of eliminative inductivism.[1] This

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more careful scrutiny.(p. 240) Her review of the literature indicates, beyond any reasonable scientific doubt, that the fetus has the requisite sensory competence to respond to this environment. (pp. 34-38.) The psychoanalytic data from the analyses indicate that fantasies and behaviors based on actual intra-uterine events, are re-enacted in analysis until the age of four or five, whereupon they change to a more phantasy-based picture mixed with later events. (p. 144) There is no explanation for this change, as of yet. From this study it follows that an appropriate re-appraisal of intra-uterine risks to health is now indicated. See: Alessandra Piontelli, *From Fetus to Child: An Observational and Psychoanalytic Study*, ed. Elizabeth Bott Spillius, The New Library of Psychoanalysis, vol. 15, London: Tavistock/ Routledge, 1992. Future work will be required to either confirm or refute her findings.

[1] Edelson supplied us with a clear summary of eliminative inductivism. See Edelson, 1984, pp. 43-46. I will try to both summarize and simplify the six key canons identified by Edelson.

An observation, including an experimental outcome, supports an hypothesis if: 1) The outcome should follow from the hypothesis H. A positive instance of predicted outcome does not confirm the hypothesis. 2) The outcome is predicted on the basis of the hypothesis, before it is observed. 3) The outcome O occurs. If ~O obtains then H_1 is not supported and this indicates that H_1 is falsifiable. 4) H_1 has at least one rival, H_2. O merits provisional acceptance of H_1 over H_2. The rival hypothesis H_2 to H_n are less plausible. 5) Both the outcome O and the manner of obtaining O is such that it supplies a plausible basis for arguing that H_2 to H_n can be eliminated. 6) If the predicted outcome fails to occur, then alternate explanations other than ~H_1 for O not occurring can be obtained from O_2 to O_n. And, therefore, if 1 to 6 are followed a meta-canon ob-

is the name given by Mill to his normative picture of scientific reasoning. It sought to preserve an inductive account of scientific explanation in which rival relations are systematically eliminated in order to pick out the causal relation which is then judged the relevant one for purposes of explanation.[1,2] It is interesting that Grünbaum is examining Freud who was also influenced by Mill. In both Grünbaum and Freud we repeatedly find the saying 'After the fact does not necessarily mean because of the fact,' derived from Mill's analysis of causality. Grünbaum is one of the few philosophers of science who defends this particular inductive account of what the sciences must hold in common if they are to be considered sciences at all. He calls his version 'eliminative inductivism.'

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tains, that H_1 can only provisionally be accepted as true. The set (H_2 to H_n) and the set of plausible alternate explanations is, Edelson says, *infinite*.

For any accepted hypothesis H_1 there is at least one unconsidered hypothesis H_2; thus it is infinite when we use correspondence to the natural numbers as a test, i.e., for any number N there is the next number N+1. However, infinite set considerations are a red herring in this context.

[1] Mill's method, which is slightly different from Edelson's account, has been criticized as being incapable of accounting for discovery in science. This particular criticism would seem to apply to the Edelson-Grünbaum account. Virtually all recent philosophy of science (e.g., van Fraassen, Nersessian, and Putnam) except for Grünbaum indicates that accurate observations of science in actual practice require very different descriptions. An elementary but adequate survey of the problem is found in Mackie's article on "Mill's Method of Induction," In: *The Encyclopedia of Philosophy*, Paul Edwards ed., New York and London: Collier MacMillan, 1967, vol. 5, pp. 324-332.

[2] More pointed objections are found in Hilary Putnam's *The Many Faces of Realism*, LaSalle, Illinois: Open Court, 1987, esp. p. 72 ff., where he says: "...there is no general method, Mill once remarked, that will not give bad results "if conjoined with universal idiocy"." Putnam concludes that Mill had *failed to formalize inductive logic*, and hence the logic of science, since if his method did this, it would guarantee results, even if applied by a moron. Instead, we find that we still require the employment of *judgement* even if we cannot specify some general *criteria* for recognizing *better* or *more reasonable* judgements at this time.

One of the key canons of eliminative inductivism is that an exhaustive search for alternate explanations of the existing data must be conducted. The interest in alternate explanations has its historical roots in Mill's heuristic method of looking not only for agreement (if x is the only common antecedent event to y, x is the cause of y) but also for disagreement (if a series of instances of y have only x in common among other antecedent events then x is the cause of y); and also, of the joint method which considers both agreement and disagreement (which says that if y occurs in at least one instance without x as an antecedent event then it is likely that x is not the cause of y).[1]

The search for disagreement is structurally similar to the search for alternate explanations. Grünbaum applies this picture of science to psychoanalysis in an effort to determine if the psychoanalytic explanation for observational data about a specific phenomena is the best one available. His approach is that if there are equally plausible alternative explanations, then we would have an indication that the psychoanalytic account is not adequately supported, for to be supported means that alternative explanations have been eliminated (hence, the name, 'eliminative inductivism.')

In the abstract such a picture has a certain limited intuitive plausibility, since any proposition we claim to know should be supported. But how well does this work when applied to specific instances of commonly accepted psychoanalytic knowledge? I take as an example the claim that sexual relations between very young children and adults are very dangerous for the child's emotional development. Grünbaum argues that we do not *know* that this relation holds and that the reasoning offered to support the view is

[1] There are numerous passages where Grünbaum cites either Mill or invokes what he calls a Neo-Baconian picture of science. See for example, Grünbaum, 1983, p. 280, "...the invocation of J.S. Mill's heuristic method of agreement is not enough to lend support for the hypothesis of etiologic relevance." [i.e., counter-examples must be considered.]

shoddy in the sense that it does not meet the canons of eliminative inductivism.[1] He claims that on his application of these criteria, the support for causal pathogenic relations between 'non-violent' child molestation (sometimes called 'gentle pedophilia' to dress it up) and neurotic maladjustment is no better supported than the support offered by those who argue that such relations should occur, be legal, and are healthy. He claims that it is only elementary prudence and not knowledge that should incline us to place the burden of proof on the advocates of these types of sexual relations.

What Grünbaum considers a minor example of unwarranted epistemic excess, having little bearing on his global arguments beyond exemplifying his approach, merits careful analysis. Most psychotherapists and analysts who try to deal with people damaged by child abuse would find this line of argument inconsistent with clinical observations. Even philosophers who fully grasp that the point is *epistemic* are not immune from such reactions. Those in the psychoanalytic camp do not in general see the necessity of establishing what they take to be basic clinical facts with tight argument and scientific support. There are some basic clinical facts in every area. For example, when an opthamologist is examining a patient, he takes it as a basic fact that the patient has eyes (assuming he has eyes). Similarly, doubt comes to an end faced with the clinical reports about child abuse.

Child molestation is a crude failure in maintaining appropriate relations between adults and children. More subtle failures, such as exposing children to sexual relations between adults or failing to treat children as persons, are judged very serious. But are all these judgements based on sloppy reasoning? Do all the clinical reports supporting such judgements merely have anecdotal epistemic force? I think not. With respect to

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[1] Grünbaum, *The Foundations of Psychoanalysis*, 1984, pp. 255-257.

Grünbaum's example, we know in the relevant and practical sense that pedophilia is *almost always* severely damaging, and the minor exceptions can be explained without giving up this view.[1]

The grounds for this judgement are empirical, theoretical, and clinical. Empirically, there is significant indication that the population of children exposed to sexual relations with adults run the risk of multiple personality disorder (MPD), and/or drug addiction, and/or prostitution.[2,3] The clinical picture of female children known to have been exposed to sexual relations with adults as children is bleak since these females

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[1] An exotic and minor exception might be experiences in captivity, such as concentration camps, where the only relationship with an adult is a sexual one. Children in such situations are desperate for anything even remotely close to emotional support. The relationship is still psychologically damaging; however, if it prevents the child's death then it has clear biological justification. In desperate circumstances children will resort to whatever resources are available, even if these resources are toxic and would normally be avoided. Just as we use toxic drugs to treat some forms of cancer, reasoning that the side-effects are preferable to death; so too, the terrible consequences of age-inappropriate sexual relations may be preferable to death.

[2] As reported by Doan & Bryson: "Putnam et al (1986) in his report on 100 MPD patients seen by a variety of mental health professionals, presents findings remarkably consistent with those of previous, more circumscribed studies. We can regard them as representative. In Putnam et al.'s sample, childhood trauma was a part of the histories of 97% of the cases [of multiple personality disorder]... Sexual abuse was the most common form of trauma, occurring in 83% of the cases. Of these, over 80% were incest. Repeated physical abuse was also reported in 75% of the cases, and of these, over 90% were *both* physically and sexually abused." In: Brian D. Doan & Susan E. Bryson, "Predisposing, Precipitating and Maintaining Factors in Multiple Personality Disorder: A Critical Review." Paper presented at a symposium entitled: "Psychological Concepts and Dissociative Disorders: Reverberating Implications," Dalhousie University, Halifax, August 25-26, 1987, p. 20.

[3] Miller's question is, "What is the significance of the fact that eighty percent of all female drug addicts and seventy percent of all prostitutes were sexually abused as children?" Alice Miller, *Thou Shalt not be Aware: Society's Betrayal of the Child*, Translated from the German *Du sollst nicht merken*, (1981), by Hildegarde and Hunter Hannum. New York and Scarborough: A Meridian Book, New American Library, 1986, p. 309. There are numerous consistent results of this kind, even if we deflate the percentages to allow for suggestion, etc.

sometimes behave like sexual addicts, including in their relations to their therapists, making it extremely difficult to treat them.[1] It is safe to presume that some similar mechanism is operative among male children similarly exposed, who sometime become compulsively active homosexuals in later life. Consistent clinical reports indicate that such patients often have difficulty in their self-esteem and judge themselves either to be of value only as sexual objects or are unable to form relations at all.

On theoretical grounds, these findings are consistent with what we would expect. For example, if adults are unable to constrain their impulses around children, the children become unable to constrain their own, by means of both identification and internalization. Disassociative states like MPD would be consistent with the psychoanalytic prediction that excessively painful or undesirable emotions can be warded off by disavowal (i.e., a form of denial) in general, and in extreme cases such disavowal could result in MPD. Again, on theoretical grounds, we would expect that some children exposed to sexual relations would not become ill, for example where this kind of contact was the only contact available to meet their emotional needs. We would also expect that some children would have stronger constitutions and emotional resources, due to genetic or other factors, which would enable them to suffer less damage than others.

This means that we *know* that there is a causal pathogenic relation between 'non-violent' child molestation (if we include the subjective significance this may have for the child) and the development and future mental health of that child. Therefore, the methodology Grünbaum to which adheres is wrong insofar as it does not give an accu-

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[1] This was reported to me at a clinical seminar on treating victims of child abuse, Allen Memorial Institute, McGill University, January, 1988. We could now call this erotomania, a point missed by Freud according to Racker. All forms of mania defend against depression in some sense.

rate account of actual scientific practice in this field. It would also require groping for an alternate hypotheses to suggest that viewing age inappropriate sexual relations as psychologically damaging is culturally relative. Furthermore, it is inappropriate to attempt to argue as though we are conducting mathematical arguments, where a single instance to the contrary is often cause for epistemic concern. Rather, a consistency appropriate to the topic should be sought instead.

The enthusiasm philosophers (I include myself) have for 'the argue-at-any-opening approach' that Grünbaum adopts, is diminished by an awareness of what is at stake. There are serious scientific and moral concerns. They can only be separated by the imposition of an artificial border. We are dealing with arguments which could shape how children are cared for, and this has consequences for the ability of children to become functioning parents themselves.[1,2] Moreover, the empirical evidence also suggests that child abuse is intergenerational.[3]

Equally important is avoiding naiveté when assessing research. Just as psychoanalytic practice can be epistemically contaminated on Grünbaum's account, so too, can

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[1] Klein says the ability to have convictions is a function of envy and its modifications. Children cannot become morally responsible if the pattern of child care enabling them to develop is absent.

[2] Cf. "Again, it has grown up with us all from our infancy; this is why it is difficult to rub off this passion, ingrained as it is in our life. ... our whole inquiry must be about these; for to feel delight and pain rightly or wrongly has no small effect on our actions." Aristotle, *Nicomachean Ethics*, 1105a, line 1 ff.

"If, then, the virtues are neither passions nor faculties, all that remains is that they should be *states of character.*" Aristotle, *Nicomachean Ethics*, 1106a, line 10 ff. [Emphasis appears in the original translation.]

[3] The point would apply equally to allowing a child to witness a parental suicide. The follow-up studies indicate that *all* such children become ill. See: Kerry Kelly Novick, "Access to Infancy: Different Ways of Remembering," *International Journal of Psycho-Analysis*, vol. 71, 1990, pp. 335-349.

other psychological research. It is not unduly skeptical to presume that some psychiatric research contra the damaging effects of pedophilia is tainted. Research on pathology is especially prone to influence by the researchers' psychopathology. It is reasonable to suspect that at least some people suffering from an inclination towards this tragic perversion would be sufficiently motivated to pursue a medical education and do tainted research to provide a rationale for their perversion. Failing to consider motives in such cases would be inconsistent with Grünbaum's cautions about epistemic contamination.

Grünbaum uses a similar strategy when he examines what could be called the received view among psychoanalysts, which is: that the clinical practice constitutes a research method capable of replicating the basic propositions central to psychoanalysis. To be consistent with his policy of attempting to eliminate all alternative explanations, he argues that clinical data allow for several alternate interpretations, at least at first glance. If this is true, then only extra-clinical confirmation of clinical reports will suffice to support the central propositions found within psychoanalysis. Grünbaum's criticism, often based on the canons of eliminative inductivism, purports that clinical data might well be based on subtle suggestion by the analyst, and is dependent on the analysand's acceptance of interpretations [i.e., the Tally Argument]. This is why he argues that the clinical situation does not, and cannot, yield knowledge. I will return to this later; for the moment it will suffice for the reader to note that this is a central part of Grünbaum's claim.[1]

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[1] These objections are not new. See for example, Sutherland's remark: "How does he [the analyst] obtain valid knowledge of such subjective processes? The status of such knowledge has changed greatly in recent years with new philosophical standpoints. As Waelder put it, "whatever the source of our knowledge of psychic processes in another person may be,...there is no doubt such knowledge exists and is constantly at the bottom of human relationships." Clini-

Grünbaum concentrated on only a few of Freud's arguments. Since psychoanalysis is not co-extensive with Freud's work, it is not a terminal defect if the definitive evidential foundations for psychoanalysis are not to be found therein. Nor can we accept Grünbaum's claim that the second-order elaborations of psychoanalysis are so 'Tower of Babel' like as to defy analysis. Contemporary psychoanalysis is more complex than the versions presented by Freud. This is something we now take into account. It is difficult to imagine how Grünbaum could have assessed, in 1984, the arguments found in contemporary psychoanalysis without the work he originally proposed, i.e., examining the detailed clinical theory and the various explanatory metapsychological models that can be proposed. In the 1993[1] book he does move to more specific topics, such as transference, which is consistent with the approach I take in the subsequent chapters. There is little doubt that the usefulness of commenting (as others have done)[2,3,4] on Grünbaum's careful but occasionally misguided arguments has not yet been exhausted. I will not continue the direct discussion of Grünbaum since my work is on some of the topics which Grünbaum also addresses and not on Grünbaum per se For example, I have not analyzed his critique of Ricoeur and hermeneutics which occupies the first

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cal studies are still questioned about their legitimacy for science," but we have to ask whether there is any alternative." D. Sutherland, "Psychoanalysis as a Form of Psychotherapy," In: *Divergent Views in Psychiatry*, eds. M. Dongier & E. Wittkower, New York: Harper & Row, 1981, p. 108.

[1] Adolf Grünbaum, *Validation in the Clinical Theory of Psychoanalysis: A Study in the Philosophy of Psychoanalysis*. Madison, CT: International Universities Press, 1993. This book came out too late to be completely taken into account herein, but it is clear that I am offering an alternative treatment of some of the same topics, e.g., transference; see the section below and Grünbaum's p. 109 ff. Much of this book is an updating of articles published prior to 1984, but it also includes some reworking of his rebuttals to criticisms published between 1984 and 1993.

[2] Wallerstein, 1986.

[3] Spruiell, 1987.

[4] Hobson, 1985.

third of Grünbaum's book, preferring instead to offer a different rebuttal of hermeneutics in general. Grünbaum's work has generated a large literature but the topic 'Grünbaum' and the topic 'psychoanalysis' are not to be equated. In the growing secondary literature on Grünbaum we see the opinion forming that Grünbaum's work is *both* constructive and unhelpful.[1,2,3] It is unhelpful insofar as it misses psychoanalysis proper. It is constructive insofar as *Foundations* has contributed to rethinking matters in a way which can and has contributed to an increase in the rigor of psychoanalytic theorizing. The book has been of help to experimental psychologists in constructing more experimental tests of specific hypotheses generated by psychoanalysis, as I mentioned earlier. I will occasionally return to Grünbaum's other arguments later.

§ 4 The Incompatibility of Hermeneutics and Psychoanalysis: There are many different hermeneutical studies of psychoanalysis. While there are subtle differences between the hermeneuticians, I must put these aside in order to preserve the relevant part of their relation to psychoanalysis. Since this type of thought is almost impenetrable by the uninitiated, a succinct readable clarification of the nature of hermeneutics written by a non-hermeneutician for a psychoanalytic audience is long over-due.[4] The

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[1] Edwin R. Wallace IV., "Pitfalls of a One-Sided Vision of Science: Adolf Grünbaum's *Foundations of Psychoanalysis*," *Journal of the American Psychoanalytic Association*, issue #2, 1989, pp. 25.

[2] Richard W. Miller, "A Clinical Science," *Canadian Journal of Philosophy*. vol. 18, no. 4, 1988, pp. 659-680.

[3] Brook, J. Andrew "Explanation of a Lifetime: The Intentional Stance in Psychoanalysis." Revised an published Sept., 1988. 25 pp. [Manuscript forwarded tome without bibliographic reference.]

[4] One recent example is Adam Phillips, *On Kissing, Tickling, and Being Bored: Psychoanalytic Essays on the Unexamined Life*, Cambridge: Harvard University Press, 1993. Phillips is the 'Principle Child Psychotherapist at Charing Cross Hospital in London.' Phillips argues that the search for knowledge should be given up and that the drive for such a search has its psychologi-

first clue to reading the hermeneuticians is that rhetoric stands to hermeneutics as argument stands to analytic philosophy.[1] There are legitimate uses of rhetoric. For example, allowing the strength of convictions and good character to show when dealing with controversial issues is appropriate. A very different use of rhetoric is using it as a substitute for scientific demonstration and argument. Hermeneuticians are often more skilled at employing rhetoric than most psychoanalysts or analytic philosophers are, by virtue of practice. Bearing this in mind, an assessment of their work becomes possible although it is still difficult. We are in a better position to interpret, for example, Ricoeur or Phillips and also to see their reliance on Heidegger, than they were to interpret Freud or psychoanalysis.

§ 4.1 A Brief Historical Note on Heidegger's Influence: This will require a little historical investigation as a bridge to reformulating the indirect language of hermeneutics into more accessible claims. Heidegger had some interest in seeing his philosophical views applied in psychology. His later life confidant wrote:

> He confided that he had hoped through me—a physician and a psychothera-

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cal origins in fantasies of omniscience. Furthermore, he claims that the misconception of psychoanalysis as a source of knowledge, which he calls "psychoanalysis as epistemology" is given away by analysts such as Klein by virtue of their inappropriate interest in the epistemophilic instinct. (Cf. p. 67) This has led to psychoanalysts believing in psychoanalysis, which he claims is a problem. (p. 121) This in turn gets in the way of living an unexamined life, which he thinks is better. In contrast to Phillips views, I would say that we have *knowledge* of omniscience. Moreover, we also have some knowledge of how *devastating* unexamined omniscience can be for the course of a life.

[1] Thus, Kant is assessed in terms of what they call 'the rhetoric of bluntness' but not in terms of his arguments.

In segments of the literature this tendency is pronounced. It is helpful to review Aristotle's work, *On Sophistical Refutations*. It instructs us how to *produce* sophistical arguments.

> pist—his thinking would escape the confines of the philosopher's study and become of benefit to wider circles, in particular to a large number of suffering human beings.[1]

They have been applied and used in psychoanalysis.[2] Intuitively, Heidegger's views on authenticity and inauthenticity have some overlap with suffering and non-suffering human beings. Suffering is understood as resulting from an inauthentic, partly meaning dishonest, relation to the person's mode of living. Here, I am using 'mode of living' to capture an aspect of Heidegger's concept of "Being-in-the-World" and "dishonest" to capture an aspect of his concept "authenticity." Space precludes going into more detail on his demanding terminology.

Heidegger also had considerable impact on hermeneutics, which in turn has influenced psychoanalysis.[3] My interest in Heidegger is restricted to this one aspect. The direct and indirect personal impact Heidegger had on psychoanalysis and psychotherapy increased from 1958 on. As Menard Bossputs it:

> For years he [Heidegger] conducted during each visit four evening seminars,

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[1] Menard Boss, "Martin Heidegger's Zollikon Seminars," In: Heidegger and Psychology, trans. Brian Kenny, ed. Keith Hoeller, *A Special Issue of the Review of Existential Psychology & Psychiatry*, Seattle: 1988, p. 7. Heidegger spent his vacations at Boss home. They first made contact by mail in 1946. Records of the Zollikon seminars are in the Heidegger Archives, in Marbach; but are sealed until after both their deaths.

[2] See: William Richardson, "The Place of the Unconscious in Heidegger," In: Heidegger and Psychology, trans. Brian Kenny, ed. Keith Hoeller, *A Special Issue of the Review of Existential Psychology & Psychiatry*, Seattle: 1988, pp. 176-198. Richardson is professor of philosophy at Boston College and a psychoanalyst working at the Austen Riggs Center, Stockbridge, MA. He also has run a post-doctoral program in psychoanalysis at Boston College.

[3] The hermeneuticians occasionally try to rewrite history to disguise this fact. Dilthey and Schleiermacher were appropriated by the Heideggerian hermeneuticians, but few of the hermeneuticians follow either of them. Cf. "Dilthey's conception of the hermeneutic method is important to us, not because it is still practiced..." Robert S. Steele, "Psychoanalysis and Hermeneutics," *International Review of Psycho-Analysis*, vol. 6, 1979, p. 389.

> each of three hours duration, for a chosen group of fifty to seventy medical students and assistants of the Psychiatric University Clinic in Zürich.[1]

Heidegger's position on psychoanalysis is outlined in Boss's article which describes how Heidegger taught them how to do Heideggerian therapy with patients.[2] Menard Boss founded a Heideggerian school of medical psychology in Zürich in 1971.[3] Boss writes: "...I had heard of Heidegger's aversion to all modern scientific psychology. To me, too, he made no secret of his opposition to it."[4] Boss then "induced" Heidegger to read some Freud and Heidegger's reaction was:

> [1] This reading made him literally feel ill.
> [2] Heidegger never ceased shaking his head.
> [3] He simply did not want to have to accept that such a highly intelligent and gifted man as Freud could produce such artificial, inhuman, indeed absurd and purely fictitious constructions about Homo Sapiens.[5]

What Heidegger then did was to teach the Zürich group of psychotherapists for seventeen years [1958 to 1975, Heidegger died in '76] how to use Heideggerian philosophy for psychological purposes. Psychoanalysis, a scientific approach to persons, and Freud were all judged to be less useful for this purpose by Heidegger.[6] The Zürich students report that they are very grateful and now apply their understanding of Heidegger in their clinical practice.

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[1] Boss, 1988, p. 9. Boss was first a physician and psychotherapist, then was Heidegger's pupil, afterwards they became friends and co-workers.

[2] Boss, 1988, pp. 7-20.

[3] This is called the "Daseinsanalytic Institute for Psychotherapy and Psychosomatic Medicine." In my view this means that a large part of the Swiss system of medicine and psychotherapy has been deprived of advances which could lessen human suffering.

[4] Boss, 1988, p. 9.

[5] Boss, 1988, p. 9. [The order is slightly changed to add clarity.]

[6] Boss, 1988, p. 10.

Contemporary psychoanalysis cannot share this view. It is understood as a compulsive attempt to avoid the technical knowledge which contemporary psychoanalysis has supplied humanity. Replacing the clinical practice with a self-conscious attempt to indoctrinate clinicians and patients alike into Heideggerian philosophy is a puzzling stance. When patients arrive at the psychoanalyst's office, they are looking for psychoanalysis. If they desired an understanding of Heidegger, they would instead go to the university.

The psychoanalyst Richardson puts it, "Heidegger's question is not about man but about Being (Sein)."[1] If Heidegger's views captured a picture of mental functioning superior to that of all the clinical theorists then Richardson's stance would fit more transparently with other gains in clinical practice. Heidegger said he was only concerned with one question, the global metaphysics of Being and the resultant sub-question of the relation of Dasein to Being.[2] In psychological terms, this means that people are being taught to dwell or accept their relation to the universe as a whole; i.e., as individual persons (beings) to the larger universe considered over time (Being).

The focus on the internal emotional life of psychotherapists, psychoanalysts, and patients alike is put aside because of this deeply-held picture. Even the unconscious is understood in terms of Dasein's forgetful attitude towards Being.[3] They do not lament

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[1] Richardson, 1988, p. 178.

[2] Richardson was at Heidegger's death bed, and he told Richardson this. His personal student Gadamer, writes something similar. "Being able to see true Being in itself, the idea, the paradigm, as opposed to that which only participates in it, the adulterated and turbid—is what characterizes the philosopher." Hans-Georg Gadamer's *Dialogue and Dialectic: Eight Hermeneutical Studies on Plato*, Trans. P. Smith. New Haven: Yale University Press, 1980, p. 91. [I have heard Gadamer lecture and say that 'Being' is the only problem.]

[3] Richardson, 1988, p. 179. And also, "Dasein as a self that is not a (conscious) subject is very Heideggerian." p. 187. Richardson recommends striving for "onto-consciousness" although

this loss since they hold that the self is an illusory function of representations and descriptions.[1,2] From here it is easy to take the next step in saying that maturation, growth, and the development of purpose are not that important. Such views are based on a misconception of self and its 'true' characteristics. Instead there is the 'lack' of relationship to Being, when Dasein forgets.[3]

One of the future tasks for psychoanalysts and philosophers of psychoanalysis is to examine the use of Heidegger in psychoanalysis.[4] However, some people who used his

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grants that this term is not found in Heidegger's texts.

[1] For example, Phillips says: "A modern Freudian [meaning a Lacanian] on the other hand, can easily see the self as merely a function of representations—where else is it except in its descriptions?—in a world of comparably oblique [meaning incomprehensible] objects." Phillips, 1993, p. 57.

[2] "Dasein passes beyond all beings (including itself) to the Being of beings." Richardson, 1988, p. 192.

[3] Another example is where Phillips says "Here fantasies of growth or purpose conceal the impossibility, the unexorcizable lack, at the heart of being." Phillips, 1993, p. 57-58.

[4] For example, in Lacan, who writes about his own work: "...don't be content, I beg of you, to write this off as another case of Heideggerianism, even prefixed by a neo-" Jacques Lacan, *Ecrits: a Selection*, Translated from the French by Alan Sheridan, New York: W.W. Norton. 1977, p. 175.

About the issue of using rhetoric and seduction, Lacan writes "What is called the argument *ad hominem* itself is regarded by him who practises it only as a seduction destined to obtain from the other in his authenticity the acceptance of what he says, which constitutes a pact, whether admitted or not, between the two subjects, a pact that is situated in each case beyond the reasons of the argument." p. 140.

He included rhetoric in his ideal curriculum for psychoanalysts. (p. 76.) His anti-modern view is seen in his use of the word "Concentrationnaire," which suggests that modern life is like a concentration camp. p. 7 All of these are Heideggerian trends, including his view that early psychoanalysis was contaminated by "scientism." p. 76 Many other examples can be given.

J. B. Boulanger was in France during the early Lacan period, and I have benefited from his knowledge of this epoch. While Lacan was also influenced by Brentano, Hegel, and others; Heidegger also played a strong role. This is the clue for understanding some of Lacan's views.

work in other contexts have later written on psychoanalytic problems in ways that do *not* show this influence.[1] In other cases his work contributed to technically unacceptable modifications of clinical work resulting in these practitioners being asked to resign from the association of psychoanalysts.[2] These were the Lacanians who shortened their session length drastically, to the point where it lasted five or ten minutes per day. Given that wide variation in technique is tolerated internationally, the expulsion of the Lacanians on the basis of a review of their clinical practice was a significant event in the history of psychoanalysis.[3] Lastly, I will mention Heidegger's philosophical-political view.

His was essentially an authoritarian outlook.[4,5,6,7] Some philosophers and psy-

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[1] See also Symington's article on "The Possibility of Human Freedom and its Transmission (with Particular Reference to the Thought of Bion)," *International Journal of Psycho-Analysis*, vol. 71, pt. 1, 1990, pp. 95-106.

[2] For example, Neville Symington's book *The Analytic Experience: Lectures from the Tavistock*, London: Free Association Books, 1986. However, he writes "Here I am following a position taken by the philosopher Martin Heidegger, the psychologist Maurice Merleau-Ponty, ... They all wanted to repair the damage done to Western thinking which Descartes codified ... Descartes cut man off from his surrounding environment so that man only had certain knowledge of his inner world." p. 31.

[3] Lacan's defence for this radical shortening was to say "Gentlemen, I am not a taxi driver." The reviewing committee of psychoanalysts did not accept this argument. [personal communication, Boulanger]

[4] This has now been documented by Heidegger specialists. For a summary see, for example: Jean-Pierre Salgas, "Philosophie: l'affaire Heidegger," *E.U.* 1989, pp. 457-458. His attraction to National Socialism was consistent with his basic views.

[5] Thomas Sheehan, "A Normal Nazi," *The New York Review of Books*, January 14, 1993, pp. 30-35.

[6] Heidegger himself wrote in 1953 [translated into English in 1959], that "The works that are being peddled about nowadays as the philosophy of National Socialism but have nothing whatever to do with the inner truth and greatness of this movement (namely the encounter between global technology and modern man)—have all been written by men fishing in the troubled wa-

choanalysts who built their position on Heidegger's work, are currently reexamining his and their own views from this perspective.[1] As Rockmore said, this is a difficult task for those who consider Heidegger to be among the handful of "greats" in the history of philosophy.[2,3] His anti-modern stance resulted in a critique of science, technology and psychoanalysis. For purposes of the philosophy of psychoanalysis, we now take note of Heidegger's views and aspirations to influence psychotherapy.

§ 4.2 Ricoeur's Reading: A Step Away from Psychoanalysis: I have chosen the example of Ricoeur because of his prestige, continuing influence, and his prodigious scholarship. The others have a related hermeneutical orientation. He absorbed some

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ters of "values" and "totalities." In: Martin Heidegger's *An Introduction to Metaphysics*, Trans. Ralph Manheim, New York: Anchor Books Edition, [By arrangement with Yale University Press, © 1959], 1961, p. 166.

[7] There is little relationship between Husserl's and Heidegger's work or views. Husserl told Cairns in [27/6] 1931 that "Heidegger [is] the greatest danger for Husserl's philosophy... [and is based on a] Rassen-mythos." In: Dorion Cairns, *Conversations with Husserl and Fink*, Martinus Nijhoff: The Hague, 1976, p. 106.

[1] Derrida is one example. Derrida attributed Heidegger's Nazism to a "surfeit of metaphysical humanism." Sheehan, 1993, p. 30. That Derrida's own philosophy is a radicalization of Heidegger's views on deconstruction is not in dispute.

[2] Tom Rockmore, public address, Montreal, 1992. Rockmore resigned his post as chair of the Duquesne department of philosophy, to write on this issue. Duquesne University is a center for phenomenological psychology.

[3] Cf. Gadamer's indirect remark: "Against his will, then, he [Heidegger] became a kind of philosopher of existence. Later when the chaotic irrationalism of National Socialist worldview began to confuse the situation, Jaspers similarly had to give the concept of reason priority over that of existence, and indeed, would have better revoked the word "existence" altogether." Jaspers was an existential psychiatrist who came to sympathize with the Nazis. In Hans-Georg Gadamer's *Philosophical Hermeneutics*, Translated and Edited by D. E. Linge, Berkeley: University of California Press, [1976] 1977, p. 141.

Heidegger, after spending some time studying Husserl.[1] Ricoeur's work is original and does not reduce to this relatively minor aspect. Still the Heideggerian element is there:

> Through these questions the Freudian hermeneutics can be related to another hermeneutics, a hermeneutics that deals with the mytho-poetic function and regards myths not as fables, i.e., stories that are false, unreal, illusory, but rather as the symbolic exploration of our relationship to beings and to Being.[2]

Ricoeur is engaged in a meditation on the finitude of man as was Heidegger,[3] but from a more religious perspective. Like some continental philosophers interested principally in religion he thought hermeneutics might be useful. Now that we are past the initial mutual mistrust and name calling by psychoanalytic and religious thinkers, some of Ricoeur's work is dated.[4,5,6] Most patients and psychoanalysts have religious lives

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[1] His last remark in the Husserl book is that passing over into ontology would consist in dropping Husserl's method and moving towards a "poetics" of the will. For Ricoeur, the proper way to do philosophy is to engage in Heideggerian poetry. [Also confirmed by personal communication with some of Ricoeur's followers.] Ricoeur, *Husserl: An Analysis of his Phenomenology*, Trans. E. Ballard, & L. Embree, Evanston: Northwestern University Press, 1967, p. 233.

[2] Paul Ricoeur, *Freud and Philosophy: An Essay on Interpretation*, Trans. by Denis Savage. New Haven and London: Yale University Press, 1970, p. 551.

[3] This view was also expressed by Husserl, see, Cairns, 1976. Fink, Husserl's research assistant was Heidegger's thesis supervisor.

[4] For a review, see: Edwin R. Wallace IV., "Psychoanalytic Perspectives on Religion," *International Review of Psycho-Analysis*, vol. 18, pt. 2, 1991, pp. 265-278.

[5] And his, "Further Reflections on the Relationship between Psychoanalysis and Religion," *Listening: The Journal for Religion and Culture*. 20, 1985, pp. 175-194.

[6] For an account of his work by an admirer, see: S.H. Clark, *Paul Ricoeur*, New York: Routledge, 1990. Clark writes the following: "Thus the task of philosophy in our time is the destruction of metaphysics regarded as synonymous with scorn for life, hatred of vitality, and resentment of the strong." p. 87. This give expression to the anti-philosophy views of the hermeneuticians. From this they conclude that deconstruction is warranted.

Clark writes that despite the "giganticism" of Ricoeur's work the "...comparative meagerness" of Ricoeur's conclusions point to "its profound and dignified humility standing as the culmination of Ricoeur's lifetime's work." p. 198. Yet, reducing Freud and psychoanalysis as a

or histories. If this fact must be taken into account, then conscious or unconscious religious conflicts do not render psychoanalytic practice impossible. There are already other limits on any psychoanalytic dyad, e.g., cultural, political, language, etc. It is a simple historical fact that some people develop psychological acumen within the framework of their religion. Their relationships with their spouses, children and parents are often shaped by their religion. This poses a problem for those psychoanalysts who are exclusively oriented in a scientific or secular way. In the oral history of psychoanalysis there are anecdotal accounts of patients changing countries to have an analysis with someone of their own religion. These are the first concerns when examining any of the hermeneuticians who have religion as their stated and principal focus. Ricoeur is a thinker whose religious concerns permeate his work on other topics, be it metaphor or Freud.

Ricoeur's influence is indisputable as demonstrated by the frequency of citations in the psychoanalytic literature.[1] A minority of those who try to use Ricoeur's analysis are trying to improve psychoanalysis.[2] Ricoeur was not interested in offering a contribu-

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footnote to hermeneutics does not seem to exemplify humility.

[1] One example is Roy Schafer's *A New Language for Psychoanalysis*, New Haven and London: Yale University Press, 1976, esp. p. 109, where he recommended the construction of "...the type of mixed economic-experiential conceptualization most recently attempted by Ricoeur (1970)." This would, in Schafer's view, help rid psychoanalysis of what he takes to be its inappropriate use of causal scientific language.

[2] An attempt to make a case for hermeneutics in psychoanalysis is: Robert S. Steele, "Psychoanalysis and Hermeneutics," *International Review of Psycho-Analysis*, vol. 6, 1979, pp. 389-411. The case cannot be made consistently, but we see Steele claiming that "There is no question about psychoanalysis being a form of hermeneutics. ...the cultural sciences are defined by the use of the hermeneutic method." p. 389

See also: Paul B. Jacobsen & Robert S. Steele, "From Present to Past: Freudian Archaeology," *International Review of Psycho-Analysis*, vol. 6, 1979, pp. 349-362.

tion to psychoanalysis or to psychoanalytic knowledge. Ricoeur admits *Freud and Philosophy* deals with Freud.[1] Ricoeur also follows Rieff's concerns that we may not look at psychoanalysis *exclusively* as an exploration of human psychology. He says:

> Psychoanalysis conflicts with every other global interpretation of the phenomena of man because it is an interpretation of culture.[2]

Freud and psychoanalysis were taken to be a threat to the survival of culture. Thus, the systematic propositional content of current psychoanalysis is not usually examined by the hermeneuticians. They hold on a priori grounds that culture and people cannot be examined scientifically or with a view to arrive at knowledge. To avoid "scientism", culture and people can only be approached from the standpoint of hermeneutics, insofar as they take hermeneutics to be the 'science' of interpretation; it is science which in some sense is not guilty of 'scientism'. These are sweeping claims, but come into perspective by looking at Rieff's book *Freud: The Mind of the Moralist*.

It is a systematic, skilled polemical attack on Freud and psychoanalysis. Rieff's opinion is that neither Freud nor the psychoanalysts, nor the philosophers of psychoanalysis understand Freud. Rieff gives some hints as to how to conduct our lives correctly,[3] and escape from the "hospital culture"[4] that Freud helped start. Freud threatened culture because he did not accept the moral need for: 1) objective guilt[5] which

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[1] Ricoeur, 1970, p. xi. The translation of the French title is misleading, "De l'interprétation. Essay sur Freud," could have read "On Interpretation: An Essay on Freud," unless hermeneutical interpretation and philosophy are identical.

[2] Ricoeur, 1970, p. xii.

[3] Philip Rieff, "*Freud: The Mind of the Moralist*," Third Edition. With a new Epilogue by the author [1978], Chicago: The University of Chicago Press, 1979, p. 358. The 1978 Epilogue entitled "One Step Further" shows most clearly Rieff's views.

[4] Rieff, 1979, p. xiii.

[5] Rieff, 1979, p. 358.

cannot be understood psychologically; 2) the authority of the past, which he tried to replace with an illusion of some measure of psychological autonomy.[1] Over and above this "Freud was not a great healer,"[2] rather he was just someone who sought to improve on the facts; in the sense of distorting them. Moreover, Freud failed to see the importance of maintaining repression[3] in order to maintain an appropriate sense of morality. The key question for Rieff is authority, and the survival of humanity depends on our opposing the modern attempt to have ourselves as authorities about our psychological states. He puts it this way: "Freud was the modern mind incarnate, split to the last on the parent question of authority."[4] Rieff held that Freud could not really understand or make a contribution to either neurosis or psychosis, since these too are properly understood in religious terms.

> To be completely ill at ease in the sacred order ...is to become psychotic.[5]
> Neurosis is a general term for achieving a stability of releasing resistances to sacred order.[6]

These parts of Rieff's claims do not bear up under examination. Surely we do not want to preclude helping people, or understanding people, on religious grounds. Ricoeur, on the other hand, states that he is interested in arriving at a religious perspective that is less distorted by private obsession and other problems. In his view, psychoanal-

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[1] "Psychological men are possessed by the most transgressive and original of all fantasies: that they can command themselves, which is tantamount to being uncommanded." Rieff, 1979, p. 393-4.

[2] Rieff, 1979, p. 394.

[3] Rieff, 1979, p. 394.

[4] Rieff, 1979, p. 34.

[5] Rieff, 1979, p. 388. This is Rieff's position and not one he is criticizing. It is difficult to get these straight since he often writes in an indirect manner.

[6] Rieff, 1979, p. 395.

ysis provides a useful advantage to culture if it can be used to refine the religiosity of the believer. Let us contrast his views with those of Bion.

Bion was a psychoanalyst not indifferent to religion. He places psychoanalysis in the context of humanity's struggle to achieve a civilized state. Religion is another part of this struggle. Bion has great respect for facts. That religious views are expressed by patients in psychoanalysis is a clinical fact. There are also 'proto-religious' views that occur as clinical facts. One of these is treating psychoanalysis as a religion. Others refer to primitive psychological states. He said about omnipotence and 'proto-religious' views that "In my experience everyone, without exception, believes in God. [in the sense that] I have not met a man or woman who does not sooner or later turn out to believe that they are themselves 'God.'"[1] If this is true, then acumen in comprehending omnipotence is required to sort out psychological aspects of what people might mean when they talk in religious terms; since sometimes the aspect that is most relevant is *not* the religious. He supplies a criticism of poor psychoanalytic interpretations about religious matters and a rough solution. This takes the form of a dialogue in a novel he wrote.

> **Priest:** But that is precisely what you [psychoanalysts] seem to say. 'Look, this God you worship is only some wildly distorted childhood view of your Dad. Therefore—God can't exist.'
>
> **Psychoanalyst:** Perhaps we do. But any analyst who talked like that would be *mis* -representing psychoanalysis...A more correct formulation would be, 'Your description of the god you worship may, at best, be a good model of your Dad—especially allowing for the fact that you were probably not much more than a baby when you first got that idea—but, however good or bad that model might be if you were trying to convey an idea of your father, it is quite unsuitable for providing me with an idea or a god which I can worship without insulting my intelligence.' This interpretation does not say anything about

[1] Wilfred R. Bion, *A Memoir of the Future.* [*The Past Presented* (1977)] Karnac Books: London, 1991, p. 71.

> God, assuming He exists, but would represent psychoanalysis in such a way that the analysand could believe in it without having to outrage his intelligence. This is very different from saying something ridiculous like, 'You believe that this magnificent ballplayer is god, therefore God does not exist.' That is not even logic, let alone psychoanalysis.[1]

In this quotation we see that Bion is trying to deflate unnecessary conflict between psychoanalysis and religion. Such conflict may result either from having a less than adequate understanding of their respective domains or from having a poor understanding of how to represent psychoanalysis when faced with what appears to be a religious issue within the clinical setting. Such conflicts are clearly relevant in this section where we are discussing Ricoeur since a sizable portion of Ricoeur's work on psychoanalysis is an attempt to preserve some legitimate sense of religion when faced with psychoanalysis. If many of these concerns are apparent rather than real it is better to adopt the Bionian strategy of deflating the conflicts. Bion says that he tries to supply the resources for people to make up their own minds about religion, without exposing his personal beliefs when he is functioning as a psychoanalyst. Bion also held that it is important to represent psychoanalysis without saying anything offensively unsophisticated about religion.[2] We could draw an analogy to another of Bion's views. He says that a working psychoanalyst should have a minimal sense of science for example, sufficient to talk to a mathematician without the mathematician walking out of the room. Here too, it is important for clinical purposes, not to say anything offensively unsophisticated about mathematics to the mathematician.

In Bion's model the psychoanalyst is not actively interested in subverting people's views on religion, politics, science, or on any matter. This does conflict with some

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[1] Bion, [*The Past Presented* (1977)], 1991, p. 319.

[2] Bion, [*The Past Presented* (1977)], 1991, p. 312.

hermeneuticians' apparent interest in undermining people's interest in the possibility of gaining any psychoanalytic knowledge. This applies to Rieff, Rorty, and to Ricoeur.

I use the word 'undermine' advisedly. Undermining is a part of the hermeneutical method, although it is not usually claimed to be a part of correct textual interpretation. This can be seen by looking at Rorty, who is also a different type of hermeneutician. Rorty identifies himself as a descendant of Heidegger[1] and states that his purpose is to "...undermine the reader's confidence in "the mind" as something about which one should have a "philosophical view..."[2] Rorty argues, following Gadamer, that the goal of education is edification [Bildung] only and that the search for knowledge should be "abandoned."[3] Such views have found their way into psychoanalytic thought. For example, Steele writes "Objectivity, treating what is observed as an object, is the cornerstone of natural science, but it is the gravestone of hermeneutics and psychoanalysis."[4]

If we follow Ricoeur, our ability to read Freud accurately is undermined. One valuable clue to understanding hermeneuticians is realizing that they lack confidence in scientific demonstration. Thus, they feel justified in trying to undermine our confidence in our ability to achieve knowledge of this sort. Ricoeur does this by trying to teach people how to read Freud in a way that will preclude taking him seriously, other than as a cultural artifact. This undermining has affected some of Ricoeur's readers, including those working within psychoanalysis proper. No doubt, it has also affected some read-

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[1] Richard Rorty, *Philosophy and the Mirror of Nature*, Princeton, N.J.: Princeton University Press, Princeton Paperbacks, 1980, p. 6.

[2] Rorty, 1980, p. 7.

[3] Rorty, 1980, p. 6. It is sometimes also called 'formation' but this is just a little hermeneutical trick to get people to identify education with edification, since formation is used to refer to education in French.

[4] Steele, 1979, p. 408.

ers working in philosophy, and has led them away from taking psychoanalysis seriously. We are primarily concerned with the impact Ricoeur's recommendations about the proper way to read Freud have had on psychoanalysis. Thus, the task facing us is to argue against the general direction of Ricoeur's reading of psychoanalysis. This does pose some minor difficulties since we want to argue against his reading without in any way undermining the reader's own abilities. These difficulties are not insurmountable so long as we treat what Ricoeur had to say as arguments or views about which we are free to *disagree*.

Ricoeur claims that psychoanalysis occurs in speech. This has a grain of plausibility but is misleading. While it is indisputable that many fields deal with language and do so with legitimacy, it is inappropriate to distort psychoanalysis by trying to transform it into one of these other fields. Language is such a prevalent feature of human beings that no one field can claim exclusive jurisdiction over it or the exclusive right to study it. It would be folly to deny poetry, prose, theater, translation, linguistics, and many other areas their right to study language in their own way. To say that psychoanalysis occurs in speech confuses the issue about the principle domain of study. If this were strictly true then the domain of psychoanalytic theories would be language pure and simple, as is more clearly the case with, say, linguistics. The domain of psychoanalysis is the emotions, and the structure of conscious and unconscious cognition: in fact, the whole person. We could argue that a good poet is also concerned with the whole person, but there are major differences.

Language is involved in psychoanalysis but is not central in the way it is central to linguistics and poetry. It is unhelpful to add the Lacanian twist and say that the unconscious is structured like a language, for this is simply a confusing way of saying that we can understand specific propositions about unconscious processes, e.g., internal objects,

splitting, *definitively* identifying the types of anxiety, containing the anxiety of the patient, etc. As soon as specific examples are given, the casual speech-account of psychoanalysis breaks down. For example, when borderline patients produce hate in the analysis, this is real hate and not speech or writing about hate. Speech is incidentally used in psychoanalysis as are non-verbal communications. It is misleading to overemphasize this aspect to further some other epistemic agenda. To argue that there are no definitive differences between psychoanalysis and poetry, for example, is another way of saying that there is no such thing as psychoanalysis conceived as a body of knowledge, a method of treatment, and a mode of research. For those interested in the pursuit of knowledge about psychoanalysis and the systematic advancement of the field, Ricoeur's work would seem to offer very little real help.[1]

From Ricoeur's standpoint, it is difficult to get an accurate and insightful reading of Freud. The way to read Freud now is to work systematically on some specific problem, say countertransference, and then look back. This sets out in sharper relief both the enormity of Freud's accomplishments and how much is still unknown and remains to be explored. Trying instead to form a theory about how all books or texts should be read is simply not a substitute for the slow and difficult work of puzzling out even one of the problems Freud raised. Psychoanalysis works more like the physical sciences. Just as a theory of texts is of little help for physics, it is of little help for making progress in psychoanalysis as well. However, because of the unusual character of psychoanaly-

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[1] I *do* acknowledge that there have been some well-meaning and hard-headed attempts to show real benefit for psychoanalytic thought by thinkers who are by no means either casual or unaware of the clinical situation. However, I *disagree* with their general conclusion that such attempts have been as success. One example is Donald P. Spence's "Tough and Tender-minded Hermeneutics," In: *Hermeneutics and Psychological Theory: Interpretative Perspectives on Personality, Psychotherapy and Psychopathology*. Second Edition. eds. Stanley B. Messer, Louis A. Sass & Robert L. Wollfolk. New Brunswick: Rutgers University Press, 1990, pp. 62-83.

sis, the implausibility that a theory of texts would be helpful, does not immediately stand out in a clear way. It is true that psychoanalysts offer interpretations in clinical settings. Such interpretations are clearly *disanalogous* to the interpretations hermeneuticians offer of texts. For example, an interpretation of a text would not be timed to avoid damaging the text, as would a psychoanalytic interpretation.

Let us examine more carefully one of Ricoeur's specific guiding hermeneutical intuitions about Freud. This is the implicit claim that Freud was a liar. This hinges on his idea that Freud's real view of truth is that truth is identical to lying. This is augmented by the claim that Freud was systematically pursuing "suspicion." There is no proof for this view other than the fanciful fabrication of a school of suspicion among whom Ricoeur includes Nietzsche and Marx, all of whom apparently held this theory of "truth as lying."[1] This piece of hermeneutical chicanery has gained a certain amount of credence simply by virtue of repetition. Granted, a persistent attitude towards truth is important, and knowledge of formal accounts of truth do not compensate for a lack of personal interest in truth.[2] What does the expression actually mean? It means that anyone, includ-

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[1] Ricoeur, 1970, p. 33.

[2] Serious thinkers have a common attitude about the importance of getting to something true. Philosophers have addressed this theme throughout the ages. Bion phrases the relation between this concern and psychoanalysis this way:

"The person who has a concern for truth or for life is impelled to a positive, not merely passive, relationship to both.

The concern for truth must be distinguished from a capacity for establishing contact with reality. A man may have little capacity for that through lack of intelligence, training or even physical endowment—he might be defective in one or more of his senses, to take an obvious example. Yet this same man can have an active yearning for, and respect for, truth. Conversely, a highly gifted and well-equipped person may have little concern for truth about realities with which his endowment permits an easy contact." Bion, *Cogitations*, , 1992, [In an undated section entitled "Metatheory"], p. 248.

ing Freud, who called into question the prevailing views about man and society implicitly held a theory which the hermeneuticians call "truth as lying." On their view, the truth was already known or at least expressed in the classical texts. What is required is to learn how to better read those texts, and this is equivalent to mastering hermeneutical methods. Freud did ask questions. He was not a liar. Freud did make outright mistakes and held views which his descendents have disproved. This is a different issue. He could not have been a liar and still have managed to get anywhere with psychoanalysis.[1] Let us shift this debate to the arena of clinical psychoanalysis.

A chronic liar uses lying as his primary defence, and cannot stop lying entirely. He may derive perverse excitement from lying.[2] In some cases he tells lies because he enjoys provoking people, including analysts, into chastising him morally for lying.[3] Bion and Klein thought that liars were not analyzable, whereas O'Shaughnessy claims it is at least possible, by applying some of Bion's ideas on the containing function and focusing the specific anxiety which is bound by lying: that expressing the truth will overwhelm both the liar and the recipient of the lying communication.[4] Neither Freud the person, Freud's work, nor Freud's picture of scientific truth, fall into the category of lying. They certainly do not fall under the stronger categories of either chronic or willful lying as is implied by some of the hermeneuticians. Nor do they fall under chronic paranoia which would be another clinical way of trying to make sense of the hermeneutician's claims about the school of suspicion. Freud too had his psychological defenses,

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[1] Edna O'Shaughnessy, "Can a Liar be Psychoanalysed?" *International Journal of Psycho-Analysis*, vol. 71, pt. 2, 1990, pp. 187-195.

[2] O'Shaughnessy, 1990, p. 194.

[3] O'Shaughnessy, 1990, p. 189.

[4] O'Shaughnessy, 1990, p. 194 & p. 187.

but the truth or falsity of psychoanalytic claims do not depend on them.

If we were, for sake of argument, to grant Ricoeur a special skill that he could bring to bear in analyzing Freud's texts, we would expect the result to be helpful in making decisions about the truth or falsity of Freud's claims. Instead we find that Ricoeur's reading yields eccentric results. For example, rather than squarely addressing the issue whether psychic energy is a defensible core concept in psychoanalysis, he transforms Freud's labor on this problem into a hermeneutical sub-discipline which Ricoeur calls "energetics."[1] There is no such sub-discipline within psychoanalysis. Ricoeur's move bypasses the required decision concerning the consistency of the energy hypothesis with core psychoanalytic theory. It is precisely this kind of bypassing that lead Grünbaum to the intuition that the claims of the hermeneuticians, including Ricoeur specifically, should be themselves critically evaluated by non-hermeneuticians like Grünbaum. I think Grünbaum was right in this view, but he did not take it as far as he might have. We can take such criticisms further and, make criticisms of a different type, by using the resources supplied to us by some contemporary psychoanalytic knowledge itself. Before I go further into this, I should like to point out that there is a slight similarity between Grünbaum's and Ricoeur's overall conclusions about psychoanalysis.

We can see the similarity by examining the requirements Ricoeur sets for an adequate philosophical approach to psychoanalysis. His programmatic recommendation is that the relation between theory, investigatory procedure and method of treatment needs to be specified.[2] This is similar to the task Grünbaum proposes since Grünbaum

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[1] Ricoeur, 1970, Book II, How to Read Freud, p. 59 ff.; and, Book II, Part I, Energetics and Hermeneutics, p. 65 ff.

[2] P. Ricoeur, "The Question of Proof in Freud's Writings," in *Hermeneutics and the Human*

calls for the investigation of both the "highly detailed clinical theory" and the "metapsychological superstructure." These would respectively be the method of treatment and the higher-order theory in this context. Like Grünbaum, Ricoeur did not carry this out.

Grünbaum supplies an additional objection to Ricoeur's interpretation of psychoanalysis on the grounds that it draws an un-merited dichotomy between physical sciences and the study of man. Grünbaum argues that this is based on an impoverished conception of the actual workings of the physical sciences and the resources available to science in general. He argues that historical considerations are often relevant and taken into account by physical science, such as the case when the history of the generation of a specific particle is studied. The hermeneutician would say that history is a distinguishing mark between physical and human sciences and that any sense of history used in the physical sciences is simply different from human history.

Grünbaum argues that the hermeneutic approach skirts the issues of the veracity of psychoanalytic claims. He is correct since we could be satisfied with the advantage psychoanalysis affords in interpreting a phenomena without asking if psychoanalysis makes any true claims.[1] Truth in this sense is not at issue if we grant the hermeneuti-

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Sciences: Essays on Language, Action and Interpretation, Edited, translated and introduced by John B. Thompson, Cambridge: Cambridge University Press; Paris: Editions de la Maison des Sciences de l'Homme, 1981, p. 273.

[1] The hermeneuticians implicitly hold a general theory of truth which is used in the appraisal of many fields aside from psychoanalysis. There is, however, no reason to accept the hermeneutical theory of truth. It claims that if we eliminate the distorting influence of several centuries of philosophy and science, then the exact true nature of the world will be directly perceivable. This is what they mean by truth as 'disclosedness.' As Charles Hanly recently pointed out, Ricoeur would allow multiple conflicting interpretations so long as they were coherent. See: C. Hanly, "The Concept of Truth in Psychoanalysis," Unpublished paper, presented to the Toronto Psychoanalytic Society, October 12, 1988, pp. 1-45 [Revised version published in *Interna-*

cian his premise that we only have texts to study. There is systematic propositional content in psychoanalysis. Ricoeur's global picture of psychoanalysis, or better Freud's texts, can be simplified: Psychoanalysis is interesting and Freud's texts should be interpreted since they are some of the important texts written about human existence.[1] Questions of truth and science are by-passed. The kinds of pointed concerns that occupy the philosopher of psychoanalysis, such as the impact of conscious and unconscious conflicts on the psychoanalytic process, are rephrased so that they resemble narratives. Some psychoanalysts reading him disagree with this criticism and use his work. We see Novick saying:

> Ricoeur captured the clinical and philosophical dilemma with his statement that 'the patient is both the actor and the critic of a history that he is at first unable to recount.'[2]

The patient is not an actor. He is not a critic. He is not writing an autobiography.

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tional Journal of Psycho-Analysis, vol. 71, pt. 3, 1990, pp. 375-383.].

Hanly also points out that the criteria for psychoanalytic interpretation on Ricoeur's grounds would amount to coherence with Freud's system, which would be found in his texts. Hanly says "Such a dictum makes nonsense of the very clinical and extra-clinical testing of his ideas of which Freud was himself an advocate." (p. 11 or p. 387 for published version.)

[1] Cf. P. Ricoeur, 1970., p. 545. Ricoeur's lengthy study of Freud is taken as one of the principal works on the philosophy of psychoanalysis; evidenced by how often he is cited in the psychoanalytic literature. We can situate Ricoeur's work within a tradition of what we might call 'proto-philosophy of psychoanalysis' which began with Roland Dialbiez, who wrote a two volume exposition as a doctoral dissertation which was later published as *La Méthod Psychoanalytique et la Doctrine Freudienne*, (Paris: Desclée de Brouwer, 1936.)

At that time, French philosophers asked: 'is psychoanalysis compatible with Thomism?' Dialbiez influenced Ricoeur. Another descendant of Dialbiez is Roland Jaccard. More recently, Daniel Widlöcher published a book called *Métapsychologie du Sens*, Paris: Presses Universitaires de France, 1986. This last work draws from analytic philosophy and from English psychoanalytic sources.

[2] Kerry Kelly Novick, "Access to Infancy: Different Ways of Remembering," *International Journal of Psycho-Analysis*, vol. 71, 1990, p. 343.

The analyst cannot travel back in time and witness the events of the patient's life. The patient cannot tell of these accurately. However, the analyst can use psychoanalytic knowledge to attend to the patient's relationship with the analyst himself. He can attend to the patient's immediate emotional state in each session. There will be emotional conflicts between the analyst and the patient and the analyst can attend to them. The analyst can bring awareness of unconscious conflicts to the patient as a result of this general stance.

In the psychoanalytic clinical process they are addressed where they interfere or become the principle topic. Clinical psychoanalysis is not a debate between two people. To avoid this the analyst keeps his views to himself. This is called the analytic incognito. The analyst keeps most details of his own views and personality outside of his analysands' awareness, lest these become a source of clinical contamination. It would be ill-advised clinically for the working analyst to discuss his personal religious views with his patients. This is true for both agreement and disagreement. The clinical justification is clear. If the analyst exposes his personal views, it may incline the patient not to bring material to the analysis either because he agrees or disagrees with the analyst's views.[1] It would be equally ill-advised for the analyst to attempt to influence his analysands' religious or political views.

Let's examine more extreme symptoms. Paranoid fantasies or delusions are sometimes expressed in religious terms. Or again, sometimes patients were raised by parents who substituted what looks like religious ceremony for the appropriate attending to of

[1] Some analysts have reported that they had patients who thought they were on their side of a current political debate. When they had patients on both sides of the debate, each group thought the analyst agreed with them. [Personal communication from training analysts.]

the emotional and physical needs of their children. Some cults are an example.[1] Examples include crippling guilt resulting from harsh treatment seen in video-taped interviews of chronically ill patients whose understanding of their illness is that it is a punishment from God because of some terrible deed. Most observers see through this kind of miscomprehension, whereas more subtle versions elude understanding. The analyst must be emotionally poised to interpret this material.

The situation is not helped by confusing the tasks of psychoanalysis with the tasks of thinking about religion. Ricoeur's misplaced sense of competition between psychoanalysis and religion can be seen in one of his closing remarks: "The faith of the believer cannot emerge intact from this confrontation, but neither can the Freudian conception of reality."[2] This misplaced competition led to the attempt to subsume psychoanalysis under his own global hermeneutic system. Psychoanalysis might have something true to say but only if hermeneutics is the standard for this truth. If there is proof all such proof would be found in Freud's texts and could only be found by the application of hermeneutics.[3]

Ricoeur does concede that upon more careful examination psychoanalysis comes to be seen as more difficult and complex than initially expected. He might have found a greater but more resolvable complexity had he looked beyond Freud's texts. Ricoeur's

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[1] Freud touched on such cases as in his speculative analysis of the case of Judge Schreber. Schreber's father was an expert in child care at the time, who advocated using restraining devices to help form a child's character. The father used them on Schreber and his mother functioned as his father's accomplice. For an account of the Schreber case see: Louis Breger, *Freud's Unfinished Journey: Conventional and Critical Perspectives in Psychoanalytic Theory*, London: Routledge & Kegan Paul, 1981.

[2] Ricoeur, 1970, p. 551.

[3] Cf. P. Ricoeur, "The Question of Proof in Freud's Writings," 1981, pp. 247-273.

views on Freud and psychoanalysis can not be *isolated* from his explicit and avowed religious program.[1] There is simply not enough in hermeneutics to think that psychoanalysis could be significantly improved by trying to make itself consistent with it.

Just as there are problems in approaching psychoanalysis with an a priori model of what forms science in general must take, there are equally unnecessary problems created by approaching psychoanalysis with an a priori picture of what science may not accomplish.

§ 5 Moving Towards Psychoanalysis Proper: An appropriate analytic and systematic approach to the philosophy of psychoanalysis must be capable of addressing the rich diversity of problems posed by psychoanalysis. These problems can be addressed one at a time, in order to preserve some element of clarity. The frameworks provided by both Grünbaum and Ricoeur preclude a systematic and properly *analytic* approach to the philosophy of psychoanalysis. Instead, they each approach psychoanalysis from a single narrow interest. In the process they miss psychoanalysis proper.

In contrast to this, we could consider the actual details of psychoanalysis, distill the operative criteria used to adjudicate disputes and render these more explicit and accessible. Furthermore, the meaning of the terms used in the construction of psychoanalytic propositions and theories is not accessible outside of the elaborate context in which they are constructed. As Nersessian has put it "In order to do justice to science the idea that meanings are independent of the process through which they are constructed must be

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[1] For newer sources on the interface between religion and psychoanalysis, see for example: Paul C. Vitz, *Sigmund Freud's Christian Unconscious*, New York: The Guilford Press, 1988. And, the Jesuit, training analyst, and Harvard psychiatrist W.W. Meissner's book *Psychoanalysis and Religious Experience*, New Haven: Yale University Press, 1984.

abandoned."[1] If we take this seriously, then due note of the fact that concepts have a history must be taken. Following this, we can try to specify the basic structure of the concepts, and, show how they function, including how they structure meanings. If we look at something carefully, then it could be said that we are constructing a phenomenology of a field, in this case, of psychoanalysis. The analytic reader need not disagree, since many of the leading analytic philosophers (Putnam, for one) are explicitly advocating just this sort of phenomenology.[2] This is neutral, helpful, analytic phenomenology.[3,4,5] It is harmless because I am not trying to fit psychoanalysis into a

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[1] Nancy J. Nersessian, *Science and Philosophy: Faraday to Einstein: Constructing Meanings in Scientific Theories*, Boston: Martinus Nijhoff Publishers, 1984, p. 159.

[2] Putnam's position, illustrated in the following quotations, is consistent with the approach I am taking to examining specific scientific theories. "I have argued that the appeal to 'the scientific method' is empty. My own view, to be frank, is there is no such thing as *the* scientific method. Case studies of particular theories in physics, biology, etc., have convinced me that no one paradigm can fit all the various inquiries that go under the name 'science.'" H. Putnam, *The Many Faces of Realism*, LaSalle, Illinois: Open Court, 1987, p. 72. If I am doing a case study of various psychoanalytic theories, then I must attend to what is actually going on in these theories.

[3] Putnam is not alone is attempting to utilize some phenomenology on an ad hoc basis. Consider the following remarks made by van Fraassen: "But immersion in the theoretical world-picture does not preclude 'bracketing' its ontological implications.

After all, what is this world in which I live, breathe and have my being, and which my ancestors of two centuries ago could not enter? It is the intentional correlate of the intentional framework through which I perceive and conceive the world. But our conceptual framework changes, hence the intensional correlate of our conceptual framework changes—but the real world is the same world.

In my opinion the *phenomenology of science* [emphasis added] can be adequately discussed within the pragmatic analysis of language,..." Bas van Fraassen, *The Scientific Image*, Oxford: Clarendon Press, 1980, pp. 81-83.

[4] While it might well be that some of the terms in specific theories refer to real entities, this problem can handled advantageously by employing this analytic-phenomenology. Cf. "Let me introduce a notion which was proposed by Husserl, who also had this problem of wanting to factor out the real world component in meaning.... Borrowing a term from Dennett I'll call brack-

phenomenological system; rather to look at psychoanalysis as it is actually being practiced and as it is actually being developed theoretically. This is not the end of the task, nor does it guarantee greater accuracy. We can still miss much of importance if our anticipations incline us to overlook what is actually going on in psychoanalysis now.[1] Moreover, if psychoanalytic concepts have a present use reflecting a history, then they also have a future or a potential future which will reflect advances. Thus, a concept that has historically been used to formulate psychoanalytic claims can naturally evolve into another one, suitable following analysis and critique.

To accomplish such a task, it is important to avoid restricting our discussion to Freud since it is clear that Freud's work is not coextensive with psychoanalysis as it exists today. Similarly, restricting the discussion to the history of psychoanalysis would distract from the systematic conceptual task. It is also important to avoid the many arguments stemming from misplaced competition with psychoanalysis.

There are many examples of such misplaced competition, some of which I will go into later, but their structure is similar. It is this: if the psychoanalysts knew more about discipline X, then they would see that X covers the ground that psychoanalysis tried to

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eted beliefs *notional beliefs*. ... I think the appropriate concept for linguists (as opposed to psychologists) is what I call *full meaning*, which involves nomological connections with the environment...." Putnam, in Z. Pylyshyn & W. Demopoulos, eds., *Meaning and Cognitive Structure: Issues in the Computational Theory of Mind*, Norwood: Ablex Publishing Co., 1986, p. 109.

[5] As Searle said at McGill in a public lecture in the late 80's, we cannot always be looking over our shoulders at Husserl, and I agree. However, it is easier to understand some aspects of contemporary analytic philosophy of science armed with an understanding of at least some of Husserl.

[1] Bion, who traversed these paths earlier, wrote: "Even the phenomenological philosopher of scientific method intends to restrict his field, though it is doubtful whether he means to restrict it so severely as in fact it is—thanks to the lack of psycho-analytic discoveries that could have given greater freedom." Bion, 1992, p. 11.

cover, but in a much better way. Thus, with a little bit of information the psychoanalysts could give up psychoanalysis completely, and go on to something more useful, usually X. Many of the psychoanalysts would like to know more about other fields, especially as it might help them with their work. This might change some of their views, but it is unlikely that they would by virtue of this be cured of the error of taking psychoanalysis seriously.

Let us suppose that we could find detailed claims that psychoanalysts' ignorance could be corrected by knowing more about one of the following, for example: neurology, philosophy of science, philosophy of mind, Wittgenstein, Husserl, hermeneutics,[1] analytic philosophy, cognitive science,[2] medicine, or science proper. The reader can be spared a minute rebuttal of such arguments on the grounds that most depend on a fallacious premise of the form 'field x is in direct competition with psychoanalysis.' More importantly, the good psychoanalytic theorists are aware of the degree to which, not only they, but indeed everyone, remains ignorant about some relevant aspect of knowledge which may well have bearing on psychoanalysis. Indeed, it is impossible to pre-

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[1] Ricoeur would fall within this. There are a number of types of these arguments. One is found among followers of Merleau Ponty, who often argue that psychoanalysis increases the "power to signify" as does philosophy on his account; and, particularly Merleau Ponty's phenomenology. The therapeutic goals of psychoanalysis are not reducible to enabling the person to point to internal or external states of affairs, to increase their powers of expression, or any other plausible interpretation of "increasing the power to signify." However, the importance of developing the capacity to use symbolic speech is crucial to develop and maintain ego functions. Merleau Ponty's views would also implicitly allow for a wide variety of what he calls 'styles' of being a person; which taken to its logical extreme, could include neurotic 'styles.'

[2] Conversely, the cognitive psychologist Erdelyi argues that the integration of psychoanalysis and cognitive psychology cannot help but succeed now. See Matthew Hugh Erdelyi, *Psychoanalysis: Freud's Cognitive Psychology*, New York: W.H. Freeman and Co.,1985. Many of the individual facts (e.g., "psychological processes occur outside of awareness") are not in dispute on experimental grounds he argues, but the conjunction is, i.e., the higher-order facts. (p. 259.)

dict in advance where new psychoanalytic observations will come from. As an example, a dermatologist recently shed light on some specific aspect of psychoanalysis, especially as it bears on women's issues.[1] This happened partly because she was fully trained as a psychoanalyst, having earlier noticed the psychological use women put skin conditions to, including acquiring gratification for the early desire of skin to skin contact as occurs between mother and infant. This example suggests that psychoanalysis continues the pattern of training people from different areas,[2] without restricting this to those areas that have more *obvious* relevance to the discipline. If they can bring their reservations about specific aspects of psychoanalysis to bear in an informed manner, this might lead to positive development. This raises the issue of lay or non-medically trained people becoming clinical psychoanalysts. Everyone who trains as a psychoanalyst is a lay-analyst in some sense, until that person comes to know something about psychoanalysis. In this way, arguments stemming from the fallacy of misplaced competition can be tempered by retaining a suitable sense of the unique features of psychoanalysis.

Considered from another angle, there are also good arguments for holding that neuroscience, for example, cannot replace psychoanalysis, and that they are in fact not even in competition, although on the basis of certain theoretical stances we would expect them to be. The relation between the mind and subjective experience has been approached by philosophers, physicians, and psychoanalysts in related but different ways. We have not been able to offer a solution to the relation between psyche and soma satis-

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[1] Dinora Pines, *A Woman's Unconscious Use of Her Body: A Psychoanalytic Perspective*, London: Virago Press, 1993.

[2] For example, the physicist-psychoanalyst Waelder; or the ethologist-psychoanalyst Bowlby; or, the historian-psychoanalyst, Gay; etc.

factory to all parties. Partly this is simply because the problem is complicated. It is because of the complexity that most feel obliged to come down in favor of either physical research or psychological research, but not both.[1,2] At the moment we do have both psychoanalysis and neuroscience. There is no reason to make an exclusive choice between one or the other.[3] In fact, we need both to give even the beginning of an acceptable account of actual persons and the way they live and develop. There are those who seem to disagree in principle and argue that any final explanation will be a physical explanation and give only token attention to environmental factors. The assumption that

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[1] For a review of the issue see Marshall Edelson's, "The Convergence of Psychoanalysis and Neuroscience: Illusion and Reality," *Contemporary Psychoanalysis*, vol. 22, no. 4, 1986, pp. 479-519.

[2] Edwin R. Wallace IV. writes that "...psychotherapy is presently our best biological treatment for a character neurosis" and that the pharmacological approach has side-effects which "can result in far-reaching changes in processes apparently much more proximal." In his "Mind-Brain and the Future of Psychiatry," *The of Journal Medicine and Philosophy*, vol. 15, 1990, p. 64. He claims philosophical stances have direct clinical effects, some of which are contraindicated for psychiatry.

[3] Some philosophers state that psychoanalytic theories are committed to a stance of mind-brain dualism. Most psychoanalytic theorists argue for the continuity between earliest bodily states and mental states.

Clinically, Scott indicates that certain beliefs in dualism have adverse psychological effects. "Another book on the Future of the Illusion of Mind as something separate from the body is overdue. When a mind has lost the need for a soul it gains conscious access to and control of all that which at an early period of life has been split off and disowned for many reasons. Similarly when a patient in analysis loses his mind in the sense that he loses the illusion of needing a psychic apparatus which is separate from all that which he has called his body, his world, etc., etc., this loss is equivalent to the gain of all that conscious access to and control of the connections between the superficies and depths, the boundaries and solidity of his B.S. [body scheme]—its memories, its perceptions, its images, etc., etc., which he had given up at an earlier period in his life when the duality soma-psyche began." W.C.M. Scott, "Some Embryological Neurological, Psychiatric and Psycho-Analytic Implications of the Body Scheme," *The International Journal of Psycho-Analysis*, vol. XXIX, part 3, 1948, pp. 1-15.

Psychoanalysis is conceptually committed to an examination of whole persons, with an implicit conception of their whole lives.

there must always be either a genetic defect or a neurological defect when serious psychological illness occurs, does not give due accord to how adversely the environment can affect people in some instances.[1,2] When such an assumption prevails, it is understandable that less interest is paid to the effort to understand what individual people suffering form serious illness personally experience. Also, less effort is paid to the specific things they say and the specific way they feel at any one time. Rather, more is at-

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[1] Elegant but implausible solutions would make both clinical practice and understanding difficult. It is better to assume that parental care *should* be relevant to the development of a person and not simply viewed as a releaser for already present genetic predispositions. It does not follow from a sophisticated picture of the brain that experiences during development cannot shape the personality. Patricia Churchland writes: "Certain environmental conditions may trigger schizophrenic symptoms, whereas in an environment free of those factors a carrier of the gene may be largely free of the disease. For example, being raised by parents who are schizophrenic appears to be one relevant environmental condition." In: *Neurophilosophy: Towards a Unified Science of the Mind-Brain*, A Bradford Book, Cambridge: MIT Press, 1986, p. 85. She goes on to say: "The developments in understanding madness that have shifted from demonic possession theory popular from the sixteenth to eighteenth centuries, to the psychoanalytic theory advocated by Freud and widely practiced in the twentieth century, and now to biochemical theories, do not merely represent a change in clinical approach but penetrate to our everyday conception of ourselves." (p. 88.)

Freud's picture, in contrast to Churchland's rendition of it, was that biological factors predisposed individuals to certain levels of emotional development. This would be more consistent with Churchland's own view than she seems to notice. Now we would say that even where the biological factors are *optimal*, serious illness could still result in some instances.

[2] The neurologist Kandel, who Churchland often cites, *uses psychoanalytic ideas* in his work. He wrote recently: "Psychoanalytic thought has been particularly valuable for its recognition of the diversity and complexity of human mental experience, for discerning the importance both of genetic and learned [social] factors in determining the mental representation of the world and for its view of the behavior as being based on representations." Quoted in: Herbert Pardes, "Neuroscience and Psychiatry: Marriage or Coexistence?" *The American Journal of Psychiatry*, 143:10, October, 1986, p. 1208.

Kandel addresses psychoanalytic societies and argues that the kind of complex psychology required for neuroscience is to be found in a suitably constrained version of psychoanalysis. Neurophilosophers occasionally cite advocates of psychoanalysis in their work.

tention is paid to how they fit into one general type of illness, and at what stage they are at in terms of the likely course of the illness. The psychiatrists call the distinction between experience and stage a difference between 'content' and 'form.'[1,2] If we could be certain that the content or experience was irrelevant then this would make more sense, but the fact is that we cannot always be so certain.

Borderline disputes are seen in specific conditions which were thought to be either exclusively neurological or exclusively psychological, not by philosophers but by clinicians. A number of conditions have shifted back and forth between neurology and psychoanalysis as new information came out. For example, Scott saw seizure-like activity in treating manic depressive psychotics. These were severe emotional states, but the patients' condition improved with psychoanalytic treatment and the seizure-like activity did not persist. It was not possible during the psychoanalysis to determine by EEG tests

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[1] McGill's pioneering neuropsychiatrist Dr. Heinz Lehmann, who won the Lasker Award in 1957 for bringing antidepressants and antipsychotic drugs to North America, recently said: "If only we could teach parents how to bring up their children well, we would see a 30% decline in emotional problems. Spend an hour a day with your child, down on the floor, playing by his rules and doing what he wants to do." The Montreal Gazette, October 4, 1992, p. A-3. Just as the psychoanalysts hold that drugs have a role, some neuropsychiatrists see that the psychoanalytically derived observations about play have a role in preventing the need for such drugs.

[2] This has led some to dismissing psychoanalysis both as a source of knowledge and as a treatment for some limited number of the seriously ill. Ban's [a descendent of Lehmann] view is that the psychoanalytic paradigm is generally regressive since it does not pay sufficient attention to the form as opposed to the content of abnormal experience. Thomas A. Ban, "Prolegomenon to the Clinical Prerequisite: Psychopharmacology and the Classification Of Mental Disorders," *Prog. Neuro-Psychopharmacology & Biol. Psychiatry*, vol. 11, 1987, p. 535.

Following Kandel, he suggests that applying the same basic therapy to different diagnostic types is also regressive. (p. 535.) Kandel contends that biological markers have not been shown to be more than epiphenomenal. (p. 536.) The specifics of psychoanalytic practice vary with the type of presenting condition, so Ban is incorrect to argue that it is regressive on these grounds. The epiphenomenal view of biological markers is seen as correct by many psychoanalysts, so here we see a point of agreement.

if the seizure-like activity was cause by real seizures. Conversely, another neurologist tells of a true seizure which was experienced by the patient as "a feeling in her stomach which indicated that she was mad at her mother." This was a true seizure.[1] There are many of these examples in the literature. If we are sensitive to their import then it becomes impossible to maintain a harsh and unrealistic dichotomy between neuroscience and psychoanalytic accounts. One of the general presuppositions appears to be:

> ...the implausible belief that the neurophysiological system is so constructed that, well-designed and undamaged, it guarantees an organism cannot fail to solve the problems it faces—guarantees, in other words, successful adaptation.[2]

Once this presupposition is pointed out, Edelson argues, we should cease to assume that defects at the neurophysiological level must exist in either neurotic misery or normal human misery. True neurological conditions can result in secondary psychological problems as a side effect. The fact that the symptoms are physical does not mean that the origin is not psychological. Psychoanalysis has generated very plausible accounts of phenomena, such as conversion paralysis, which do not correspond to the patient's anatomy e.g., some lesion. Offering arguments for why psychoanalysis is impossible seem misplaced as do arguments against any de facto accomplishment. I will leave the mind/body concern in order to return to issues more specific to psychoanalysis.

A systematic analytic approach to psychoanalysis can be organized into a wide cluster of problems. These are divided into two clusters reflecting the concerns of contemporary psychoanalysis, i.e., clinical practice and metapsychology. This breaks down

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[1] This was a confidential communication, not published. See also Tustin.

[2] Marshall Edelson's, "The Convergence of Psychoanalysis and Neuroscience: Illusion and Reality," *Contemporary Psychoanalysis*, vol. 22, no. 4, 1986, p. 517.

as follows:

(1) a systematic examination of the problems of technique, or the discussion of the technical rules governing correct clinical practice *within* a theoretical stance. It is ideal and regulative in that it appears that no actual analyst could, or indeed ought, to apply an understanding of the technical procedures as though they formed an exact calculus.[1] It is often argued that an attempt to use the suggested technique rigidly would be antithetical to good practice. Actual practice requires flexibility stemming from understanding the underlying dynamics. No theory of technique is completely independent from the rest of psychoanalysis.

Philosophers have asked what the epistemological foundation of psychoanalytic knowledge would be. Without conceding that this is the single most important question that should be asked about psychoanalysis, we can still see that a consideration of clinical practice might well have bearing on this question. Psychoanalytic claims stem, in part, from the suitably rigorous application of technique. Technique functions as a methodology; however, an explanation for each of the technical procedures in more theoretical terms is required. Thus, even if we grant that the search for a foundation is required, such a foundation might not lie in biology or object relations theory. The technique is neither self-validating nor is it a self-sufficient guarantee of psychoanalytic

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[1] There are numerous objections to using the expressions 'rule' or 'technique' vis-a-vis psychoanalysis. For example, Alice Miller says: "Although I myself intentionally do not use the word "technique," an approach that sees love or "mother love" as something that one can measure out is just as alien to me." Alice Miller, *Thou Shalt not be Aware: Society's Betrayal of the Child*, 1986, p. 54.

The literature shows that analysts do a variety of things for a variety of reasons while conducting what they might call 'analysis.' These include actions stemming from 1) neurosis, 2) habits incurred while practicing psychotherapy, 3) and efforts to advance their psychoanalytic careers by pleasing their supervisors, 4) slavish adherence to theory, and even, but less likely, 5) an effort to maintain the epistemic force of the clinical situation.

knowledge. It must be examined in order to appraise the epistemic force of the clinical data.

(2) The second task is an examination of the relation that the complex technical procedures have to metapsychology. Metapsychology was the name given by Freud to the most theoretical aspects of psychoanalysis. The expression 'metapsychology' now has multiple uses. An acceptable definition is therefore difficult. Metapsychology is conceived as Freud's various conceptual models of mind, Id—Ego—Superego being the most well-known. For some analysts it is among the central and most important features of psychoanalysis. Others consider it dispensable. If it is dispensable, does it follow that no higher-order (i.e., extra-clinical) theory is required? If some theory is required and classically conceived metapsychology is objectionable then does it follow that the higher-order theory should be expressed in terms other than those found in the original points of view proposed by Freud? The essence of what has come to be called 'The Great Metapsychology Debate' lies in the question: What should metapsychology be today? If the higher-order theory is not to be metapsychology, what is it? Most psychoanalytic theorists and practitioners grant that there is a close relationship between theory and practice, but while there is fairly broad agreement on the practice, there is less agreement on the theory.

This is a skeletal outline of a conceptual framework. This framework leads to a more coherent and *productive* examination of the perceived issues. For example, the question of clinical efficacy can be transformed into a set of more detailed considerations of specific sets of clinical moves. The problem of clinical mistakes can also be considered, since we would not expect poorly conducted analyses to have the same efficacy as well conducted ones. Numerous other perceived issues can be transformed into questions that are answerable. By not insisting on the acceptability of classical metapsy-

chology we can avoid certain types of critiques and problems.[1] For example, it occasionally happens that critics identify psychoanalysis with one of the attempts at metapsychology, such as the structural point of view which conceptualizes in terms of the notions of id, ego and superego. If this particular effort at conceptualization proves wanting, we need not conclude that psychoanalysis is terminally defective. We can use this as a point of departure in the search for more focused critiques and, more importantly, solutions in the form of productive detailed proposals for theoretical reform.

§ 6 An Initial Consideration of the Detailed Clinical Methods: Examining clinical methods is required. It would be tempting to argue that this is obviously the case since psychoanalysis is an exclusively a clinical discipline. This is neither true nor is it the reason for taking interest in the clinical practice. Much of the initial data originate from the clinical situation, and from this it is concluded that the clinical practice constitutes a research method. Just as we have examined the methodological procedures of the sciences, it is reasonable to examine the clinical methods of psychoanalysis. Such studies are a precursor to examining questions such as: 'could the case study be an acceptable form of scientific argument'? There is a whole series of concerns which can be raised if we take into account some of these technical details. We need not assume that

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[1] Gedo puts it: "Although Gill (1976) may well be correct in arguing that by "metapsychology" Freud consistently meant biological and, more specifically, neurophysiological propositions, I do not think that we need to be constrained by such precedents at the present time. In my view, the term "metapsychology" is most conveniently employed to refer to any psychoanalytic theory that cannot be derived from clinical observations by a process of induction. Moreover, in my judgment, it is impossible to construct purely "clinical" theories without reliance on deductive propositions which reflect our presuppositions about the nature of the human organism." In: J.E. Gedo, *Beyond Interpretation: Towards a Revised Theory of Psychoanalysis*, New York: International Universities Press, 1979, p. 168.

all clinical data have the same epistemic force. In some instances the lack of epistemic force could be traced to technical error.

It is difficult to provide an argument justifying an approach to psychoanalysis which ignores these technical details. Completely ignoring them would appear to restrict us to a merely popular account of psychoanalysis. Even a psychoanalyst's account could suffer from this defect if he relied on worn clichés to characterize psychoanalysis.

The procedures of psychoanalysis are discussed in almost exhaustive detail in the literature. A clinician may or may not appreciate the importance of these technicalities as a result of even extensive clinical practice. Since the justification for these rules lies at the level of explanation there will always be some conflict between theorists and practitioners. Understanding the nature of explanation does not automatically come about as the result of practicing. By analogy, just as there is usually conflict between engineers and physicists and between architects and builders, there is also conflict between theorists of psychoanalysis and practitioners.

A philosopher can ask: how does the mind of the analyst work? This is not exclusively a psychological question. It entails a kind of thought experiment which can contribute to the task of trying to isolate the core features of psychoanalysis. The analyst's subjectivity is used and trained. Without this training there would be no psychoanalysis nor would there be any clinical data. Thus, we can examine the *conditions* that enable the gathering of psychoanalytic clinical data. These conditions contribute to the quality and importance of clinical reports.

Some philosophers of science are satisfied with pointing out that psychoanalysts do not use the methods of empirical science, as it is commonly conceived. This viewpoint often depends on some normative picture of the features all sciences must have in common. This cannot suffice as a critique of psychoanalysis. We go about the pursuit

of knowledge using a variety of strategies. Philosophers, logicians, mathematicians, and each sub-specialty within a science use methods appropriate to their fields of study. The use of these field-specific methods is essential for the progress of knowledge. Psychoanalysis also uses field-specific methods. Without this there would be no psychoanalysis. It does not make sense to single out psychoanalysis and insist that it alone be deprived of its field-specific methods.

To assess the epistemic force of psychoanalytic claims insofar as they stem from the clinical situation, we consider how dependable the evidence is. Advances in psychoanalysis are characterized by modifications in the technical procedures. For example, Kleinians believe that persecutory anxiety originating from the earliest phases of life should emerge in an analysis. When this has been resolved the analyst has an additional criterion for termination of analysis, because this indicates that some of the most primitive anxieties have surfaced.[1] This advance is also used for purposes of giving an individual interpretation; we see Bion recommending that the analyst waits to pass through both persecution and depression before giving the interpretation.[2]

It is difficult to assess the significance of a contribution without considering its technical implications for clinical work. This criteria is implicitly used within psycho-

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[1] Cf. M. Klein, "On the Criteria for the Termination of a Psycho-Analysis," [1950], in *The Writings of Melanie Klein, vol. III, Envy and Gratitude and Other Works*, pp. 43-47. The emergence of such primitive anxiety does not mean that patients pass through a phase of psychosis, either during childhood or during analysis. This view is often mistakenly attributed to Klein. Primitive anxiety experienced in its normal developmental sequence would not result in psychosis for the infant. Such anxiety outside the controlled analytic situation would be experienced chronically only by very ill people. However, Klein does say that *transitory* persecutory states may be experienced by anyone during acute stress.

[2] Bion, 1992, p. 291. On the same page we see Bion saying that he certainly was capable of feeling persecution, even though he had been analyzed by Klein. It would be naïve to think that a single emergence of persecution was a sufficient criterion for adequate analysis.

analysis. Refinements in technique seem to constitute falsifications or progressive revisions of earlier positions.[1]

Such changes are a normal part of the progressive absorption of new psychoanalytic knowledge. The changes in the way neuroses is treated and the more refined way types of neurosis are viewed provides a good example the progressive revision found in psychoanalysis. A better understanding of neurosis has led to changes in the way neurosis is treated. When little distinction was made between neurosis in general and character neurosis then both might be treated in the same way. Now we see that character neurosis results in specific character resistances which can pose special difficulties for the psychoanalyst. An instance of a character resistance would be the split between affect and cognition, resulting in the inability of the analyst to have any of his interpretations taken seriously even though they could be understood intellectually. This is typical with obsessional character structures. The analysis of character disorders required some modification of procedure and also some awareness of the resistances which are specific to these disorders. Technique could be varied slightly, consistent with generally accepted psychoanalytic knowledge, as knowledge of specific character organizations increased. This led to increased thoroughness in psychoanalysis knowledge, as psychoanalysts moved from symptom remission to character modification.[2] Character analysis has now been incorporated into the modern picture of psychoanalysis.[3,4,5,6]

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[1] Cf. J.E. Gedo, *Beyond Interpretation: Towards a Revised Theory of Psychoanalysis*, New York: International Universities Press, 1979. Critics disagree on which revisions should be adopted. Gedo claims reparation is less important for psychoanalysis than does Rey. We will extrapolate from Rey's work in the section below on reparation and faulty reparation.

[2] Temporary symptom remission happens early in some analyses. The analytic frame alone may result in this. At this point structural changes can be possible which have more lasting effects.

[3] See Wilhelm Reich, *Character-Analysis*, Third enlarged edition, Translated by Theodore P.

Every attempt to provide some theoretical formulation of psychoanalysis results in some technical implications which translate into normative recommendations regarding practice. There is a definite pattern to such perceived advancements captured in the following picture, where the arrow [—>] is read as 'leads to':

> Innovation in the general theory of mind —> revision in the theory of therapy —> a new technical procedure —> more accurate clinical data —> more sound epistemological framework for the generation of clinical generalizations.[1]

The exact pattern of such advances is not fixed and the relationship between each element is complicated. For example, slightly better technique may precede the modifi-

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Wolfe, New York: Orgone Institute Press, 1949. Selected parts of this book contain accounts of technical modifications that helped us understand character. Training analysts sometimes lend a copy to their students when they have an obsessional patient. [Personal communication.]

[4] There is an article on Reich by Paul Edwards in *The Encyclopedia of Philosophy*, Paul Edwards ed., New York and London: Collier MacMillan, 1967, vol. 7, pp. 104-115, under the title "Reich, Wilhelm." The section entitled "Therapeutic Innovations" outlines Reich's observation that excessive politeness in the obsessional defends against hatred. Reich later argued that character analysis could replace interpretations of content in most cases.

[5] Edwards mentions that several biographies of Reich were in process, or at least promised, none of which he could see for his article. One of these now available, which includes a readable account of his odd but disciplined experimental physical work, is David Boadella's *Wilhelm Reich: The Evolution of his Work*, London: Vision, 1973. Reich's books were burned in 1956, the only public book-burning in modern American history. He died, in prison, in 1957. He incurred the wrath of the Communists, the Fascists, the conservatives, and the liberal democrats alike; quite a feat. Reich broke with psychoanalysis, thinking [like many others] that a physical approach could replace it. He was not simply as a quack who proposed orgone energy and the orgone box therapy.

[6] For example, when analyzing cases of manic-depressive psychosis, if their health begins to improve then their presenting condition may change to that of an obsessional neurotic. Here, the clinical focus would then move towards character analysis and away from earlier and more primitive issues. This has been communicated to me by analysts familiar with such cases.

[1] This is derived from John E. Gedo's *Beyond Interpretation: Towards a Revised Theory of Psychoanalysis*, New York: International Universities Press, 1979, specifically pp. 8-9.

cation in the model of mind. Historically, this was the case. Freud noticed that a patient throws her arms around him after various attempts at pre-psychoanalytic psychotherapy; he then changes his technique to avoid physical contact with her.[1] Yet at this stage he had not formed a clear notion of transference. Forming the notion of transference required a change in the general theory of dynamic mental functioning. It then can lead to less epistemic contamination by allowing the practitioner the possibility of off-setting transference reactions. This type of account leads to a flexible model of psychoanalytic advancement. It is seldom possible to appraise advances in psychoanalysis without considering their technical implications.

This approach conflicts with that implied by Farrell in his 1981 book, *The Standing of Psychoanalysis*. He implies that you cannot find out how analysts work or what a contemporary case history looks like, and that the psychoanalytic community functions in a shroud of arcane secrecy.[2] A cursory review of the literature indicates that the procedures are public information and documented extensively.[3] This public availability has increased over the years. Farrell had recourse to constructing a caricature of the psy-

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[1] S. Freud, *S.E.*, vol. II, p. 202.

[2] For a transcript of full interviews, see Scott's "Two Recorded Interviews." *The Psychiatric Journal of the University of Ottawa*, vol. 2, no. 1, May 1977, pp. 302-312. Scott has said that many find these difficult to read.

[3] One differential comparison of techniques for handling transference is Gill's study written with a colleague. This study was not available when Farrell was writing, but there were others. In it Gill, as an ego-psychologist, claims that some analysts might have avoided interpreting transference as a reaction to their judgement that Kleinians excessively interpret transference. This would be a very poor criterion for not interpreting, on Gill's view. See: Merton Gill & Irwin Hoffman, *Analysis of Transference, Volume I: Theory and Technique*, Psychological Issues, Monograph 53. New York: International Universities Press, 1982. And: *Analysis of Transference, Volume II: Studies of Nine Audio-Recorded Psychoanalytic Sessions*, Psychological Issues, Monograph 53, New York: International Universities Press, 1982.

choanalytic process in a thought experiment.[1] While thought experiments have their place, they are not a suitable comprehensive substitute for a knowledge of the clinical literature. Without a knowledge of the clinical literature we could argue, as Farrell does, that there is no rational criterion for deciding a good and bad interpretation. As with the philosophy of mathematics or physics, an acquaintance with their debates is essential. One can examine actual methods and debates about methods. J.O. Wisdom,and Money-Kyrle wrote many significant articles. Money-Kyrle supplied some clarification of projective identification and its clinical use.[2] In his early work Wisdom seems to attempt to reduce clinical psychoanalysis to a technology.[3] This risks treating psychoanalysis as just one pragmatic method among many. Then psychoanalytic practice would not have provided knowledge of specific types of mental organization, or the split between affect and rational insight found in obsessional neurosis. Other practices would have given us equally plausible accounts.

The discussion of the technical procedures enables us to adopt a more sophisticated approach to some of the problems. One of these problems is the concern with the clinical efficacy of psychoanalysis as therapy. Our approach will consider relevant details of psychoanalytic practice. Awareness of the procedures can help generate more

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[1] Farrell, B.A. *The Standing of Psychoanalysis*, Oxford: Oxford University Press, 1981, pp. 104-122.

[2] Money-Kyrle found that in his clinical practice projective identification could make it impossible to sort out his conflicts from those of his patients; but, by noting this the confusion could be disentangled for use in later sessions. See: Elizabeth Bott Spillius, "Clinical Experiences of Projective Identification," In: *Clinical Lectures on Klein and Bion*, R. Anderson, ed., Foreword by H. Segal, General ed. E. Spillius, The New Library of Psychoanalysis, vol. 14, London: Tavistock/Routledge, 1992, p. 62.

[3] See J.O. Wisdom, "Psycho-analytic Technology," *The British Journal for the Philosophy of Science*, Vol. 7, 1956, pp. 13-28.

specific questions; such as, "What kind of practice aids or hinders therapeutic success?" Or, "What type of technical procedures are indicated given a certain presenting condition?" We transform the question of therapeutic efficacy into questions about clinical practice. The discussion of the technical procedures is the descendant or heir of the question "Does it work?" A common view is that psychoanalysis, is the most valuable method of psychotherapy, and indeed is even the standard against which the efficacy of other therapies should be judged.[1] There are circumstantial indications that psychoanalysis is efficacious. In fact, like most circumstantial evidence, they do not establish this by themselves. For example, psychoanalysis, is the most difficult, demanding, and time-consuming therapy for both the patient and the therapist.

All of this is irrelevant if the patient is not taken into analysis. This is a consideration. Not everyone is suitable. If a psychosis is judged to be imminent, then psychoanalysis may make a perspective patient more ill. These considerations are among the most important parts of clinical practice.

§ 6.1 Analyzability as a Requisite Technical Consideration: The criteria for analyzability are a complex issue. Some diagnostic screening of prospective analytic patients is required especially if there are signs that a serious condition may be present.[2]

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[1] An indication of this is that when psychiatrists seek psychotherapy for themselves, they most often choose psychoanalysis. It is common knowledge that mental health professionals comprise a very high percentage of psychoanalytic patients although I have yet to find a clear statistical breakdown of patient population. If the population is so comprised, and if they have relatively more informed judgement than the general population, then this provides a circumstantial indication that psychoanalysis should be taken seriously as therapy. This can be called the argument from informed observation.

[2] Bion, a psychiatrist himself, who successfully analyzed adult psychotic patients held that psychiatric screening was unrefined for purposes of determining analyzability.

There have been empirical studies, surveyed by the psychologists Fisher and Greenberg, of the objectivity of such selection processes. They indicate both subjective biases and the advantage of experience.

> Specifically, Lower et al. (1960) concluded that student analysts tended to judge patient suitability for analysis on less objective criteria than a committee of experienced analysts. Knapp et al. (1960) and Feldman (1968) found groups of experienced analysts superior to their students in selecting patients most likely to benefit from treatment.[1]

Experience is a factor in taking on more seriously ill patients. Borderline patients exhibit signs of psychopathology which lie on the border, between neurosis and psychosis.[2] There is no strict border. It might be better to call it an isolated region of the personality which does not usually become conspicuously manifest. We can give examples of non-conspicuous signs of this type of personality organization: self-mutilation, often subtle, is common; as are many acting-out behaviors, substance abuse, and the provocation of hatred in those around people with borderline personality disorders. Professionals, family, and acquaintances experience this hate for no apparent reason.[3] Some analysts currently believe that these can be successfully treated by psychoanalysis.

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[1] Fisher & Greenberg, 1977, p. 313.

[2] The first person to use this term was the physicist-psychoanalyst Waelder around 1924. See: Henri Rey, "Review of: Current and Historical Perspectives on the Borderline Patient. Ed. by Ruben Fine, New Jersey: Jason Aronson, 1986." *International Journal of Psycho-Analysis*, vol. 72, pt. 1, 1991, p. 178.

Without a concept of reparation, borderline patients are thought by Rey to be misunderstood and treated inappropriately by psychoanalysts. See my section below on reparation and faulty reparation. While Kernberg has treated them, sometimes failing and reporting those failures, he has a debt to Klein that has not yet been acknowledged.

[3] Glen O. Gabbard, "Technical Approaches to Transference Hate in the Analysis of Borderline Patients," *International Journal of Psycho-Analysis*, vol. 72, 1991, p. 627.

A minority of these hold that psychoanalysis is the *most* suitable treatment.[1] There are risks in attempting to treat borderlines.

They can be expected to decompensate into psychosis, or psychotic-like reactions, as regression is encouraged by the psychoanalytic process. In practice those who look favorably upon the psychoanalytic treatment of borderlines have come to expect at least some serious outbreaks of pathology during their analysis. Some borderlines have been analyzed successfully.[2] Whether society has the will, the technical knowledge, and the economic ability to make this course of action broadly available is still questionable. However, there has been substantial progress, amid heated debate, in the understanding of specific aspects of how to successfully treat borderlines.hallucination;.[3,4,5] Some believe that the population presenting borderline (and narcissistic) character organizations

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[1] [Communicated to me by analysts who have treated borderline patients.]

[2] They are related to the schizoid or schizotypal personality disorders; however, there are differences which cannot be ignored. Although the psychiatric aspect is outside the scope of my work herein, a review of the history and empirical research is found in: Kenneth R. Silk, "DSM-IV Needs to Clarify Criteria for Borderline and Schizotypal Personality Disorders," *The Psychiatric Times: Medicine & Behavior*. January, 1991, pp. 13-14. Schizoid personalities tend to have more transitory psychotic symptoms, without chronic hallucinations and/or delusions, and tend not to as easily regain stability using mild doses of neuroleptics, as do borderlines. This distinction is still relatively crude from a psychoanalytic point of view. Still, it should be maintained and further sub-classes must be differentiated.

[3] Gabbard, 1991, p. 625-637.

[4] Otto Kernberg, "Transference Regression and Psychoanalytic Technique with Infantile Personalities," *International Journal of Psycho-Analysis*, vol. 72, pt. 2, 1991, pp. 189-200. Kernberg identifies infantile personalities as a specific type of borderline personality, which is analyzable given certain conditions, e.g., handling the countertransference reactions appropriately.

[5] Rey argues that reparation is a key part of the theoretical understanding of the underlying dynamics of borderline personality disorders, which is plausible given the use of splitting. It would seem plausible to also apply this to the separate diagnostic category of schizotypal personality disorders, given their overlapping characteristics.

has been increasing since the 1970's.[1] If this is true, then the relative urgency of managing, treating, preventing, living with, and recognizing such disorders has also increased.

In assessing analyzability, the older view was that only "normal neurotics" who have sufficient ego-strength are analyzable. As one counter-example, Scott tried various cases falling outside of this range with some notable results.[2] He successfully analyzed at least one retarded person, a number of manic depressives, and a deaf mute through a translator's assistance. In the last case he used a sign translator, who eventually was unable to follow or take interest in the associations or interpretations; thus interference seemed minimal contrary to intuitive expectations.[3] He self-consciously attempted these cases as counter-examples to the prevailing views. In effect he was doing clinical research. The issue of research will now be addressed. Before entering into this related topic, I will conclude that analyzability depends on many factors.

§ 6.2 Clinical Practice: Conflicts between Research and Therapy: It is difficult to conceive of any serious clinical psychoanalyst without therapeutic goals. No matter how seriously we take the research line, it cannot be said to be exclusively research. It

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[1] Eugenio Gaddini, "Changes in Psychoanalytic Patients," 1992, pp. 186-203. It is known clinically that the presenting condition of patients requesting psychoanalysis changes over time. These changes coincide with major social and world events. For example, each of the two world wars resulted in more severely ill patients arriving at psychoanalysts' consulting rooms. The third change started to occur in the late 1960's when psychoanalysts began seeing more borderline and narcissistic personalities. Gaddini's thesis is that exceptional external social strains account for the new change, which is of "epidemic proportions." (p. 201.)

This hypothesis, generated by psychoanalytic clinical practice, could be tested empirically by psychiatric epidemiologists.

[2] These results recorded in both his published and unpublished papers.

[3] Personal communication, while discussing his collected papers.

would require a great deal of epistemological luck for there to be complete convergence between the research goals and the therapeutic goals. What may give either self-knowledge to the analysand or information to the analyst observer may not be consistent with therapeutic action.

The effects of interpretations in general fall into many classes. Some are inexact. Some supply self-knowledge. Some have therapeutic action. Others augment the patient's resistance. There is a common pattern outside of these effects. If the analyst offers any interpretation whatsoever, its general effect will be a change the course of the associations produced. It is difficult to imagine the patient acquiring any significant self-knowledge from the analysis in the absence of interpretations. It is imaginable that the analyst may acquire additional self knowledge without offering interpretations. It is equally imaginable that the analyst could learn more about the patient and psychoanalysis without offering any interpretations. Thus, to a certain extent the plausibility of the research conception of psychoanalysis depends on who it is that is supposed to be doing the research. There are two parties in the analytic dyad. Either the analyst or the patient may be doing research. Let us consider this further, making reference to other aspects of the dyadic clinical interaction.

Ella Sharpe's early writing on technique still has influence. In her view, efficacious technique results from an understanding of the dynamics of the interaction. She suggests that the urge to cure has its roots in earliest sadism. This takes the form of an interest in the immediate relief of symptoms.[1] She recommends that this desire be suspended. If it is not suspended the therapist could turn the analysis into psychotherapy. The role of the analyst is to listen patiently. Silently analyzing the material presented

[1] Ella F. Sharpe, *Collected Papers on Psycho-Analysis*, London and Toronto: Clark, Irwin & Co. Ltd.; The Hogarth Press, 1950. This line of development is continued by Bion.

where possible, is part of this listening. Waiting until all the material relevant to the presenting symptoms is forthcoming is another part of listening. This material may never be presented by the patient.[1] In such a case, no interpretations about the symptom can be offered. Interpretations can be offered about other material. Thus, trying to relieve the patient's symptoms and analyzing are quite different.

Prior to this stage of beginning analysis there is the initial interview to determine if the patient wants psychoanalysis and is suitable for psychoanalysis. Apart from the obvious determination of the presence of a latent or a manifest psychosis, which is generally an indicator that analysis is not suitable, there are other subtleties. The analyst may hear that the patient does not want analysis. Such a communication from the patient may reach the analyst by indirect means, as a side-effect of other statements. For example, a prospective patient may request that one symptom be removed. If this is the patient's wish then he is most likely not suitable acandidate for psychoanalytic treatment. This would hold true regardless of the presenting psychological condition, from the simplest to the more difficult to treat. If the patient also expresses the wish that the removal of the one symptom be accomplished while leaving his personality and life intact, it is all the more clear that psychoanalysis is not being requested. It is impossible for psychoanalysis to not have some more broad impact on the personality. It is also true that at the initial interview such a request may simply be the expression of resistance, and in such a case the resistance can gently be explored. However, if the opposition to modifying any other part of the personality is deeply felt then implicitly it is a request for something other than analysis. The pattern of defensively asking for analysis is typically found in cases where obsessional neurosis is present. In these cases anxiety and

[1] This is part of the explanation why many analyst refuse to take people into analysis during a crisis. In a crisis, psychotherapy is indicated.

unwanted feelings are defended by isolation. Here the analyst must avoid focusing on the symptom since it precludes success. There is a more general pattern to the technical procedures which have been introduced. They would also apply to difficult cases, such as borderline personalities, as well as to obsessionals (who are considered easier cases). I will present three aspects of psychoanalysis, conceived in a fairly classical manner, and discuss each after they are stated in a condensed form.

1) *A patient wanting one symptom removed is referred to psychotherapy.*

Since psychoanalysis has broad reaching effects on the personality, it is not possible to do real psychoanalysis and avoid all other issues which emerge. Such a request may even indicate that the patient is not ready to give up the symptom about which he is complaining. However, if the patient eventually sees that the symptom cannot easily be isolated from what he himself judges as irrelevant to the symptom, then he may become a candidate for psychoanalysis. This process may require passing through a stage of psychotherapy but the determination cannot be made in advance. It could equally be the case that the patient will remain more or less satisfied with the results of psychotherapy.[1]

2) *A prospective patient may defensively request analysis. Then analyze.*

If a patient shows up at an analyst's office at all, it is a profound communication on its own. Thus, when there is any doubt at all about (1) then the appropriate move is to begin analysis. A core part of psychoanalytic knowledge is an understanding of defences and if the patient has his defences intact, then in all probability, he is not suffering from a more serious condition, such as one of the psychoses. One way of defen-

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[1] Hilary Putnam relates the story of an anonymous colleague who had good results from behavioral therapy, at least in some senses. He later assessed the situation thusly: 'It made me into a more efficient neurotic.' In: Bursztajn et.al., 1990.

sively requesting analysis is to say that only the one symptom should be addressed. In such a case, it may be clinically appropriate to say something to the effect 'Let's begin and see what happens.'

3) *The analyst doesn't concentrate on apparent and reportable symptoms.*[1,2]

Once the analysis begins, the analyst analyzes the material which is presented in the sessions as they occur. The patient may have formed a prior agenda of trying not to bring other psychological material to the sessions, but it will be difficult to adhere to this agenda. Inevitably, if defences are analyzed as presented, then there will be much more material and the original reportable symptoms will fade into the background while the hard emotional work of analysis begins in earnest.

This three-fold picture is admittedly a simplification, but it can serve as a touchstone for later discussions of technique.[3] It also may help in sorting out attempts at comparing the clinical efficacy of different types of treatment which have different clinical goals. Consistent with the three-fold picture is Ella Sharpe's distinguishing between psychoanalysis proper and psychotherapy. If such a distinction holds or is called for by

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[1] Cf. Freud, *S.E.*, vol. XII, p. 171.: "I am certainly not in favor of giving up the harmless methods of treatment." This is an understandable thesis when applied to hot baths or exercise, for example.

[2] However, it was demonstrated that not all methods of treatment are harmless. Freud apparently ignored one paper which helped in this demonstration, i.e., Edward Glover's 1931 paper, "The Therapeutic Effect of Inexact Interpretation: A Contribution to the Theory of Suggestion," Reprinted In: Martin S. Bergmann, & Frank R. Hartman, *The Evolution of Psychoanalytic Technique*, Morningside Edition, New York: Columbia University Press, 1990, pp. 317-360. Incorrect interpretation functions as a suggestion analogous to the hypnotist's, which can undermine the success of an analysis. Such suggestions can produce measurable but only apparent and short-term therapeutic results.

[3] I will offer another presentation of a condensed picture of clinical practice in § 1 of Chapter Two, entitled 'Over-Riding Aspects."

virtue of the three-fold picture then we should sort out a few more related distinctions.

A simple medical model (i.e., the treatment of disease) does not capture the workings of psychoanalysis. Even Freud regarded the expression "mental illness" as unfortunate. Clarifying the analogy is difficult, partly because the psychoanalytic viewpoint does not recognize a strict dichotomy between psyche and soma. Thus, the physical is to various degrees relevant to the psychic state. One other aspect is that the secondary gain associated with psychological symptoms and illnesses does not find a straightforward parallel in physical conditions. We could stretch the point and argue that there is often some adaptive advantage to physical symptoms, which might protect and promote healing, but there is still a difference.

In terms of consequences, even relatively minor neurotic character disorders can have devastating effects on the course of life, as devastating as major physical illnesses. These can be intergenerational. While some physical diseases are contagious or genetically transmitted, few are intergenerational. While the degree of devastation is important, it is insufficient ground upon which to claim the analogy holds exactly, since, external circumstances in life can be equally devastating both physically and mentally. Moreover, when it comes to health, in the more modern picture we could say that there are relatively well-contained neurotic and even psychotic aspects of every personality; nevertheless it would be folly to conclude from this that everyone is psychologically ill. Quite the contrary: if neurotic and even psychotic aspects of the personality are contained, and external or internal circumstances do not cause their external manifestation, we can say with accuracy that such persons are 'well' even though their personalities are ill. This might strike the reader as the same as saying that they are both well and ill at the same time. I think that this can be made more accessible by way of a digression into a consideration of the terms used. These problems are unnecessarily complicated

by the use of a more familiar language of physical medicine. Bion said about this, with some exasperation:

> The language of physical medicine is now becoming, for use, more of a nuisance than an asset. At a certain stages like adolescence, infancy, middle age, old age, certain discomforts become apparent to the individual; he does not like what is going on and will fall back on the idea that it is just like some kind of pain he is used to—there is always consolation in feeling that we are familiar with and know what we are talking about.[1]

The confusion here stems from talking about 'well' and 'ill,' where we might do better, on Bion's view, to talk about 'turmoil' or lack or 'turmoil.' An adolescent experiences turmoil and an adult may experience similar turmoil given certain stresses. By analogy to these distinctions, Bion further suggests that a distinction be drawn between psychotics who are 'well' and those who are 'ill.' Those who can detect[2] a psychotic organization in the personality make a distinction between the state of the personality as a whole and its presenting state at some specific time. If such a distinction holds, then the experience of psychological well-being is not a dependable indicator of the psychological health of the personality. For example, some people with the most severe character disorders may feel fine but they may damage others. While it is true that some life-threatening physical illness may be asymptomatic until the end, there is still a great difference in terms of types of consequences to those in each person's environment.

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[1] W.R. Bion, *Brazilian Lectures: 1973—São Paulo, 1974—Rio de Janeiro / São Paulo.* London: Karnac Books, 1990, p. 197. He also suggests that there is an advantage to using the expressions '*dis*-ease' or 'discomfort.'

[2] Cf. "Can he 'detect' turmoil? We are unlikely to welcome the capacity to do so. This continuous mental capacity can be so hated or feared that the person who experiences it thinks that he is having what he calls a 'mental breakdown.' The practicing analyst must get hardened to mental breakdowns and become reconciled to the feeling of continuously breaking down [himself]; that is the price we have to pay for growth." Bion, 1990, p. 203.

Thus, we cannot successfully argue that there is no mental illness, especially when it comes to the psychoses, but merely that the characterization of mental pathology cannot be accurately done on the basis of straightforward extrapolation from physical pathology.[1] Another way to think of some of the psychic disturbances is that they require a developmental task to be performed which is out of sequence with the way persons can develop under good circumstances.[2] For an older person to perform a task that could have been performed between 6 and 24 months, without the accumulated life baggage, represents quite a different task. The advantage for the older person is greater ego strength. Extending this further, some patients may face developmental tasks which would try the ego strength of even the most well-analyzed psychoanalyst; holocaust and torture victims are examples. It is rarely possible that physical development may occur out of sequence.

With these difficulties in mind I will use the words 'patient' and 'illness'.[3] An implicit reliance on the unity of psyche and soma in psychoanalytic thought will temper these usages. The unified view helped us understand some psychological aspects. Psychosomatic medicine is the separate field which emerged from this unified view.[4]

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[1] For a survey of some of the complexities involved with diagnosis see for example, W.C.M. Scott's paper "Symposium: A Reclassification of Psychopathological States," *The International Journal of Psycho-Analysis*, vol. XLIII, parts IV-V, 1962, pp. 344-350.

[2] R.S. Wallerstein, "Psychoanalysis as a Science: A Response to the New Challenges," *Psychoanalytic Quarterly*, vol. LV, no. 3, 1986, p. 439.

[3] In psychiatric circles psychoanalytic patients are often referred to as the 'worried-well,' with the implication that they are neither sick nor patients, and indeed are better off than most people if they can cope with analysis at all.

[4] Psychosomatic medicine is not a sub-field of psychoanalysis. Psychoanalysts do work it in. Psychosomatic symptoms usually emerge in analysis. Typically these are changes in bowl functions. Hearing descriptions of bowel patterns in the patient's material is one marker that verbal "free association" has begun.

Some of these questions arise from the attempt to utilize causal explanations in diagnosis. In physical medicine there is often one relevant causal factor even where other factors are acknowledged. In the history of medicine this was a pivotal characteristic of the emergence of medical science. Drucker claims that Freud incurred much wrath in posing exotic types of causality inconsistent with his contemporaries' models of scientific medicine.

> The fundamental step from quackery to medicine...had been the abstention from big theory and from global speculation. Diseases are specific, with specific causes, specific symptoms, and specific cures.[1]

Posing a more general cure for symptoms, without focusing on the presenting symptom goes against basic medical intuition. This is just what psychoanalysis does. An accurate characterization of psychoanalytic clinical practice would include a technical rule that the analyst must allow pathology to emerge. It is intrinsic to the psychoanalytic account of personality that pathology in the form of manifest suffering or symptoms may be avoided and that this is a key feature of neurotic maladjustment. This accommodates the well-known phenomenon of manifest but temporary deterioration in the psychic health of people undergoing psychoanalysis. It also renders superficial some of the attempts at purportedly scientific studies which attempt to compare psychoanalysis with other psychotherapies, since in some cases comparisons of efficacy are based on the results of say ten sessions of short-term psychotherapy with ten sessions of psychoanalysis.[2,3] This is extremely poor scientific procedure. A scientific comparison

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Tustin reports that her autistic patients who start to recover develop 'boils' and other skin disorders. Expression of pain and development is first expressed by the skin. Verbal expression follows. Frances Tustin, *The Protective Shell in Children and Adults.* London: Karnac Books, 1990.

[1] Peter F. Drucker, "Freudian Myths and Freudian Realities," In: *Adventures of a Bystander*, New York: Harper & Row, 1979, p. 87.

[2] Cf. L. Prioleau, M. Murdoch & N. Brody, "An Analysis of Psychotherapy Versus Placebo

of therapeutic outcomes requires knowledge of what is being attempted.[1] Otherwise we run the risk of failing to measure the phenomena in question. In other words, poorly constructed tests can have the appearance of rigorous science. To assess psychoanalysis requires some sense of the course psychoanalysis would be likely to take.[2]

There is a debate as to whether only psychoanalysis can cure some types of neurotic suffering. On this view, psychoanalysis produces unique results. Grünbaum formulates "the unique-results thesis" by means of what he calls the NCT or necessary condition thesis. Grünbaum believes that the NCT view is an inherent part of the core of psychoanalytic doctrine and that it claims that relief from neurotic symptoms can occur only with psychoanalytic treatment. Freud does occasionally say something to this effect; thus, there is some textual support for the view that he thought psychoanalytic treatment was the only way to relieve neurotic suffering.

Some modern psychoanalysts hold that alternate methods of psychotherapy pro-

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Studies," *The Behavioral and Brain Sciences*, 2, 1983, pp. 275-310.

[3] It is reasonable to assume that negative reactions to placebos result from negative transference, and that positive ones result from positive transference. Both are based on suggestion.

This point was suggested by J. Naiman, in his "Discussion of Professor Grünbaum's Paper: "Meaning Connection and Causal Connections in the Human Sciences: the Poverty of Hermeneutic Philosophy." " Canadian Psychoanalytic Society, 17th Annual Congress, Québec City, Québec, 18 pp., & Appendix 6 pp., 1991, p. 9.

[1] A similar problem is exhibited by H. J. Eysenck, in his *Decline and Fall of the Freudian Empire*, New York: Viking, 1985. Eysenck's purpose is to construct a systematic polemic against psychoanalysis as a whole.

[2] There is a related difficulty in assessing therapeutic gain even when our focus is restricted to psychoanalysis. Many analysts have made reports of apparent therapeutic gain early in an analysis which occur due to non-specific factors unrelated to the therapeutic action desired within the psychoanalytic framework. These effects often occur very early in an analysis and are regularly judged to indicate only temporary improvement. The desired analytic gain could be obscured from our vision in the absence of suitable knowledge with which we could structure such observations.

duce results. This does not entail that alternate psychotherapies are in direct competition with psychoanalysis.[1] Indeed, most psychotherapies do not compete since they do not in general frame the problems in the same manner nor are they able to recognize the same phenomena since they operate on different theoretical postulates. They do not have the same clinical goals. A focused consideration of these problems would include this cluster of debates about the problem of differentiating good and efficacious technique from poor and even damaging technique. Patients are not uniform in the illness they present to the analyst. The analyst's technique reflects this.

§ 6.3 A Note on Grünbaum's Tally Argument: This task includes isolating the class of interpretations which could be clinically effective. This class should be differentiated from a second class of interpretations which could be accepted by the analyst or analysand as true. If we consider Grünbaum's critique of Freud, he suggests that Freud relied on the tally argument. Grünbaum holds that Freud used a tally criterion, which, expressed in very simple terms, is that correct interpretations tally with experience of the patient and are accepted whereas incorrect ones fail to meet this criterion and are ignored. Many paranoid patients state that the interpretation has not helped them and is not true, but change anyway, that is, experience some relief.[2] There could be an unconscious tallying but a conscious rejection. It would be an mistake to equate the accuracy of an interpretation with the degree to which it meets the tally requirement.

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[1] If they do not look for structural changes, or to undo primal repressions then their goals are dissimilar. Conversely, sometimes psychotherapy achieves structural changes where psychoanalysis has not been able to or where psychoanalysis has not been tried.

[2] "...almost unfailingly attributed it to some person having been nice to him and explicitly denied the analytic work could have helped him." Paula Heimann, "A Combination of Defence Mechanisms in Paranoid States," 1985, [1955], p. 245.

Grünbaum claims that the evidential basis of all data stemming from the clinical situation is dependent upon an implicit use of what he calls the tally argument. This argument cannot be coherently appraised without considering the technical rules. Grünbaum presumes that epistemic contamination (e.g., suggestion on the part of the interpreter) makes the tally argument invalid. This looks damaging only initially since there is a series of technical rules used to offset suggestion.

It is noteworthy that it was Freud and not Grünbaum who first explicitly recognized the problem of contamination. This is one reason why hypnotism was abandoned. A defining characteristic of analytic methods is the attempt to systematically avoid the impact of suggestion. Grünbaum seems to want to dismiss the view that the prudent handling of technique can offset contamination.[1] He does this before examining the technique, rendering *this part* of his critique premature.[2] We can ask instead if the purported technical recommendation of maintaining a "working alliance"[3] helps or hinders epistemologically and therapeutically. It is not warranted to assume that the therapeutic results are uniform. Such lack of uniformity can in part be attributed to the details of the clinical procedures utilized in an individual case.

Variation in the clinical procedures inclines some observers to the view that anything can be psychoanalysis. This is certainly *not* the case. Differentiating psychoanalysis from practices which look similar, but differ in certain significant details such that we conclude that they are not proper psychoanalytic practice, is a minor problem. This

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[1] Grünbaum, 1985, p. 243.

[2] Psychoanalysts and psychoanalytic researchers are now using refinements suggested by Grünbaum.

[3] R. Greenson, *The Technique and Practice of Psychoanalysis, Vol. 1*, New York: International Universities Press, 1967.

is usually done by consideration of the techniques for handling transference, resistance, and so forth. Thus, so long as we consider the technical aspects of psychoanalysis we have some criteria with which to identify psychoanalysis. There has been a tendency on the part of psychoanalysts to cry 'not psychoanalysis' when confronted with any view with which they disagree. It still remains that the demarcation of psychoanalysis from non-psychoanalysis is by considering the technical rules proposed.

Grünbaum makes a certain critique of Popper which is of the form: Freud anticipated Popper's objections before Popper began to write. Grünbaum also believes that it is demonstrable that Freud was a superior scientific methodologist to most of his detractors *and* supporters.[1] Popper had not done the required work.[2] His citations of Freud are inaccurate according to Grünbaum.[3]

Popper agrees with psychoanalysis in his view that a critical non-dogmatic stance is interfered with by patterns adopted early in life. The critical non-dogmatic stance is a requirement for scientific progress. Popper believes that psychological and intellectual rigidity is a sign of neurosis and conversely, he speculated that the cause of many neuroses is arrested critical abilities. A consistent Popperian would agree with some psychoanalytic claims.

> I may perhaps mention here a point of agreement with psycho-analysis. Psy-

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[1] Grünbaum, 1984, p. 128. This is part of Grünbaum's contribution: showing that psychoanalysis is *alive* scientifically. Cf. p. 278.

[2] Popper had some training at an Adlerian institute early on in his education. Adler is not a representative of "psychoanalysis," in the way I use the word herein. There are Adlerian psychotherapists.

[3] Agassi objects that Grünbaum did not even cite Adler. Why cite non-psychoanalysts' views, criticize them, and then claim a criticism of psychoanalysis has been made?" See Joseph Agassi's "Grünbaum on (Popper and) Freud: The Elusive neo-Baconian," In: *The Gentle Art of Philosophical Polemics*. La Salle: Open Court, 1988, p. 270.

> cho-analysts assert that neurotics and others interpret the world in accordance with a personal set pattern which is not easily given up, ...[1]

Popper still says that 'psychoanalysis' is untestable. I do not use the expression 'psychoanalysis' in the way Popper does; nevertheless, there is some overlap. I have mentioned earlier that some psychoanalytic hypotheses have been tested.

Freud also anticipated some of Grünbaum's objections. Grünbaum implicitly assumes that positive transference will be inescapable and that it will then epistemically contaminate clinical evidence. Nevertheless, he ignores the detailed technical rules for handling transference. Yet Grünbaum assumes that transference occurs. This concedes a key psychoanalytic proposition. For example, an analyst could influence a patient by means of the patient's tendency to please the analyst by accepting an interpretation as true. Since Grünbaum assumes that transference occurs, he is implicitly using one of the cornerstones of psychoanalysis in order to criticize psychoanalysis in general.[2] The key source of contamination is the transference. We are thus obliged to consider how transference is dealt with in the clinical situation.

Grünbaum is aware that there are some substantial issues concerning technique. He does cite some of the literature but does not mention classics on the problem such as Fenichel[3] and Sharpe.[4] He relies extensively on Blanck and Blanck's 1974 normative

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[1] Karl Popper, *Conjectures and Refutations: The Growth of Scientific Knowledge*, New York: Harper & Row, 1968 [First published 1962], p. 49.

[2] Cf. S. Freud, *S.E.*, vol. 12, "Observations on Transference Love," In: *Further Recommendations on the Technique of Psycho-analysis III*, pp. 159-171. Here and in other places Freud introduced his potential followers to some of the ways in which transference can complicate the analytic situation. Clearly, however, Freud himself had an insufficient appreciation of the vicissitudes of transference.

[3] Otto Fenichel, *Problems of Psychoanalytic Technique*, Translated by David Brunswick. New York: The Psychoanalytic Quarterly, 1941.

[4] E.F. Sharpe, *Collected Papers on Psycho-Analysis*, London and Toronto: Clark, Irwin & Co.

reconstruction of psychoanalytic practice based on ego psychology.[1] Ego psychologists generally do not analyze transference as frequently as others, e.g., those influenced by the British schools. Grünbaum gives limited indication of having *absorbed* an adequate comprehension of the detailed work on specific problems of technique. He is concerned about the epistemic force of the clinical reports, and judges the extensive analysis of resistance to be epistemically contaminating. Given current clinical theory, we would be obliged to agree with Grünbaum, but not for the reasons he cites. The extensive analysis of resistance alone is inappropriate for certain classes of patients, i.e., borderlines, psychotics, manic-depressives, and many others. Resistance is not the most conspicuous feature of the surface material brought to analysis by such patients.

In this context, the often-repeated clinical observation that the ego can split is relevant. The concept of 'splitting' has assumed a progressively more important role in psychoanalysis. Splitting refers to an operation of the ego, understood as the center of awareness, which may divide itself into two more parts to lessen the conscious experience painful states, such as anxiety. In the early days it was most commonly associated with schizophrenia, which Kraepelin, a pioneer in the field, called "dementia praecox." Kraepelin was instrumental in diagnosing the condition when it is manifest in either its catatonia or paranoid forms. This view has influenced many knowledgeable psychoanalysts, but the history of Kraepelin's influence on Freud's views has passed into obscurity.[2] At present, it would be maintained that splitting occurs in many states besides

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Ltd., The Hogarth Press, 1950.

[1] G. Blanck and R. Blanck, *Ego Psychology: Theory and Practice.* New York: Columbia University Press, 1974.

[2] Freud, "Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)," [1911] *S.E.*, XII, p. 75 "I am of the opinion that Kraepelin was entirely justified in taking the step of separating off a large part of what had hitherto been called paranoia

paranoia and schizophrenia; and furthermore, that it occurs in many varieties. Psychoanalysts hold that manifestations of splitting can be observed in the language their patients use, for example, when they speak of the world as harshly divided into all good and all bad regions with no shades of gray.[1] Extensive splitting of the ego, made manifest by the clinical material, indicates that resistance has failed. In such cases, it is clinically contra-indicated for the analyst to rely on the interpretation of resistance alone. A side-effect of such a clinically inappropriate move would be the epistemic contamination of written case reports. This bears on our discussion of Grünbaum in the following way: we could agree that the extensive analysis of resistance may well be epistemically contaminating but not for the identical reasons. Rather, epistemic contamination can be found in a case report due to clinically inappropriate handling of technical issues relating to good practice.

Less exotically, in cases of obsessional neurosis, the patient may agree with and intellectually see most of the interpretations, but there is no therapeutic effect. The analysis of character is required here. It is the character structure of obsessionals, which not only defends them against other symptoms, but also enables them to keep intellectual and emotional comprehension separate. These examples lead to a more general point.

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and merging it, together with catatonia and certain other forms of disease, into a new clinical unit—though 'dementia praecox' was a particularly unhappy name to choose for it. The name chosen by Bleuler for the same group of forms—'schizophrenia'—is also open to the objection that the name appears appropriate only so long as we forget its literal meaning [split mind]." Nowadays, following Klein and a host of others, we would be less reluctant to judge that splitting is a very common occurrence, and indeed is a normal aspect of the development of the infant.

[1] I will return to this topic in § 12 of Chapter Two where I discuss depression and in § 3.4 of Chapter Three where I discuss paranoid attitudes.

It is difficult to appraise the methods, epistemic force and scientific credibility of the field of psychoanalysis, if the methods are not examined. One obstacle in our way is the *unfounded* equation of psychoanalytic method with free association. To suggest that the method of free association is in principle an unfruitful strategy, is a critique the psychoanalyst can dismiss. Utilizing relatively uncensored speech, referred to as free association, is only one of the many technical aspects encountered in actual clinical practice. Interpretation and the handling of countertransference are two aspects which are not automatically accounted for in the free association characterization of psychoanalysis. It is therefore careless to identify psychoanalytic procedure with free association. Unfortunately, Grünbaum is not alone in making this mistake. Many senior analysts reinforce this cliché which identifies the method of psychoanalysis with free association, but this position cannot be consistently held. The cliché is shorthand for a very complicated set of views.

The associations patients produce in analysis are not free. Nor are associations the only material patients bring to analysis. The expression "free association" is used as shorthand for relatively un-censored speech. This phenomenon is reflected in classical technique which recommends that the analysis of resistance should precede the analysis of the content of the associations.[1] Moreover, the German word Freud often used was "Einfall," which does not mean "association," but means "what occurs to a person." Freud benefited from listening to what occurs to the person before deciding what was wrong with him. No such advantage could have been obtained if the sense in which associations were "free" was that of being uncaused or without historical antecedent.[2]

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[1] Cf. Greenson, 1967, pp. 59-60. I do not agree with his approach. My Chapter Two on technical aspects of clinical practice takes a different one.

[2] It is certainly a mistake to argue that all or even most of these problems are a matter of the

The well-known technical rules concerning resistance leaves some of Grünbaum's critique in the same position as that of Popper's.[1] It is not a critique of psychoanalysis proper. It is one of the defining features of psychoanalysis that it accounts for resistance. This means that associations cannot be free. Ignoring resistance could traumatize the patient if it lead to premature interpretations.[2]

While problems of technique are taken seriously by most clinicians, the identification of psychoanalysis with technique is quite another matter. There is no set of procedures which once committed to memory would suffice to practice psychoanalysis. Some theoretical justification is required. Now we are faced with a second set of problems. The whole of psychoanalysis cannot be represented using the technical rules alone. The *explanation* for the importance of technical procedures is not self-evident. We will later examine the area of psychoanalysis that attempts to provide such explanations. Metapsychology was the first attempt to explain psychoanalytic data and procedures. If the technical rules were psychoanalytic psychology then metapsychology is an area which is *not* psychology.[3]

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correct translation of Freud's work. Quite the contrary, most of the problems persist. A prevalent *phantasy* seems to be something like this: 'Freud's work is perfect, any confusion must be the result of misinterpreting it, if we get the interpretation right by understanding the German in its appropriate historical context, the truth will be manifest.'

However, Bettelheim's work, *Freud and Man's Soul*, London: The Hogarth Press, 1983, does indicate that *some* of the misinterpretation of Freud resulted from the way in which he was translated into English.

[1] Cf. Grünbaum, 1984, p. 231.

[2] This is one of the non-disputable core concepts. Even Fenichel's version, 1941, p. 19, is consistent with this.

[3] Cf. Merton Gill, "Metapsychology is not Psychology," In: M. Gill and P. Holzman, (eds.), *Psychology versus Metapsychology: Essays in Honor of George S. Klein*, Psychological Issues, Monograph 36, New York: International Universities Press, 1976, pp. 71-105.

§ 7 Old and New Metapsychological Theorizing: The expression 'metapsychology'[1] was coined by Freud to name the abstract field of inquiry emerging from psychoanalytic psychology. Although contemporary psychoanalysis is not identical to Freud and his texts, the evolution of psychoanalysis into a systematic field began here. It is necessary to refer to Freud in the initial stages of defining metapsychology. The expression is currently used equivocally since sometimes it refers only to Freud's attempted explanations, and other times to the more general task, on other occasions it is a derisive term meaning 'speculation.'

At one level, metapsychology was originally the basic philosophy of psychoanalysis. Freud does say that the metapsychological hypotheses "...put us in a position to establish psychology on foundations similar to those of any other science..."[2] At another level, the play on words between metapsychology and metaphysics is likely intentional. We can understand Freud's metapsychology as his philosophy of mind. This is because in its original formulations it postulated the psychoanalytic models of mind. It provided an abstract way of discussing the clinical data, identifying common elements of various clinical observations. It posited such notions as "psychical apparatus." It was an explicit attempt to supply psychoanalysis with its philosophical component. It attempted to specify what the theories referred to and explicate the causal dynamics involved. It has been used to explain and justify the technical rules of clinical practice. Psychoanalysts still use the various models of mind, but often in a more constrained

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[1] See the article under the heading 'Metapsychology' in J. Laplanche & J.B. Pontalis's *The Language of Psycho-Analysis*, Translated by Donald Nicholson-Smith, with an introduction by Daniel Lagache. New York: W.W. Norton, 1973, p. 249.

[2] S. Freud, *An Outline of Psychoanalysis*, [1938] *S.E.*, vol. XXIII, p. 196.

way.

Freud's unpublished *Project* sought to supply a relationship between the purely psychological and the neurological processes. This was one of the functions of his early metapsychological investigations. Despite many intervening purely psychological discoveries, there is continuity in his theoretical thought from the *Project* of 1895 to the *Outline* of 1938.[1] At some stages of his thought, he shared the view that a foundation for psychology was neuro-science. The program of eliminative materialism was one of the alternatives he considered as he struggled with the problem of the nature of acceptable psychological explanation.

Some psychoanalytic thinkers now argue that metapsychology should be totally eliminated.[2] This depends on which aspect of metapsychology is taken as central. If we accept the view that psychoanalysis is a purely clinical theory which functions as a research method, perhaps it is best to dispense with classical metapsychology, which borrowed from 19th century science to construct its metaphors. However, if metapsy-

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[1] An historical analysis tracing, among other things, the relation of the *Project* to Freud's later views is found in Patricia S. Herzog's *Conscious and Unconscious: Freud's Dynamic Distinction Reconsidered*, Psychological Issues, Monograph 58, Madison, Connecticut: International University Press, 1991.

"The *Project* represents Freud's one and only attempt at reducing psychology to neurology, and its abandonment is generally attributed to the immense theoretical difficulties involved in that task. ...It is a work in which Freud strives above all for theoretical comprehensiveness. ... Only when this goal is understood as transcending the goal of reduction is it possible to get at the real difficulties underlying the abandonment of the *Project*." p. 26. The necessity of accounting for the dynamic nature of consciousness is stressed by Herzog. [This is the published version of her Ph.D. dissertation in philosophy at Harvard.]

[2] For a good survey see: Robert R. Holt, "The Current Status of Psychoanalytic Theory," *Psychoanalytic Psychology*, 2 (4), 1985, p. 289-315. Holt argues that classical metapsychology has already been definitively criticized by Rubinstein and others. On this view what remains is for the rest of psychoanalytic theorizing to catch up.

chology or a more contemporary substitute for it is required to generate psychoanalytic explanations, this view is less attractive. The clinical data is not self-explanatory. Explanations are required. We cannot generate suitable psychoanalytic explanations without something like metapsychology. We could simply use the name 'metapsychology' for the more contemporary version of psychoanalytic explanation.

The two theories, often called the higher and the lower-order theories, are linked in such a way that to dispense with one seems to imply dispensing with the other. But this amounts to restating the problem in another way. Some higher-order theorizing is necessary, but we cannot determine its required characteristics entirely independently of the detailed technical aspects specific to the clinical situation. This conception enables us to say that the notion of a self-contained clinical theory is suspect, yet an appreciation of the theory of technique is important for these considerations. Considerations of technique and higher-order theory are quite impersonal. The raw subject matter of clinical psychoanalysis is tied closely to the lives of individual persons, their different phases of development and their mental suffering. We will keep this in mind in the Second Chapter. Metapsychology is sometimes referred to as 'clinically-distant.' Clinical theory is referred to as 'clinically-near.' If it fails to be clinically-near its bearing on the clinical situations is tenuous. I will try to approach the clinically-near aspects of psychoanalysis and tie such consideration to the experience of patients.

§ 7.1 The Unifying but Dispensable Postulate of Psychic Energy: One of the key metapsychological postulates was psychic energy. This concept is now rarely used. But Freud took it to be important if psychoanalysis was to be scientific.

> We assume, as other natural sciences have led us to expect, that in mental life some kind of energy is at work; but we have nothing to go upon which will enable us to come nearer to a knowledge of it by analogies with other forms of

energy.[1]

Freud set many goals for metapsychological work. One was to clarify the deeper theoretical assumptions upon which psychoanalysis is dependent. Another was to explicate the foundations for psychoanalysis. Some of his followers held that metapsychology characterizes real events. They did not understand it as providing a provisional set of working concepts. The terms of metapsychology do not merely name a class of events, seen in patients which the analysts study. It is, rather, that these are real *entities*. They are, moreover, the foundation for psychoanalysis.[2] On this view, psychoanalysis stands or falls *as a whole* on the basis of a few analogies.

In one interpretation, the Id, Superego, and Ego are taken to refer to real entities in the world.[3] Explaining these concepts would involve the use of the concept 'energy.' For example, there is Id energy which may be bound or unbound. If unbound then anxiety can result. Symptoms can be used to bind anxiety. In this case, less anxiety is present but now there are symptoms.

Scientific realism of this sort makes progress in metapsychology difficult. The goal of clarifying and rendering more precise the theoretical aspects of psychoanalysis continues. It is one of the descendent tasks of the old metapsychology. Freud was ambivalent about this kind of theorizing, and referred to metapsychology as "the Witch." His descendents use stronger language. He believed that metapsychology should be further

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[1] S. Freud, *S.E.*, vol. XXIII, p. 163-4.

[2] Michael Franz Basch, "Psychoanalysis and Theory Formation," *Annual of Psychoanalysis*, 1, 1973, pp. 39-52. Basch also argues against the concept of psychic energy.

[3] Not simply instrumentally, that is, leading to our capacity to predict certain events. But also that they correspond to real properties of all persons. Cf. P. Horwich, "Three Forms of Realism," *Synthese*, vol. 51, 1982, p. 193.

developed.[1] He knew that it was neither clear nor detailed. Utilized ontologically suspect notions such as "psychical energy,"[2] did not help. The idea of psychical energy was used in an attempt to supply a *reference* for the various theories conjoined with the causal underpinning clinical observations. This was an attempt to augment the scientific standing of psychoanalysis. This notion was utilized extensively by the American school of ego psychology following Hartmann.[3] A pure psychological theory would seem to require a language of psychology. Such a language should not rely completely on analogically derived terms, such as those we might import from the physical sciences.[4]

In summary, the postulated psychical energy is not part of the furniture of the universe. The notion did play a role in the development of psychoanalysis. That role was to be a place holder while we waited for more suitable explanations. It has outlived its usefulness. However, this is by no means a *casual* rejection. Descriptively, the expression has usefulness when writing about patients. On the theoretical side, some articles I will use later are written in this language, e.g., they use the term 'energy'.[5]

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[1] S. Freud, *S.E.*, vol. XXIII, p. 225.

[2] There is a case to be made, as it is by Mahony (1986, p. 219) and Ornston, for the view that it was Strachey who took psychic energy for Freud's most fundamental concept, thus slanting the translation towards a less plausible conception of psychoanalysis. However, we need not wait for a definitive translation of Freud to attempt to resolve these matters. We can make such a determination on conceptual grounds even though it could happen that Freud was more consistent with a conception of psychoanalysis that downplays the importance of psychic energy.

[3] For a recent critique of Hartmann's influence see for example: M. Edelson, "Heinz Hartmann's Influence on Psychoanalysis as a Science," *Psychoanalytic Inquiry*, vol. 6. no. 4, 1986, pp. 575-600. There is, I believe, always a problem when explanation is tied to reference.

[4] However, the history of science is replete with examples of where heuristic clues were derived from use of analogies.

[5] John Bowlby also rejects the notion of psychic energy. See his "Psychoanalysis as a Natural Science," *International Review of Psycho-Analysis*, vol. 8, 1981, pp. 243-256. He claims that there

We can say patients have relatively strong or weak degrees of motivated interest. Such interest does not equal cathexis[1] since we can account for it without invoking energy notions. These kinds of considerations indicate that there are problems with the basic way in which psychoanalysis has been conceptualized. Analogies were used because a properly psychoanalytic language did not exist. We cannot be content with pointing out difficulties. The impact of these conceptual difficulties was greater for some of the followers of Freud than for Freud himself. Freud knew that the analogies he used did not prove much. At least, that is what he *said*:

> The super-ego, the ego and the id-these, then, are the three realms, regions, provinces, into which we divide an individual's mental apparatus, and with the mutual relations of which we shall be concerned in what follows. ... Let me give you an **analogy**; analogies, it is true, **decide nothing**, but they can make one feel more at home.[2]

There have been several attempts to clarify psychoanalytic theorizing and it is important to be cognizant of some of the history of such theorizing. One of these was Rapaport's attempt[3] to systematize psychoanalytic theory in classical metapsychological terms. He identifies the dynamic, economic, structural, genetic, and adaptive points of view. He added the adaptive point of view which was not in Freud's formulations. It happened that Rapaport and his students exerted considerable influence in certain cir-

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is no way to account for many types of behaviors in infancy in terms of psychic energy. See especially p. 246-7.

[1] Cathexis means directing energy towards an object. Anticathexis is used as a term for resistance. *S.E.*, vol. XXIII, p. 165.

[2] S. Freud, *New Introductory Lectures*, Lecture XXXI, "The Dissection of the Psychical Personality," *S.E.*, vol. XXII, p. 72. [Emphasis mine.]

[3] David Rapaport, *The Structure of Psychoanalytic Theory: A Systematizing Attempt*, Psychological Issues, vol. II, no. .2, New York: International Universities Press, 1960.

cles of clinical psychology, psychiatry and psychoanalysis in the 1960's and 1970's. In 1984, deBianchedi and associates identified further points of view implicit in Melanie Klein's work, namely, the positional, the economic policy, the spatial, and the dramatic points of view.[1] These points of view derived from Klein are distinguishable from the points of view found in classical metapsychology. Classical metapsychology would be restricted to the three original points of view proposed by Freud i.e., the dynamic, economic, and structural. There is no reason to assume that all alternate points of view would share the same kinds of assumptions or conceptual obstacles which are opposed by critics of classical metapsychology. Part of the problem is how many points of view are helpful or necessary? Wollheim, for example, took up what could be construed as the dramatic point of view in his book *The Thread of Life*, wherein he asks the question 'what type of philosophy of mind is required by psychoanalysis?'[2] The dramatic point of view attempts to capture the internal play of objects and memories, so internal object relations will play a part in the later analysis. A theory of mind is one of the components for an acceptable higher-order theory. It should diminish the conceptual difficulties which have raised so many objections. Simplicity and comprehensibility are requisite.

§ 7.2 An Overview of the Objections to Metapsychology: Warme's article condenses and summarizes the various criticisms[3,4] psychoanalysts have had about

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[1] E. de Bianchedi, et. al., "Beyond Freudian Metapsychology: The Metapsychological Viewpoints of the View of the Kleinian School," *International Journal of Psycho-Analysis*, vol. 65, 1984, pp. 398-397.

[2] R. Wollheim, *The Thread of Life*, Cambridge: Harvard University Press, 1984.

[3] E.g. J. E. Gedo, 1979.

[4] And also Gedo's, *Psychoanalysis and Its Discontents*, New York: The Guilford Press, 1984.

metapsychology, which he says are in "the best spirit of scientific self-scrutiny."[1] Warme shows how strong opinions run in this period of self-scrutiny:

> The major criticism of this objective theory [*i.e., metapsychology*] is that the substantial, deterministic, biologistic emphasis is unrelated to psychoanalytic data and that it sheds no light on the data except to demonstrate that it can (perhaps) be translated into another realm of discourse. Its biological notions are inaccurate and not in accord with clinical observations made by other observers, particularly by ethologists.[2]
>
> The metapsychological model is ultimately a model of drive discharge. ...Since the evidence for a substantial drive or instinct is flimsy, the assignment of therapeutic value to cathartic abreaction is thereby questionable.[3,4]
>
> Of course, some metatheory or methodological position is necessary but this would be distinct from previous positions.[5]

These kinds of criticisms indicate that appropriate theorizing should 1) avoid treating terms used in the analogically derived models from the standpoint of a crude scientific realism, i.e., not as substances but heuristically, 2) not assume psychic deter-

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[1] Gordon E. Warme, "The Methodology of Psychoanalytic Theorizing: A Natural Science or Personal Agency Model?" *International Review of Psycho-Analysis*, vol. 9, part 3, 1982, p. 343.

[2] Warme, 1982, p. 345.

[3] Warme, 1982, p. 346.

[4] The problem of assigning an appropriate interpretation to the concept Instinct is not easily solved. The translation problems do not help, but neither do they solve the problem. The German is Trieb, which could be translated as drive rather than instinct. The ethological route is not much better, since substituting the phrase 'phylogenetically adapted behavior mechanisms' for the expression 'instinct' results in a cumbersome way of saying that drives are part of the background conditions.

We could even call them 'as sub-set of core biological urges' which vary in strength among individuals. We could add that they are set by both genetic and gestation factors.

This still leaves the problem of distinguishing the biological from the psychological, for the psychological use of instinct is analogically derived from biology.

[5] Warme, 1982, p. 351.

minism in order to allow for the possibility of therapeutic impact, 3) not assume that a biological orientation could do justice to the experiential aspects of the clinical situation, 4) require that psychoanalytic theorizing be consistent with observations made by overlapping sciences, 5) pose improved explanations of clinical action which are not dependent on questionable postulates, and, 6) recognize that theorizing is not easily avoided. Doing this while retaining the results of previous psychoanalytic research and retaining a sense of clinical responsibility presents one of the challenges all psychoanalytic theorists face.

High expectations about the usefulness of the various metapsychological points have complicated the task. They could be treated as heuristic devices that are used to represent the basic split between primary and secondary processes. This was the key split that Freud originally postulated. It became the convention within psychoanalytic thought to call conscious processes "secondary processes," and to call unconscious ones "primary processes." These elementary psychoanalytic models of mental functioning reflect the assumption that the majority of the mind is unconscious and that unconscious processes occur continuously whereas conscious ones are the exception.

Unconscious processes indicate that psychoanalytic knowledge was not obtained by appeals to introspection alone. Conceptually this is consistent with the view that unconscious processes are not accessible by introspection. However, something like introspection does play a role since first person reports do supply important data for purposes of psychoanalytic reflection. But they are not taken at face value. Chomsky and others have noted it is a mistake to assume, even tacitly, that all the relevant operations of mind are accessible to introspection. Not all the classical thinkers assumed that an introspective survey was either accurate or comprehensive. Spinoza, for example, specifically avoided it. He says, "we may love or hate a thing without any cause for our emo-

tion being known to us..."[1] There were precedents to Freud and psychoanalysis but these were mainly conceptual. The psychological material was there but even Spinoza and Kant were unable to grasp the significance of the material. Philosophers did provide us with plausible accounts of aspects of human psychology. Including accounts of the emotions and relationships. There were always great thinkers. A junior analyst is not a Plato or a Shakespeare. Bion who favored reading Plato over his colleagues' papers said:

> We can gauge their actions and behaviour from what has been recorded of or by them, and allowing myself anachronistic—like poetic—licence, I would call them very considerable psycho-analysts before anyone had heard of such a term.[2]

Freud did read Kant, not as a Kant expert but as Freud. One of the proposed justifications for ad hoc adoption of various viewpoints is the difficulty in gaining access to the structure of the unconscious as it actually is. If processes are actually unconscious, they are in some sense unknowable. This is what psychoanalysts mean by "the Kantian unconscious", i.e., unknown and unknowable.[3] The advantage of using a variety of viewpoints is that multiple approaches facilitate the isolation of the essential features of the unconscious and help overcome the problem of its being manifest only *indirectly*.

It is not true that we cannot know anything about the structure of the unconscious, and if this was true the whole field of psychoanalysis would be impossible. There are

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[1] Benedict Spinoza, *The Ethics*, In: *The Chief Works of Benedict de Spinoza*, vol. 2, trans. R.H.M. Elwes. New York: Dover Publications, 1955, Proposition XV, Note, p. 141.

[2] W.R. Bion, *A Memoir of the Future*, [*The Dream* (1975)] Karnac Books: London, 1991, p. 168.

[3] I doubt that this is exactly consistent with Kant's noumena. But if it was then the concept of the unconscious would not be accessible directly by sensible intuition but solely though pure understanding. Cf., Immanuel Kant, *Critique of Pure Reason*, Translated by Norman Kemp Smith. Unabridged ed., New York: St. Martin's University Press; Toronto: Macmillan, 1965, p. B-310.

two distinguishable problems. The unconscious processes of an individual are unknown to himself. General psychoanalytic knowledge about unconscious processes are publicly accessible. They are not unknowable in the way personal unconscious processes are. Freud's view was that we can achieve knowledge about the unknowable in us. While Freud's own opinion on the matter vacillates throughout his published texts, one of his statements is worth noting:

> Just as Kant warned us not to overlook the fact that our perceptions are subjectively conditioned and must not be regarded as identical with what is perceived, though unknowable, so psychoanalysis warns us not to equate perceptions by means of consciousness with the unconscious mental processes which are their object. Like the physical, the psychical is not necessarily in reality what it appears to be. We shall be glad to learn however, that the correction of internal perception will turn out not to offer such great difficulties as the correction of external perception—that internal objects are less unknowable than the external world.[1]

In this passage, Freud implies that the objects of conscious processes are not persons, but are rather the internal objects or the representation of persons. This is at odds with his general commitment to straightforward realism. He also implies that the obstacles hindering knowledge of unconscious processes and states are not as great as the obstacles to knowing the exact structure of the physical universe. Freud does not assume that introspection alone is infallible. He does not think that the unconscious remains permanently unknowable. We have a suitable set of conceptual tools with which to characterize its structural features on the assumption that these remain relatively invariant[2] throughout the population of persons.[3]

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[1] S. Freud, "The Unconscious," [1915], *S.E.*, vol. XIV, p. 171. Freud, of course, is not a Kantian. To a certain extent, his use of Kant's name in this passage is cultural window-dressing.

[2] For Freud, the composition of the id varies with culture, race and evolution. That each person has an id is invariant.

[3] In his final word on the matter, written at the age of 82, he said: "Reality will always re-

The development of conceptual tools requires theorizing. It is difficult to draw a sharp distinction between theorizing and conceptual resources, when broadly considered. Thus, the argument occasionally put forward by clinicians that *all* higher-order theory can be completely dispensed with is wrong. There would be no way to represent the structure of unconscious processes. It is not possible to completely separate the data from the theory. To do so is to assume that observations can be made without any background conditions. Among these conditions is the requirement for some ordering or structuring of knowledge or theorizing. There are no theory neutral observations. Some object to this view on the grounds that then common sense must be construed as theory in some sense. A more constrained view is that in order to make complex observations some prior conditions must be present. These conditions vary with the observation. In some cases skills, experience, or education are among the prior conditions. The general name we give to these prior conditions is 'background.' Common sense might supply some of the background just as common sense may propose some explanations and give rise to the making of some predictions.

Freud used diagrams of heads which were divided to represent agencies and their relationships. This is misleading. I prefer instead to use a simple conceptual schema represented like this:[1]

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main 'unknowable'. ... "We have discovered technical methods of filling up the gaps in the phenomena of our consciousness, and we make use of those methods just as a physicist makes use of experiment. In this manner we infer a number of processes which are in themselves 'unknowable' and interpolate them in those that are conscious to us." *An Outline of Psychoanalysis*, [1938] *S.E.*, vol. XXIII, p. 196 & 7.

[1] I am building an analytic alternative to Bion's grid, although the purposes are somewhat different. See: W.R. Bion, *Two Papers: The Grid and The Caesura*, London: Karnac Books, 1989.

Background	Attitude	Objects
{N Background Conditions}	{Cluster of Intentional Attitudes}	Observations

If we provisionally entertain this, then we see that psychoanalysis cannot survive solely on clinical information and practice. There would simply be no ability to make clinical observations without some antecedent conditions being met and these would be met. These are met by absorbing some theory which functions to organize our observations. The problem then becomes transformed into the following: should the higher-order (explanatory) theory be considered identical with any of metapsychology?

§ 7.3 The Clinician's Aversion to Theory: I want to consider one more objection to the importance of the theoretical aspects of psychoanalysis. Occasionally it is argued that since the subject matter of psychoanalytic research is largely the emotions and the emotional content of behaviors, then the theoretical structure should be purely clinical. Working clinical psychoanalysts are constantly exposed to envy, hate, depression, mourning, and the like. This stimulates the experience of emotional issues in analysts, some of which are intrinsic to their personalities and others not. Their working environment inclines them towards certain discipline-specific attitudes.

The relevance of theorizing is not always clear to analysts. In the emotional heat of a psychoanalytic session theorizing is not the principle issue. Borderline patients tend to hate their analysts and as Gabbard put it:

> The experience of being hated day in and day out tends to erode one's carefully constructed defences against hating one's patient.[1]

[1] Glen O. Gabbard, "Technical Approaches to Transference Hate in the Analysis of Borderline Patients," *International Journal of Psycho-Analysis*, vol. 72, 1991, p. 525.

Patients have often done substantial emotional damage to themselves and to those around them. This has often gone on extensively. Their trust in common sense, reason and people has been eroded. In short, these experiences become practical obstacles to theoretical advances. The clinical psychoanalysts in general are not fond of theoretical thought. They have neither the training nor the time. They *also* have concerns about losing worthwhile aspects of psychoanalysis when *any* attempts are made to refine the theory.[1] Indications that such concerns are warranted is contained in the history of psychoanalysis. Many alleged improvements were later seen to be regressive flights from the gains made about unconscious processes. However, none of these concerns and habits count as arguments against theoretical reformulation. They only show caution is indicated. The remark a theorist says today can be applied by a clinician tomorrow. An error in theory can lead to an error in practice. An improvement can result in fewer errors.

Another problem is psychologism. Psychologism is a doctrine which equates proof or support with the motives or capacities of the person offering them. Secondary processes have a validity of their own. Examples are logic, mathematics and reason. Reducing them to their neurological and motivational antecedents is a temptation. Such reductions confuse the means with the end product. Let's say the end product is a valid solution to Fermont's Theorem. Suppose the mathematician producing the solution had brain damage and could not think well. On the basis of the doctrine of psychologism the solution would be invalid because of the brain damage. The end product would not count. If this is a fair account of the doctrine, its continuing popularity is puzzling. Its consequence is that there are no criteria for science. Piaget argued for psychologism by

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[1] Cf. Rapaport, 1960, p. 140 ff.

equating epistemology with developmental psychology.[1] Acquiring an ability is distinguishable from the criteria we use to appraise claims. If psychologism was a true doctrine then psychoanalysis would be impossible. Yet some psychoanalysts favor a version of psychologism. This inclines them to see theory as superfluous.

Happily, some theoretically-minded psychoanalysts absorb the philosophical literature. They use this information when examining the theories in psychoanalysis. An example is the philosopher of science and psychoanalyst Marshall Edelson. He claims the higher-order theory should be removed from case material to capture features which apply to a maximal number of like situations. His approach avoids postulating a unique model of explanation for psychoanalysis. The case study may provide sound scientific argument. Writing case studies with scientific discipline helps. Applying the canons of eliminative inductivism is one way to add discipline. For example, if the case study specifies that it is intended to show x, then there is greater likelihood that we will be able to determine if it does show x. If the case study considers alternative explanations and shows why they do not apply then we might be able to determine if the explanation postulated by the case study is the best one available. This recommendation is how to *write* a case study so others can read it. This point is important. There could be clinical observations which are not clearly communicated.[2,3,4]

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[1] Jean Piaget, *Insights and Illusions of Philosophy.*, Trans. Wolfe Mays, New York: World Publishing Co., 1972, p. 28 ff.

[2] Marshall Edelson, "Causal Explanation in Science and in Psychoanalysis: Implications for Writing a Case Study," *The Psychoanalytic Study of the Child*, vol. 41, 1986, pp. 89-127.

[3] Edelson, "The Evidential Value of the Psychoanalyst's Clinical Data," *The Behavioral and Brain Sciences*. Cambridge University Press, vol. 9, no. 2, 1986, pp. 232-233.

[4] Edelson, "The Hermeneutic Turn and the Single Case Study in Psychoanalysis," in Chapter 3 of *Exploring Clinical Methods for Social Research*, ed. Berg & Smith. London: Sage Publications, 1985, pp. 71-104. [expanded version in] *Psychoanalysis and Contemporary Thought*, vol. 8, no. 4, pp.

> ...it is not possible to draw a sharp line between the *content* of science and the *method* of science; that the method of science in fact changes constantly as the content of science changes.[1]

Applying this recommendation might increase the rigor of the case study. It does not entail accepting the view that eliminative inductivism is another name for science (as Edelson does). A scientist can adopt any picture of science that is useful. Usefulness does not entail that it captures science in general. We distinguish between methods in one area of science and the idea of science in general. Failure to make this distinction leads to an additional error. That is, equating science with the activities of one science. Examples include a) all scientific practice involves mathematics, b) all science is experimental (which omits some theoretical physics), and c) all human science must use control groups.

There are precedents for using philosophy of science in the construction of psychoanalytic theory. Freud himself did this. Freud incorporated his philosophy of science into the very fabric of his texts although he was not always self-conscious of so doing. He did not explicitly realize that what he called 'our scientific world-view' was another name for his philosophy of science. This was typical of his generation.[2]

The history shows that psychoanalysis and philosophy were always intertwined.

567-613.

[1] Putnam, 1981. Putnam's point is that there are both formal and informal parts to science.

[2] Some of these views originated with Mach, as Szasz points out. Mach's work is of interest almost exclusively to theorists of psychoanalysis since its importance otherwise is debatable. Mach writes that "The man of science is not looking for a completed vision of the universe; he knows beforehand that all his labor can only go to broaden and deepen his insight." This echos Freud's view that he could not anticipate constructing a Weltanschauung. See: Ernst Mach, *The Analysis of Sensations, and the Relation of the Physical to the Psychical*, trans. C. Williams, revised trans. with supplements from the fifth German edition, S. Waterlow, introduction by Thomas S. Szasz. New York: Dover Publications, 1959, p. 358.

Freud took courses over a two and a half year period with Brentano,[1,2] was a translator of Mill on Brentano's recommendation, and was an early proponent of eliminative materialism in the 1890's. The general psychoanalytic community absorbed some philosophical ideas without necessarily being aware of their origin. Later, views originating in Wittgenstein, Husserl and others were absorbed into the ongoing attempts to refine theoretical psychoanalysis.[3] As happens with a new branch of thought, psychoanalysis encountered many fundamental questions, some of which were philosophical.

Let us consider a particular philosophical example: the concept of intentionality. It is tempting to form the opinion that Freud absorbed a notion of intentionality from Brentano during his studies with him; however, it is difficult to demonstrate this. We know that it is likely that Brentano influenced Freud extensively. We also see that the structure of Freud's work implicitly uses intentionality. It may be that Freud's work is such that its intentional structure become apparent even if the word 'intentionality' is

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[1] Sulloway notes that Breuer maintained a correspondence with Brentano. Mach was among those who nominated Breuer to the Academy of Sciences in 1894. From this we see that the connection with Mach and Brentano was set early on. See: Frank J. Sulloway's *Freud, Biologist of the Mind: Beyond the Psychoanalytic Legend*, New York: Basic Books, Colophon Books, 1983, p. 53-54.

[2] From the Silberstein correspondence we see Freud wrote "Especially under Brentano's influence the determination has ripened within me to pursue a Ph.D. in philosophy and zoology." [Letter dated 27 March, 1875] He studied philosophy and psychology for two years [1874-76] with Brentano. This was no trivial matter, considering he was in the middle of an M.D. degree. Brentano was at the height of his powers when he taught Freud, being 16 years older and a leading figure in Vienna. Freud was about 18, Brentano was about 36.

[3] Bion claims Wittgenstein, among others, influenced him. Wallace selectively borrowed a limited number of notions from Husserl, on an ad hoc basis. [personal communication] An element in the Chicago school was influenced by Husserl. See: Marilyn Nissim-Sabat, "Psychoanalysis and Husserlian Phenomenology: A New Synthesis," 30 pages. An unpublished paper read at The Seventeenth Annual Husserl Circle, University of Ottawa, August, 1985. [later published in a psychoanalytic journal, citation not found]

not used.

This leads to a consideration of object relations since intentionality is conspicuously present here. Elements of object relations theory have been present from the beginning. Object relations theory is not a new development in psychoanalysis.[1] It is often said that there is a separate 'object relations school' of psychoanalytic thought. If object relations theory was intrinsic to psychoanalysis from the beginning, this makes it difficult to maintain as a separate division within psychoanalysis. The specific and detailed content of conscious and unconscious intentional attitudes directed towards either *internal* or external objects is the subject matter for much of psychoanalysis. Thus it should not be considered as a comprehensive separate theory of psychoanalysis.

Object relations theory can be related to a philosophical point of view. It is implicitly an extension of the analysis of mind that uses intentionality as a clue to seeing that attitudes are *directed* towards objects. *Which* attitude is important. An envied or despised object is not seen by the subject as identical to an object of desire or respect. Such an object is one and the same object in reality, e.g., a specific person. The subject most probably would not *see* that object *as* exactly the same object. This view acknowledges the contribution the subject makes to the experienced object. In this sense, intentionality is an implicit part of the theory of psychoanalysis.

Some psychoanalysts are interested in the philosophy of science and in the philosophy of mind.[2] They see the critical reformulation of psychoanalysis as part of the task of a responsible psychoanalytic theorist. It is in the interest of the psychoanalysts to

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[1] For a summary see: Jay Greenberg & Stephen Mitchell, *Object Relations in Psychoanalytic Theory*, Cambridge: Harvard University Press, 1983.

[2] Bion is one, so too is his recent reviewer Green, see: André Green, "Review of Bion's *Cogitations*. Edited by F. Bion, [posthumous], London: Karnac Books, 1992," *International Journal of Psycho-Analysis*, vol. 73, 1992, pp. 585-589.

make some of these focused criticisms themselves. The task is reciprocal, since both the psychoanalytic scrutiny of psychoanalysis and the philosophy of science scrutiny of psychoanalysis come into play. Resistance is also a factor. This adds a difficulty when assessing arguments about psychoanalysis. Psychoanalysts are also subject to the same resistances and throughout the history of psychoanalysis have proposed theories that were regressive. Later they were seen to be the result of a flight to pre-psychoanalytic thought that was both unnecessary and unmerited by the data. There is no adequate way to guard against this problem, it must be dealt with as it arises. All potential contributions are assessed both psychoanalytically and epistemically.[1] Suggested modifications to the theory can have psychological origins.

For example, it is possible that aspects of the theoretical modifications proposed by Hartmann or Klein are regressive. It is possible that Hartmann's lack of emphasis on the unconscious resulted from defects in his partial analysis with Freud. Freud was more concerned with teaching than analyzing at that point. It is possible that Klein slightly under-emphasized the later Oedipal complex. It can happen that core ideas temporarily get lost while focusing on other emerging psychoanalytic observations. Klein proposed that there are two Oedipal complexes, an earlier and a later one, and yet many Kleinians don't emphasize Oedipal conflicts. It is quite possible that she under-emphasized the later conflicts while developing some of her seminal ideas. Similarly it is possible that the adaptive interpretation of psychological development is a flight to common sense and that the expression 'adaptive' could be a misleading and inappropriate loan from the language of early biology. Conversely, there are more modern ethnological uses of adaptation in current psychoanalysis which reflect the scientific obser-

[1] Some authors go so far as to invite readers to point out such flaws. Hanly is one.

vation of children.[1] Multiple and inconsistent uses of the concept 'adaptation' run throughout psychoanalysis. Such considerations will have to be deferred until later when we have better criteria for appraising contributions.

Intuitive criteria alone do not suffice to make such decisions. It is here that psychoanalysts have often turned to philosophy or philosophy of science to look for indications of how one might appraise contributions non-arbitrarily. Not all criticisms of psychoanalysis forthcoming from philosophers went unappreciated. Philosophy has exerted its influence on psychoanalytic theory and theorists. Almost all imaginable philosophical moves have been absorbed into some segment of mainstream psychoanalytic theorizing. Let me supply some additional examples.

Schafer tried to rewrite metapsychology in action and *adverbial* language using his knowledge of Wittgenstein and Ryle.[2] Some students of Kohut are trying to formulate metapsychology in Husserlian terms.[3] Gordon Warme, to choose one example since his work has been used herein already, became interested in hermeneutics using Hegel, Derrida and the semiologists after delving into the problems associated with classical metapsychology.[4] Matte-Blanco has been using set theory and formal logic to construct an alternative to part of metapsychology.[5,6,7] This component seeks to replace Freud's

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[1] See J. Bowlby's "The Nature of the Child's Tie to His Mother," *International Journal of Psycho-Analysis*, vol. 39, 1958, pp. 350-373.

[2] Schafer, 1976.

[3] This is not limited to the Chicago school. E. Ströker, the head of the Husserl Archives in Germany reports that some psychoanalysts and psychiatrists arrive at the archives and read the unpublished manuscripts. [Personal communication, 1985.]

[4] This was communicated to me in a letter dated November 1, 1985 in response to an inquiry about his previously cited article (Warme, 1982) which struck me as being on the right track. At that time I was just beginning to find my way around these problems.

[5] I. Matte-Blanco, "Expression in Symbolic Logic of The Characteristics of The System Unc

assertion that the unconscious does not obey the rules of logic. Matte-Blanco is refining this question by asking if this would apply to all logics. Concerning the French school which follows Lacan, I have already provided an analysis of why hermeneutics is incompatible with psychoanalysis.

The difference in orientations found among psychoanalytic theorists reflect some of the very serious differences in orientations found among various types of philosophers. For example, differences between Anglo-American and Continental philosophy are reflected in psychoanalytic theory. Philosophers of psychoanalysis are faced with the task of becoming acquainted with philosophical work outside of their tradition. Dismissing Lacanian thinking because it reflects features of French Continental philosophy without being willing to show its inconsistency with psychoanalysis will not do.[1] These problems pose difficulties worth noting. The work of 20th century philosophers has been used by psychoanalysts and has contributed both advances and complexity to contemporary psychoanalysis. If clarity is to be achieved newer psychoanalytic work will have to be examined.[2]

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or the Logic of the System Unc," *International Journal of Psycho-Analysis*, vol. 50, 1959, pp. 1-5.

[6] And, Matte-Blanco, "A reply to Ross Skelton's paper 'Understanding Matte-Blanco,'" *International Journal of Psycho-Analysis*, vol. 65, 1984, pp. 457-460.

[7] And, Matte-Blanco *The Unconscious as Infinite Sets: An Essay in Bi-Logic*, London: Duckworth, 1975.

[1] Marcus remarks "There are those who aver that his chief claim to fame derives from his responsibility for an unprecedented outbreak of book-flinging among otherwise well-composed psychoanalysts." M. Marcus, "Review of *Lacan and Language. A Reader's Guide to Écrits*," *International Journal of Psycho-Analysis*, vol. 65, pt. 2, 1984, p. 238.

[2] An account of absorbing such developments was recently written by Luciana Nissim Momigliano, "The Psychoanalyst in the Mirror: Doubts Galore but few Certainties," *International Journal of Psycho-Analysis*, vol. 72, 1991, pp. 287-296. She traces the absorption of much of the same psychoanalytic literature that I have gone through to write this work.

When practicing clinical psychoanalysis, the psychoanalyst suspends all such theoretical debates. This is a technical rule. No doubt, theory still exerts indirect impact on the clinical situation. The analyst puts aside intellectual debates in order to practice clinically. Bion put it this way: the analyst must "*be* psychoanalysis" for his patients. To do this he cannot spend his time debating various point of theoretical psychoanalysis with them. Many clinicians observe that a psychoanalyst can be a competent clinician without knowing much about the theoretical debates. This does not entail that there are no such debates.

Some believe the primary methods psychoanalysis uses are unique, having almost no common features with the natural sciences or with any other social sciences. There are dissenting opinions. It would be pointless to merely record all the views held by psychoanalysts and psychoanalytic theorists about the status of psychoanalysis. What is important for my purposes is that the uniqueness view is conceptually difficult to reconcile with a picture of psychoanalysis that is compatible with the rest of science. In its extreme form it amounts to the claim that psychoanalysis rests in a separate domain, utilizing a separate sense of explanation, causality, meaning and language. These views come up in various forms through the literature of psychoanalysis. Sherwood, in his 1969 book *The Logic of Explanation in Psychoanalysis*, identified this as "the thesis of the separate domain."[1]

Following this lead we could identify the view that clinical reasoning is distinguishable from theoretical reasoning as the thesis that clinical reasoning in general falls

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[1] M. Sherwood, *The Logic of Explanation in Psychoanalysis*, New York: Academic Press, 1969. See especially Chapter Five, pp. 125-184, which is entitled "The Thesis of The Separate Domain," where he identifies the various components of the thesis. It usually includes the overdetermination thesis which claims that there are multiple causes relevant to the aetiology of neurosis and a special distinction between reasons and causes specific to psychoanalysis.

into a separate domain. It is possible to find in the literature of the philosophy of medicine the view that clinical reasoning requires a separate epistemology. This is a common intuition.[1] This view seems incoherent; but, perhaps it is possible to provide a working account or phenomenology of the clinical situation which is less theoretical. One recent attempt to describe the clinical process makes no conspicuous use of metapsychological jargon.[2] Mention of the expression "unconscious" suggests taking up part of the concern of metapsychology. Freud also claimed that the conceptual task of rendering more precise the basic concepts of psychoanalysis was part of the task of metapsychology. While we could grant that the concerns and goals of the clinical practice are distinguishable from the claims of classical metapsychology, still the use of key psychoanalytic terms implies absorption of conceptual work carried out under the heading of metapsychology.

The separate domain thesis has led to some of the critiques of metapsychology on the grounds that it is committed to a natural science model which is inappropriate to the subject matter. This directly leads to attempts to supply an alternate model based on hermeneutics since hermeneutics is self-consciously outside the natural science approach to the study of human phenomena. If there is a commitment to construct a

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[1] See for example: D.A. Albert & M.D. Resnik's Review of Edmund A. Murphy's *The Logic of Medicine*, Baltimore: The John Hopkins University Press, 1976. *Philosophy of Science*, vol. 45, no. 3, September 1978, pp. 488-491. They mention various key works in this area and indicate that the drive to specify more accurately the features of clinical judgement have come in part for the attempt to automate diagnostic procedures. It does appear likely that for certain areas of medicine, the combination of formal analytic tools developed by logicians and inexpensive powerful computer technology will be used to automate diagnosis. Given the explosion of knowledge, developing this seems somewhere between expedient and necessary. However, it seems impossible for psychoanalysis proper, even though there are expert diagnostic systems for psychotherapy. Nevertheless, the inclination to see clinical reasoning as special is widespread.

[2] Scott, 1981, pp. 572-577.

model consistent and compatible with natural science, but not identical with it, then the hermeneutic alternative does not seem acceptable. The methods specific to individual sciences are developed to facilitate that area of study. This does not entail adopting a hermeneutic conception of psychoanalysis. Since there are alternatives, it is a mistake to set the problem before the psychoanalysts in this way: 'Now choose one approach, hermeneutics or the philosophy of science.'

Some analysts oppose the view that psychoanalysis can be defined by its methods alone without consideration of its evolving theories.[1] Grounds for this position include the observation that the methods are intricate and detailed and evolve along with theories. For example, if the theoretical concept of internalization[2] is closely examined then many minute technical refinements for clinical practice follow. Such examination also yields other theoretical problems; since, what is internalized is a representation of the objects of intentional attitudes.[3] Moreover, we can also expect that internalization is related to introjection. Understanding such concepts is part of understanding the theoretical basis for current refinements in clinical practice. Plainly, knowing some representative sample of the clinical method is not the same understanding of either its theoretical foundation or its factual basis in the organization of personalities.

§ 8 Responding to these Problems Analytically: There is no doubt that the pic-

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[1] Cf. Charles Hanly, "A Problem of Theory Testing," *International Review of Psycho-Analysis*, vol. 10, 1983, p. 396.

[2] W.W. Meissner, *Internalization in Psychoanalysis*, Psychological Issues, 50. New York: International Universities Press, 1981.

[3] What is being internalized could be understood as a mental image or an iconic representation. When it results in the formation of internal objects, these function causally. This issue bears on some of the candidates for higher order theorizing.

ture I have presented above is complicated. This is unavoidable since psychoanalysis has become very complicated. There is no point in presenting an artificially simplified picture of the problems followed by an artificially simplified solution which has then no bearing on reality.

In the next chapter I will give an account of clinical psychoanalysis that synthesizes and incorporates the differences in technique that occur among current schools of psychoanalysis. This type of analysis in turn requires an explanation of the entrenched models of emotional mental functioning which are embedded in the debates and the clinical studies. My purpose is not to isolate some defect in a metapsychological model and leave the analysis at that point. Instead I will try to propose a solution to the problems raised by the evident defects.

If this later proposal is plausible, then an answer to the implicit question running throughout this account has been achieved. That question is: Can an alternative to metapsychology enhance clinical practice? If I can outline one alternative sufficiently clearly that it can be criticized, then I will be satisfied with this contribution.

However, since psychoanalysis encounters difficult philosophical problems in the course of its theorizing and practice, much work is still left to be done. I do not suggest solutions to these other problems here. I only propose to supply a contribution to a slightly more accurate analysis of current psychoanalytic thought. There is a place for more work on well-defined philosophical problems as they arise in current psychoanalysis, e.g., truth, representation, cognition, realism, freedom, and the like.[1] All of these are both legitimate and important, but my task is different. It is to use the specific

[1] Wallace advocates an analytic approach. See his "What is "Truth"? Some Philosophical Contributions to Psychiatric Issues," *The American Journal of Psychiatry*, 145:2, February, 1988, pp. 137-147.

knowledge emerging from contemporary psychoanalysis to do three things.

1) Proposing an alternative analysis of the metapsychology problem. The analysis will be followed by an alternative set of modern terms to be analyzed, e.g., 'link'.

2) Showing that clinical studies can be read, absorbed, criticized, and analyzed. I will use some of the psychoanalytic cases now available. Unlike Grünbaum, I do not want to restrict myself to an analysis of Freud's cases.

3) Proposing more specifically how some of the emerging problems can be addressed. This requires supplying a conceptual *framework* to sort out the literature.

The combination of these three conceptual tasks supplies a more analytic way to proceed. In the psychoanalytic sense, I intend to use aspects of psychoanalytic knowledge which many practicing psychoanalysts have difficulty in absorbing,[1] e.g., internal object relations and the emerging understanding of psychosis. In the philosophical sense, it is more properly analytic to investigate actual psychoanalytic thought as it is currently emerging. Some of the alternatives have been analyzed above. One was approaching psychoanalysis with the intuition that if it is not demonstrably a science then we need not actually investigate it. A second was the hermeneutical approach which started with the intuition that persons and mind were the kinds of things about which no actual knowledge could ever be acquired by psychoanalysis.

As an alternative to these approaches I will try in the following chapter to give an account of current psychoanalysis. If this is even a partial success then perhaps we will be able to see something new about psychoanalysis.

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[1] Boulanger pointed out this difficulty to me.

CHAPTER TWO

ASPECTS OF MODERN CLINICAL PSYCHOANALYSIS

> Some philosophers of science may be surprised at the detail gone into, for it is usual enough to confine discussion to a few general ideas, like the unconscious or the superego. ...some go into problems of philosophy of physics involving considerable technical detail. In my view, the same is required in the philosophy of psychoanalysis.[1] J.O. Wisdom

§ 1 Over-Riding Aspects: Stuart Hampshire used his knowledge of psychoanalysis to write *Freedom of the Individual* in 1965 and its subsequent revision in 1975. He frequently referred to psychoanalytic method and technique, but did not go into much detail.[2] For my purposes herein, I must go into considerable detail. The philosophical labor required to construct plausible arguments about psychoanalytic clinical practice has been greatly increased by the emergence of a self-critical literature on specific aspects of technique. Some of this literature has been used in the First Chapter to provide counter-arguments to Grünbaum and others. We will now move from examples to a more theoretical picture of clinical practice. This chapter concerns the theory of technique and not simply technical rules to practice clinically. The theory of technique takes into account the severity of the patient's condition. The condition may not remain the

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[1] J.O. Wisdom, "Freud and Melanie Klein: Psychology, Ontology, and *Weltanschauung*," in Hanly & Lazerowitz, (eds.), *Psychoanalysis and Philosophy*, International Universities Press, 1970, p. 360.

[2] Stuart Hampshire, *Freedom of the Individual*, Expanded Edition. Princeton University Press: Princeton, New Jersey, 1975. An understanding of psychoanalysis aids in understanding this book. When Hampshire says, for example, "I may look for methods and techniques of ridding myself of thoughts which are painful or harmful..." p. 99, he is referring to psychoanalytic technique. The same is true when he refers to "repressed and normally unconscious desires," on p. 25 & 129, to a means of undoing pathological desire on pp. 102-103, and to sexual perversions on pp. 136-137.

same throughout the course of an analysis, and different aspects of understanding come into play during these changes. The first challenge facing us is that theory is not uniform. The second is that theories of different aspects of mental functioning are linked together in any one case history. The third is that refinements to aspects of clinical theory are appearing in the literature regularly. Chapter Two will try to give an account of the underlying theory of practice that is being used in some of the more difficult cases, since the more difficult cases are the ones stimulating refinements in the emerging picture of clinical practice. These are then applied to the less difficult cases, such as those Freud treated.

As in the First Chapter, there will be a review of the literature. I refer the reader to the footnotes once again. We will start from the late 1950's when the treatment of psychosis began. As psychotics were treated, elements of neurosis emerged in their personalities and these were in turn analyzed. Elements of child analysis were used with these patients. Some of the refinements produced from child analysis are also incorporated into this chapter. I will be concentrating on the clinical theory that has been taking shape during the last ten years. Where this has been shaped by a re-examination of older work then we will subject it to analysis.

I have not restricted myself to any one school of psychoanalytic thought. Rather, I have examined the work of many authors who would, in some instances at least, not read each other. I am *acutely* aware of the politics of psychoanalysis; they are an endless source of fascination for some.[1] Nevertheless, the issues at hand cannot be decided by considerations of the personalities involved in developing psychoanalysis. For a philosopher interested in the systematic propositional content of psychoanalysis, the

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[1] One of the more recent studies is the Phyllis Grosskurth's *The Secret Ring: Freud's Inner Circle and the Politics of Psychoanalysis.* Toronto: Macfarland, Walter & Ross, 1991.

politics are a distraction.[1] The task at hand is to isolate some of the invariant features of psychoanalysis and thus a differential comparison of technique is an unavoidable component. Gedo, who is well-known for holding some strong political views and some psychoanalytic ones with which I do not agree said:

> The mutually exclusive systems of interpretation of rival schools of thought within psychoanalysis, all of which seem to gain similar therapeutic results, also suggest that successful treatment does not stem in any direct manner from valid "insights."
> These conclusions do not imply that psychoanalysis can afford to abandon the criterion of validity for its interpretations; they merely point to the fact that this criterion is of limited relevance with regard to the question of therapeutic results.[2]

Therapeutic results are an important element in the differential assessment of technique but so too is clarity about how to proceed. I am taking an analytic approach to psychoanalysis. By this I mean that a set of topics will be systematically considered *without* conceding Gedo's claim that rival approaches to a specific problem do in fact achieve similar results. Gedo worry is misplaced, since the patient's insight is not the only criterion psychoanalysis must use, but the *absence* of insight is important nonetheless. Sometimes changes may occur at quite a different level from that of 'insight.' Psychotics and borderline patients at times, for example, lack the capacity to make psychological insights and can interfere with the analyst's own capacity to think. This can also happen with more conventional patients when primitive states emerge during an analysis. Such interference in the analyst's capacity for thought is accomplished by transforming the analysts' thinking.[3] However, the analyst can transform primitive thought

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[1] For the most part, I have *suspended* these issues but have not forgotten about them.

[2] Gedo, 1979, p. 256.

[3] I discuss Bion's two key theoretical terms, beta–elements and alpha–elements, about

if and only if he understands some of the relevant dynamics which are operating.

Transforming an inability into ability is one common feature of clinical psychoanalysis.[1] It is perhaps most clearly found when people who have problems at the level of cognition are successfully treated, in addition to the more commonly found problems of emotional conflicts. Two people are involved in making such transformations which have an affect on the patient. Psychoanalysis is a dyadic process. Both the patient and the analyst are involved. I will concentrate on the analyst. Gedo's argument that psychoanalytic practices cannot be compared because they achieve similar results is simply *not* warranted by the current literature and a knowledge of transformation. Claiming further that insight cannot be the common factor does *not* take into account the important new discoveries concerning inabilities to function cognitively.

There have been many studies of patients and the conclusions have often been that serious conditions render patients un-analyzable. Perhaps there could be something else at issue, including the lack of knowledge of clinicians, and lack of knowledge of how the analyst's mind functions when working successfully with difficult patients. The amount and type of psychoanalytic understanding is relevant. I will *not* say that all

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which he is not a scientific realist, in § 7 below. Cf. "For this purpose [to describe certain types of clinically observed cognitive failing] I have used two things which are entirely meaningless: beta–elements, which do not belong to the domain of thinking, and alpha–elements, which are reserved for the domain of thought. ...There is no evidence whatsoever to believe that beta–elements and alpha–elements exist, except by a kind of metaphor like calling them psychological atoms, or psychological electrons." Bion, 1990, p. 14.

[1] "Transformation, a central notion in Bion's work moves from the more ambiguous and burdensome language of impulse or wish and defense to transformations of unconscious structure unknowable in themselves but understandable in terms of invariance of the transformation process." Melvin R. Lansky, "Philosophical Issues in Bion's Thought," In: James S. Grotstein, (ed.), *Do I Dare Disturb the Universe? A Memorial to Wilfred R. Bion*, Beverly Hills: Caesura Press, 1981, p. 439.

patients are analyzable, for that would go against the current evidence. Difficult patients have been and can be analyzed, and much has been learned from this process. Still other more general questions are implicitly touched upon during the following examination of these technical clinical topics. For example, the question that Wallerstein posed, is there "one psychoanalysis or many?"[1] will remain before us throughout this chapter. I hold that psychoanalysis is one field as I implied in the First Chapter. If one is tacitly arguing as a sub-theme that psychoanalysis is one field it by no means precludes criticizing a particular proposition put forth by any one psychoanalytic author. Nor does it preclude arguing that a particular psychoanalytic author's work should *not* be considered as part of psychoanalysis. Chapter Two continues the explanation of why psychoanalysis is unified by supplying some evidence for this claim. Unification is consistent with rapid evolution. If I am successful we will transform the elements of clinical psychoanalysis into a more unified picture.

The contemporary philosopher of psychoanalysis is constrained by certain *facts* and *discoveries*. It is insufficient to restrict ourselves to opinions about the facts and opinions as to whether there could, in principle, have been discoveries. Acknowledging some of the facts results in a different way of approaching psychoanalytic technique. Included in this are different kinds of arguments, i.e., arguments constrained by certain 'selective facts.'[2] The content precludes reliance on hypothetical thought experiments alone, although these have their place, since the general arguments about technique are tied to the empirical situation of actual clinical practice. In addition to this, these debates on practice use both the positive results and clinical failures which have been ob-

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[1] R.S. Wallerstein, "One Psychoanalysis or Many?" *International Journal of Psycho-Analysis*, vol. 69, pt. 3, 1988, pp. 5-21.

[2] The technical term 'selective facts' is discussed below in § 4.

served and reported.

Following the *discovery* of transference, for example, there was subsequently the requirement of integrating this discovery into clinical practice. To an observer, it may seem that psychoanalytic clinical practice is contaminated with the very theories that are then *tested* by means of clinical practice. This assessment misrepresents the situation. As in many relatively well-developed fields, psychoanalysis builds upon previous results. In physics, when an atomic accelerator is constructed, a well-merited tacit assumption is made that certain previous results indicate that this move is warranted. Psychoanalysis is not as developed, or as publicly communicable as physics; yet the same pattern is found. Psychoanalysis also builds on previous results. Not everyone within the field yet agrees on which results are important. The argument in this chapter attempts to make a contribution to the problem of how to *assess* clinical studies. It is a cumbersome way of arguing, but it is unavoidable given the extensive development of psychoanalysis in recent decades.

Philosophers who wish to appraise psychoanalysis as a whole, or who wish to make use of psychoanalytic observations for other philosophical work (for example in doing moral philosophy[1] or philosophy of mind[2]) are frequently unable to give an account of psychoanalytic clinical practice. There are very good reasons for this difficulty. Our intuition might be that if these philosophers were also clinical psychoanalysts, they

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[1] This is a part of contemporary analytic work in moral philosophy. See for example: Bernard Williams, *Ethics and the Limits of Philosophy*, Harvard University Press: Cambridge, Massachusetts, 1985, who argues that while we can make substantial progress without psychoanalytic psychology (p. 47), without an understanding of human nature, we will be left in what Spinoza called "the asylum of ignorance." (p. 96)

[2] For example to work on intentionality. E.g., John R. Searle's *Intentionality: an Essay in the Philosophy of Mind*, Cambridge: Cambridge University Press, Cambridge Paperback Library, 1983, p. 1.

would not encounter this problem. But philosopher-psychoanalysts have the same problems.[1] Clinical psychoanalysts have been unable to give a definitive general account of clinical psychoanalysis.[2,3,4] This is not surprising because it is a moving target, and each generation of psychoanalysts produces refinements.[5] There is more to this than the simple extrapolation from one individual clinical practice. For this reason, practicing clinical psychoanalysis may help but does not guarantee a greater instance of success in this task. In fact, no amount or type of background is a sufficient substitute for going through the larger sample of clinical and theoretical studies now publicly available.[6] This takes a considerable amount of time, so a division of labor is in order as psychoanalysis continues to develop. How psychoanalysis should be practiced is a current and active debate in contemporary psychoanalysis. We are *primarily* concerned

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[1] J.O. Wisdom "Testing an Interpretation Within a Session," *International Journal of Psycho-Analysis*, vol. 48, 1967, pp. 44-52. Also, see Hanly.

[2] There have been many attempts; however, the specific studies tend to be of more use. An example of an attempt to codify psychoanalytic technique is Ralph R. Greenson's *The Technique and Practice of Psycho-analysis, vol. 1*. New York: International Universities Press, 1967. Dissatisfaction with this work has been expressed by other analysts.

[3] The earlier work of Otto Fenichel, *Problems of Psychoanalytic Technique*, Translated by David Brunswick. New York: The Psychoanalytic Quarterly, 1941, is another example. This work is inconsistent with the views analyzed in this chapter.

[4] There is a similar problem with the textbook used by generations of psychiatric residents, i.e., Charles Brenner's *An Elementary Textbook of Psychoanalysis*, Revised edition. Garden City, New York: Anchor Press/Doubleday, Anchor Books, 1973. This textbook does not represent psychoanalysis in an accurate or defensible manner.

[5] An example is : E. Spillius ed., *Clinical Lectures on Klein and Bion*, R. Anderson, ed., Foreword by H. Segal, The New Library of Psychoanalysis, vol. 14, London: Tavistock/Routledge, 1992.

[6] Gedo said that he practiced only psychoanalysis full-time, and managed to see fifty patients in his career. Others have argued that doing the same thing over and over again, without learning, is not relevant experience at all.

with current clinical issues. Constraining these issues under some set of understandable topics is one way to frame our problem.

The attempt to construct a precise and non-distorting general account of clinical psychoanalysis has been underway for decades. It has occupied the careers of many of the most able psychoanalytic minds. Definitive, comprehensive and non-controversial results still elude us. The philosopher cannot bypass this problem. When a problem is too large, a strategy is required: mine is to state part of the over-riding aspects first. These guide the psychoanalyst to work in a certain way. We infer this pattern from a review of the recent literature. The older traditional picture was that the analyst listened, waited and interpreted. These aspects were captured when Sharp's view was covered in the last chapter.[1] It was useful as a preliminary sketch and we will implicitly retain elements of that account in what follows. Now we will propose a more theoretical frame.

There are two deceptively simple, basic, over-riding aspects of clinical psychoanalysis:

The first is that *the analyst offers himself as a potential object.*[2]

The second is that *the analyst represents psychoanalysis.*[3,4]

Both of these are on the side of the psychoanalyst. We have seen quite a lot of lit-

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[1] In § 6.2 of Chapter One entitled "Clinical Practice: Conflicts between Research and Therapy."

[2] This statement resulted from a reading of Scott and Bion, and others.

[3] This is partially derived from Bion who was, in part, trained by Scott. For a review of Bion's work see: J.O. Wisdom, "Bion's Place in the Troika," *International Review of Psycho-Analysis*, vol. 14, 1978, pp. 541-551. [The Troika consists of Freud, Klein and Bion.]

[4] And also Wisdom's "Metapsychology After Forty Years," In: *Do I Dare Disturb the Universe? A Memorial to Wilfred R. Bion*, Edited by James S. Grotstein, Beverly Hills: Caesura Press, 1981, pp. 602-624. Many people claim to have learned from Bion.

erature about problems which specific patient groups pose for psychoanalytic treatment. It is important to repeat that psychoanalysis is a dyadic process. There are two parties involved. When they embark on an analysis, patients are certainly involved in a demanding activity which may carry over profoundly into their lives outside the consulting room; but still, they are not practicing psychoanalysis. Psychoanalysts are the ones practicing psychoanalysis. This activity has its own and different demands which may or may not be greater than the demands placed upon their patients. A way to formulate the distinction is to say that patients are *in analysis* but they do not practice analysis. Eventually, some patients may practice analysis. As we know, all analysts undergo analysis, so the distinction may seem a bit severe; but I make it to emphasize the differences in the respective processes involved. In the early days of psychoanalysis, people began to practice clinically with very little personal analysis compared to the standards of today.[1] Psychoanalysts may put themselves *in analysis* when they do self-analysis to enhance their practice of psychoanalysis. While it is true that they continue their own personal analysis by virtue of practicing analysis, there is still quite a distinction between being *in analysis* and *functioning as a psychoanalyst for a patient.*

I have stated a very condensed conclusion in advance, which requires some substantial support. Both over-riding aspects will now be developed and unpacked in some considerable detail as the chapter proceeds. I will also refer back to these two over-riding aspects as they bear on some of the individual topics covered later.

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[1] It is true that there are many former psychoanalytic patients who have more acquaintance with their own processes than some of the early analysts and they may well use this in their activities, be they personal or psychotherapeutic. There is a record of a number of Boston psychologists who undertook a brief personal analysis to see if anything could be learned. One said that he rated six months of personal analysis of greater value than the whole of graduate work in psychology.

§ 2 The Analyst as Potential Object: By virtue of the setting of the psychoanalytic situation, including the use of free associations, the analyst is offering himself as a potential object to the analysand. Part of the setting requires both people to be in the same room at the same time. This is a different way of characterizing psychoanalysis than is commonly found.

The analyst will be not necessarily be used as an object. The word 'potential' is important. If the analyst tries to be an object, this implies an expectation directed towards the patient. By object I mean the target of an emotion or an attitude. Thus, the analyst may or may not be hated, envied, admired, manipulated, etc. Any emotion that we name may be directed towards the analyst. Some of these emotions may be appropriate given the real relationship in the analytic dyad, and some may not be. Some of the ones that are inappropriate exhibit characteristics that can be called transference.

The appropriate interpretation and handling of transference has been recognized as one of the central sources of therapeutic success in clinical psychoanalysis.[1] Transference is certainly *not* something found only in the clinical situation; quite the contrary, it occurs everywhere. The idea is to also have transference occur in the clinical situation. It is a mistake to assume that transference is all of one type; there are many types and as a result the analyst will be treated in many different ways. When all goes well, transference is on the side of the patient, and directed towards the analyst in the clinical situation. It has been called the 'engine of the psychoanalytic process.' Thus, the question arises: why not start with transference? However, I will not begin this characterization

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[1] See James Strachey's theoretical paper on this discovery, "The Nature of the Therapeutic Action of Psychoanalysis," *International Journal of Psycho-Analysis*, vol. 50, 1969, pp. 275-292. [Reprinted from *International Journal of Psycho-Analysis*, vol. 15, 1934, pp. 127-159.]

of clinical psychoanalysis with a discussion of transference for there are prior conditions which must be discussed first. If the analyst is not prepared to offer himself as a potential object, there will be psychological devices employed within the psychoanalytic situation which will seek to limit the occurrence of transference. Such interferences with transference are found in ordinary life and in the majority of non-psychoanalytic therapies.

Practicing psychoanalysis requires training. It requires that the analyst be sane[1] and be able to diminish the tendency to treat his patients as objects for his own internal emotional life. Although the analyst is analyzed, no analysis is either perfect or complete. The patient can stir up issues that did not arise in the analyst's own training analysis. We would be guilty of idealization if we said that the analyst would never use patients for his own psychological purposes. Thus, we should add the proviso that such usage should not occur 'in an obvious way that interferes with the course of an analysis.' This may well happen but only be manifest in the internal world of the analyst. Such psychological contamination is diminished by the training analysis.

Some of the early analysts were not analyzed and so, presumably did not have as much protection from having their own states contaminating their own practices. There are examples among notable contributors to psychoanalysis, however. For example, Hartmann had only instruction[2] from Freud (and not analysis proper), and Fairbairn

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[1] Heimann says that the analyst must remain ill, in some sense, if he is to be of help to his patients. By this she means, retain access to the unconscious in a way that most healthy persons do not. I say sane, because I mean tolerating greater access to the unconscious without exhibiting symptoms. "On the Necessity for the Analyst to be Natural with his Patient," In: *About Children and Children No-Longer: Collected Papers 1942-80*. London: Tavistock/ Routledge, 1989, p. 311.

[2] An example from outside psychoanalysis is Piaget. He did not acknowledge his debt to psychoanalysis. He claimed in a recent public interview that his analysis was largely instruction. Piaget was analyzed by Sabina Spielrein, who had an affair with Jung when she was hospitalized

was not analyzed. In her later years, Klein said she had far too little personal analysis in preparation for the work she did.[1] The practicing psychoanalyst must have some access to his own unconscious processes and be able to do some self-analysis. The unconscious *remains unconscious* for the analyst also. The access the analyst has is by indirect means. These include attending to fantasies and discomforts.

In many characterizations of psychoanalysis, the first focus is on the process occurring in the patient. In my characterization, the first focus is on the characteristics required of the analyst. This helps avoid both psychological and epistemic contamination of the analytic situation. If the clinician does not acquire the ability to offer himself as a potential object in the analytic situation, the process that occurs in his clinical practice might well not be psychoanalysis. In extreme cases the patient terminates the analysis. If the patient is not in the room then the analyst can no longer offer himself as a potential object.

When analysts disagree about some technical clinical issue they sometimes put an end to debate by invoking the accusation that the views of their opponent are 'not part of psychoanalysis.' If we can find some dependable and acceptable way of assessing

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for illness; she later recovered. Piaget tried to analyze his own mother after his analysis. Later he came to drop all interest in emotions and this resulted in his attitude towards children. "Students of Piaget's theories have often been puzzled by his treatment of young children as little intellectuals who construct cognitive schemas from their interactions with the physical world alone, without any apparent emotional exchanges with their mothers. " See: Eva M. Schepeler, "Jean Piaget's Experiences on the Couch: Some Clues to a Mystery," *International Journal of Psycho-Analysis*, vol. 74, 1993, p. 270.

[1] Klein said "Technique at this time was extremely different from what it is at present and the analysis of negative transference did not enter." Quoted in Phyllis Grosskurth, *Melanie Klein: Her World and Her Work*, Cambridge: Harvard University Press, 1987, p. 72. Klein's analyst, Ferenczi, had the same complaint about his analysis with Freud. Freud's reaction to Ferenczi's complaint was to write "Analysis Terminable and Interminable," [1937], *S.E.* vol. 23.

clinical studies, then we will have something better than accusation. After examining the details of clinical psychoanalysis a clearer set of determinate criteria will emerge.

§ 3 The Analyst Represents Psychoanalysis: The second over-riding aspect of clinical psychoanalysis presented here is that the analyst represents psychoanalysis. This is a condensed formulation of an aspect of clinical psychoanalysis which highlights the analyst's side of the dyad. I have chosen this particular formulation over others that are commonly heard (and which are also true).

For example, it is said that the analyst treats the patient as an 'honored guest' when he sees him in his consulting rooms.[1] The 'honored guest' attitude is part of representing psychoanalysis. Being respectful of the patient implicitly allows for the development of a milieu of acceptance in the analytic consulting rooms, which in turn makes it more likely that the patient will bring useful material to the analysis. It could happen, as a poor alternative, that the analyst tries to represent 'education' as opposed to psychoanalysis. Freud mentioned about this that "Educative ambition is as little use as therapeutic ambition."[2] The patient does not require education from the analyst but rather requires some repair in the capacity to absorb education outside the analysis. If the analyst wishes to accomplish this goal then he must put aside therapeutic ambition so that the analysis works qua psychoanalysis. It is paradoxical at first sight. If the analyst wishes to *actually cure* the patient then he must *suspend the desire to cure.* Again, this is part of what is meant by representing psychoanalysis, as opposed to representing, for example, psychotherapy.

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[1] Boulanger has mentioned this to me several times.

[2] S. Freud, "Recommendations to Physicians Practicing Psycho-Analysis," [1912], *S.E.*, vol. XII, p. 119.

Another aspect of representing psychoanalysis is that the analyst does not tell the patient what to expect and suspends his own expectations about what is likely to happen. This aspect of the move preserves the patient's fantasy of what psychoanalysis is supposed to be. This allows the specific analysis to be unique and less influenced by suggestion. It does not matter what the analyst *knows* about psychoanalysis; but it does matter if he lets this knowledge interfere with a particular analysis. It matters because he can interfere with the patient bringing material to this particular analysis. This includes the patient's fantasy [and unconscious *phantasy*] of what psychoanalysis is and how it is supposed to proceed.[1,2] Such fantasies may supply valuable material with which the analyst can later work. The formulation of 'representing psychoanalysis' applies to all theoretical formulations of clinical psychoanalysis. It does not always apply to psychodynamic psychotherapy, since psychotherapy frames a limited number of problems in advance which will be dealt with, in contrast with psychoanalysis which does not limit the number of problems which might be addressed. Since psychoanalysis releases anxiety in the patient, it is impossible to tell in advance which problems the patient may, in fact, have.

There are many active debates in contemporary psychoanalysis about the correct manner of practicing psychoanalysis.[3,4] For the psychoanalyst to represent psycho-

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[1] Scott says that the analyst will be hated, loved, admired, ignored, envied, blamed, etc., and sometimes treated as other objects. See: Scott, 1981, pp. 572-577.

[2] Anderson implies that among the first fantasies is that the analyst is untrustworthy. Harry M. Anderson, "The Post-graduate Development of the Analyst: Report of an Unusual, Comprehensive Experience," Presented at the Toronto Psychoanalytic Society, Wed. Feb. 11, 1987, 119 pp.

[3] For a summary of the current debates see: R.S. Wallerstein, "Psychoanalysis: The Common Ground," *International Journal of Psycho-Analysis*, vol. 71, pt. 1, 1990, pp. 3-20.

[4] And, R.S. Wallerstein, "One Psychoanalysis or Many?" *International Journal of Psycho-*

analysis in the clinical setting, these debates must not enter the clinical setting. There is a place for such debates and it is not in the consulting rooms. Nor may the analyst have an agenda in mind, such as the demonstration of the merits of his favored theoretical orientation. Indeed, when it goes well, and the analyst is representing psychoanalysis, then the patient may not know the theoretical orientation of the analyst. The more general way of formulating this technical requirement of psychoanalytic practice is that the analyst represents psychoanalysis for the person in analysis. In every theoretical orientation, there is some approximation of this over-riding guideline. For example, Bion says that the analyst must "be psychoanalysis" for the patient. This relates to the patient's fantasy about what psychoanalysis is supposed to be, and the analyst can respond to the fantasy in an appropriately psychoanalytical way, as opposed to acting out the patient's fantasy. By this Bion means that the analyst must not interfere with the work or agenda that the patient brings to the analytic setting. It is said in analytic circles that each and every analysis is different. If psychoanalysis is represented, then the analyst will rediscover psychoanalysis anew with each and every psychoanalysis conducted.

Bion made several attempts to describe the analyst's state of mind when achieving optimal results. He did this in his public lectures and in his published works. He held both that is not a simple thing to describe and that is important to try to describe it. Whatever this state of mind might be, it does overlap with the notion of 'representing psychoanalysis' both within a specific psychoanalytic setting and when discussing psychoanalysis in more public forms. In the first case, trying to represent psychoanalysis when practicing it clinically would be a goal that is consistent with acknowledging its

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Analysis, vol. 69, pt. 3, 1988, pp. 5-21.

unique features which distinguish it from, for example, engaging in the practice of medicine, counseling, or psychotherapy.[1] Achieving a state of mind where psychoanalysis is represented is not a *strict* requirement. If it were, we would not only be idealizing the capacities of most mortals practicing psychoanalysis, but we would also be underestimating the capacity of the patients to disturb the analyst. This state of mind can be achieved only under optimal circumstances. The patient has the capacity to disturb it by all sorts of moves, including turning psychoanalysis into intellectual work. Thus, the analyst must be cautious about those, as Freud said, who steer "the analyst off into intellectual discussion during treatment, [and] speculate a great deal and often wisely about their condition and in that way avoid doing anything to overcome it."[2] The more severe disturbances described by Bion directly attack, by unconscious psychological means, the analysts' ability to think analytically. Part of what is meant by representing psychoanalysis is that the analyst resists this disturbance by psychoanalytic means, and such a resistance amounts to representing psychoanalysis, as opposed to representing medicine where a medication might be prescribed to diminish the patient's capacity to disturb. Bion also said that no one but a working analyst had a chance of understanding his characterization.[3] We shall soon see if he was correct.

Psychoanalysts have understood and use aspects of Bion's work and this is mani-

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[1] I will expand on this distinction in § 7 of Chapter Two below where I examine psychoanalytic clinical judgement.

[2] S. Freud, "Recommendations to Physicians Practicing Psycho-Analysis," [1912], *S.E.*, vol. XII, p. 119.

[3] A related view of his is expressed in the following: "Psychoanalysis has not reached a point where it can be communicated without the presence of the objects which have to be demonstrated." W.R. Bion, *Two Papers: The Grid and The Caesura*, London: Karnac Books, 1989, p. 33.

fest in the current literature.[1] Philosophers have subsequently commented upon its use.[2,3] Bion's idea is to experience the anxiety the patient causes but to remain sufficiently undisturbed so as to still keep thinking. The idea has been expressed, in other contexts, as being able to think your own thoughts while not being oblivious to the thoughts of others, including those which interfere with your thoughts.[4] In Bion's view, it is a type of practical freedom which can be used as a means of increasing the patient's freedom, at least eventually. That is, the patient may achieve some freedom from the urge to disturb the thoughts of others by first lessening the impulse to disturb the thoughts of the analyst. This is a consistent development of Freud's view on the matter, as we see by attending to the following remark:

> To put in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient.[5]

Becoming able to represent psychoanalysis is a learning process but not in the conventional intellectual sense. It is learning to think and emotionally process in a different way. Bion held that it could also be taught; for this reason he did lecture and write

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[1] The collection edited by R. Anderson is an example, *Clinical Lectures on Klein and Bion*, Foreword by H. Segal, General ed. E. Spillius, The New Library of Psychoanalysis, vol. 14, London: Tavistock/Routledge, 1992.

[2] Lansky, "Philosophical Issues in Bion's Thought," 1981.

[3] "Analysts, as Bion rightly reminds us, should learn to tolerate the anxiety of contact with the unknown. But the better their theory, the easier it is for them to come out of confusion by recognizing, and helping the patient to recognize, his departures from truth." R.E. Money-Kyrle, "Cognitive Development," In: James S. Grotstein, (ed.), *Do I Dare Disturb the Universe? A Memorial to Wilfred R. Bion*, Beverly Hills: Caesura Press, 1981, p. 548.

[4] For an account see Symington's article on "The Possibility of Human Freedom and its Transmission (with Particular Reference to the Thought of Bion)," *International Journal of Psycho-Analysis*, vol. 71, pt. 1, 1990, pp. 95-106.

[5] S. Freud, [1912], *S.E.*, vol. XII, p. 115.

along with practicing psychoanalysis. However, you cannot teach it and practice it clinically at exactly the same time.

It is said that psychoanalysis is unteachable in any ordinary way. For this reason, psychoanalysts who do try to teach it watch for signs of apparent learning without appropriate comprehension. Mondell expresses a typical observation of training analysts when he mentions that some students "may act as if they are learning ... but one discovers that nothing has been truly taken in."[1] It is also for this reason that reading about psychoanalysis tends to be of limited help for those who wish to practice; and thus, Freud instituted the regime norm of the training analysis. It is certainly not enough, for if it were then there would not be so many reservations about the success of psychoanalytic training. On the other side, some people learn psychoanalysis spontaneously, and without much formal instruction develop their own way of deepening their knowledge. Thus, we are left with a set of contradictory observations. On the one hand, it is said that it cannot be taught even though some people do learn it. On the other hand, it is important to try to increase the teachability of psychoanalysis by supplying clear formulations of the invariant features of psychoanalysis. One of Bion's purposes in writing was to improve its teachability. While it is true that his formulations are a bit unusual at first sight, they may yield some insight if we are not too easily dissuaded.

What are we to make of Bion's despairing remark concerning being the likelihood of being understood, even by psychoanalysts, when writing about such topics. Well, such remarks were made by many original thinkers who came before him.[2] If we can

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[1] A.H. Mondell, "The Confusion of Tongues or Whose Reality is it?" vol. 55, *Psychoanalytic Quarterly*, 1991, p. 235.

[2] Frege made similar remarks. Winnicott once remarked to Scott that his [i.e., Scott's] pa-

give an understandable account of a few of his views insofar as they seem potentially helpful, our efforts will be repaid. I hold that thinkers outside psychoanalysis who exert sufficient effort can achieve understanding. Bion taught himself a new cognitive skill to deal with psychotic patients. We do not have to learn the skill to understand what he was doing. It is to continue the logical development of the philosophical analysis of psychoanalytic ideas that causes us to notice that some time has passed since Bion began to write. It is now time to subject Bion's work to analysis just as fifty years ago we subjected Freud's work to analysis.

Bion's effort supplied a more finely detailed picture of Freud's technical recommendation that the analyst achieve a state of "evenly suspended attention." This worked for non-psychotic patients. Psychotic patients or patients with psychotic elements in their personalities can stop the analyst from thinking. This includes disturbing "evenly suspended attention." Bion is trying to find a state where anxiety in the *analyst* can be tolerated. Freud did not like this sort of experience. He did not like to be looked at. For this reason he used a couch. Psychotic patients sometimes do not lie down on the couch. They do look at the analyst. This does disturb the analyst. It is supposed to have that effect.[1,2]

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pers would have to wait until the next generation for readers. [personal communication.]

[1] Scott may have come up with this first. Although he is still writing now he did help train Bion as a psychoanalyst. See: W.C.M. Scott, "Patients who Sleep or Look at the Psycho-Analyst during Treatment — Technical Considerations," *International Journal of Psycho-Analysis*, vol. 33, 1952, pp. 465-469.

[2] Bion wrote about the period before his becoming a psychoanalyst: "There were rumours during my time at Oxford [Bion studied history and philosophy before W.W. II] about a thing called 'psychoanalysis' and somebody called Freud. ...I made some inquiries but was persuaded that it wasn't really very much good—there were a lot of foreigners and Jews mixed up with it, so it was better not to get involved....I decided to launch out onto an analysis with him [John Rickman, Klein was his second analyst]. That I found to be extremely illuminating; to my sur-

Bion described the state, for technical reasons, as one that is without memory, desire, or understanding.[1] Freud's purpose in recommending evenly suspended attention was to have the analyst let his free associations follow those of the patient's. Bion's purpose is the same. Part of the difference in formulation is explained by the different order of patient Bion treated. They were more ill. Bion put it:

1) Winnicott thought the patient *needs to* regress.

2) Klein thought that the patient *must not* regress.

3) Bion thought the patient *is* regressed.[2]

The regression should be observed and interpreted. Bion further thought he ought to reach this regression in every case. He needed a more refined sense of how to allow his associations to follow the patient's material. Even in minor cases there are elements of regression. In this sense his views apply to a more general theory of clinical practice. They apply also to Freud's early views. Freud thought that regression may happen either in the service of the ego or in the service of illness. Thus regression itself could be either progressive or regressive. Bion differs in saying that regression is present prior to these secondary manifestations. A means of noticing its presence is therefore needed.

We can safely presume that Bion used all three states, memory, desire and understanding. Most functioning people do. Why would he want to do without them? As for memory, Bion is referring to memory of objects. If an object is remembered then it is no longer present; thus, it interferes with attending to what is present, i.e., the patient.

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prise, psycho-analysis seemed to have a distinct relationship to what I thought was common sense." Bion, 1992, pp. 375-6.

[1] A source of these views is found in Bion, *Cogitations*, 1992, pp. 293-296. This section is undated but probably written late in 1967.

[2] Bion, 1992, p. 166.

Memory means that "the object is past, internal and possessed."[1] Desire in this context means the converse, i.e., "the object is future, external and coveted." If the object is coveted then it is envied. If the patient is envied then he will be felt to be valueless. It is quite natural that we are inclined not to listen to people viewed as valueless. Very ill patients, such as those Bion treated, are felt to say things not worth hearing. If they are heard they disturb the listener. Bion also felt this to be true. A means was then sought to diminish the degree of disturbance in himself.

By virtue of putting aside the focus on past objects, and future objects, the interpretation of the object immediately before the analyst's regard is enhanced.[2] If the patient does not want interpretation to occur, then he will stimulate the analyst to *increase* memories and desires. In this way he protects himself from having to think anything new. For the analyst to think anything new, he suspends his understanding of the patient during the session. At some *specific moment* the analyst hears something new. There is a temporal element. The analysts refer to it as the "here and now." We could call it "time A." If the key to the analysis is presented at this time and missed, then the analyst may continue to think old thoughts about the patient.

Like Darwin, Bion thought that understanding is fatal to reason while observing, yet necessary beforehand and useful afterwards.[3] Bion gives the example of a married person, acting like an unmarried person during some sessions or in a part of a session. At these times, he then treats the person as unmarried, having put aside what he al-

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[1] Bion, 1992, p. 294.

[2] Bion, 1992, p. 296.

[3] Bion derived this view from Darwin's autobiography. In the appendix, Darwin's wife made a similar comment about her husband's way of working. For Bion's specific formulation see: W.R. Bion, *Two Papers: The Grid and The Caesura*, London: Karnac Books, 1989, p. 12.

ready knows very well. The patient's behavior could change several times in one session and it is important to take note of exactly what is put forth. Only the analytically useful material concerns the analyst in the session. This material does not come to the forefront by remembering, in a conventional way, what is known about the patient. The psychoanalytically important part of the communication can be very indirect.[1] Setting the mental conditions so that there is some possibility of noting indirect communication is therefore very important.

This is a preliminary account of what Bion meant by being without memory, desire, or understanding. Two things are clear: first, he could not have functioned in the psychoanalytic setting while being *completely* without memory, desire, and understanding, where these are taken in the conventional sense; thus he was referring to *aspects* of memory, desire, and understanding. The second point is that similarities to oriental mystical doctrine do not have *over-riding* importance. Bion's work and personality do reflect his life-long affection for birthplace India, where many generations of his ancestors worked.[2] But his work reflects the technical understanding that Bion had of this attitude and the difficulties it posed.[3]

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[1] As exemplified above in my § 9 of Chapter Two on projective identification.

[2] See his incomplete autobiography, *The Long-Weekend 1897-1919: Part of a Life*. Edited by F. Bion, London: Free Association Books, 1986. His wife remarks that he was very much influenced by H.J. Paton, the philosopher, when reading history at Oxford around 1920. Bion's notion of what material is presented to the analyst but cannot be sensed, represented by "O," is taken from Kant's thing-in-itself. Bion did not care if philosophers had lost interest in this idea. He also did not care if other psychoanalysts thought it led away from psychological realism, which is part of what Bion meant by common sense.

[3] For the connection to Indian doctrine see his *Brazilian Lectures: 1973—São Paulo, 1974—Rio de Janeiro / São Paulo*. London: Karnac Books, 1990, pp. 29-30. When asked about this connection he said that he could see some basis for making the connection because he had been asked, but it was not his intention. There is a stronger connection to *nostalgia* and *anticipation*, which are important for both the patient and the analyst. There is also a connection to the ability to forget.

Bion's emphasis may still seem bizarre to the philosophical reader. However, Bion had clinical success where others did not. Thus, it is worth exerting some effort to penetrate his thought. He captured an *approximation* of the core description of contemporary clinical psychoanalysis with some of his remarks.

Bion extended his characterization of clinical practice with the following comment:

> The nearer the analyst comes to achieving suppression of desire, memory, and understanding, the more likely he is to slip into a sleep akin to stupor. Though different, the difference is hard to define.[1]

Let us clarify these differences between sleep, stupor, and the augmented ego functions of the analyst. Bion is given to making extreme statements in order to draw the reader's attention to matters that are difficult to grasp and are wrongly preconceived. When such preconceptions are unmerited, we stop our investigations prematurely. He tells us that the analyst must have:

> An explorer's knowledge of instruments...such that he can use them in situations of stress.[2]

In many areas people become adept at rapidly and automatically using complex knowledge which was painfully acquired. Psychoanalysis is not an exception. Bion holds that the psychoanalyst needs both knowledge *and* the skill to avoid applying it until indicated. He calls it "reverie."[3] Knowledge is left in the background. The differ-

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The ability to forget requires that the idea is first remembered, only then can the patient or the analyst forget it and get on with something else. When not remembered first, then its presence is felt in the emotions.

[1] Bion, *Attention and Interpretation*, [1970], p. 47, In: Bion, 1977.

[2] Bion, *Transformations*, [1965], p. 75, In: Bion, 1977.

[3] This is analogous to the peaceful state a mother may achieve with her infant. Bion holds that the mother is containing ß-elements emanating from the infant and avoids idealizing the early relation.

ences between stupor and sleep are also worth exploring.

The analyst must listen to the person in analysis. He must not fall asleep. Sometimes analysts have the urge to sleep and on occasion do.[1] This can mean several things:

1) the analyst has ceased to offer himself as potential object for the patient;

2) a contaminating psychological reaction on the analyst's part is in play;

3) the patient has succeeded in having the analyst cooperate in a resistance;[2]

4) or indeed, the patient has succeed in making the analyst sleep;[3]

5) or lastly, the analyst's sleep was insufficient for being with such patients.

Let's examine Bion's three proposals again. *Understanding*: the analyst who already understands everything about the patient, and who is not willing to rediscover analysis anew is not doing analysis. *Memory:* the analyst who remembers everything about analysis and the patient at hand is not doing psychoanalysis. Here he merely attends to the patient's material at that moment. *Desire*: the analyst who harbors a specific desire to, say, cure the patient or talk about psychoanalysis, will prevent the process of

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[1] To find out more about this I simply ask them the following question in social circumstances 'Do you ever fall asleep?' And the answer emerges: 'Now that you mention this, I have felt the urge to do so when...' This also happens when researching psychoanalysis. Some works produced an urgent psychological need to sleep, not because they are boring but rather because they place a psychological demand on the reader.

[2] Racker gives an example from supervision, "An analyst was in the early stages of treating a patient whose emotional blockage provoked in him boredom and sleepiness. The analyst perceived that his boredom was the response to the patient's most important transference situation at the moment." Racker, 1958, p. 219.

[3] "The patient has the capacity to exact an emotional relationship from the analyst, and to reject it. ... Because it is essential for there to be an *experience* from which no benefit is to be obtained." Therefore, the patient has the capacity to cause the analyst to lose α- functions. Bion, *Cogitations*, 1992, passage entitled "Attacks on α," p. 136.

psychoanalysis from occurring. This includes the desire that the patient talks.

This is a picture of the mental and intellectual state that the analyst avoids. The person in analysis will do a different kind of work, both emotional and perhaps intellectual, when it is necessary to facilitate the emotional work. This inner adjustment is critical to the whole process of producing relevant material. This represents the ideal setting for the elicitation of valuable free associations.

§ 4 Listening to Free Associations: Let us consider the common remark that the Basic Rule (encouraging the patient to engage in free-association) is the only over-riding aspect of the clinical situation. In this view all other technical recommendations are made for the purpose of avoiding interference with the analysand's free associations. In the analytic situation, there are two people: the first one verbalizes the contents of his mind. The second one listens. In the classical textbook accounts, the expectation is that resistance to speaking will appear. It is then analyzed and the process continues.

In current reports of actual clinical practice, this elementary picture does not reflect the work the analyst does, nor does it account for the work that some class of patients may do. Primitive mental states represent one example.

It is now quite common for clinicians to write about treating such patients. Scott, Bion, and others traversed these paths a few decades ago. We can learn from them but first we should clarify "primitive." By this is meant states which stem from very early and specific experiences in the life of a person. When primitive states are encountered, the classical psychoanalyst has many alternatives. The analysis can be terminated and drugs may be used instead. Drugs may be used as a temporary measure, and the analysis may be resumed later if the patient is both interested and seems to have required the capacity to tolerate the psychological strains that analysis places on the person.

Other combinations have been tried, including using drugs while continuing the analysis. If successful, the drugs are gradually felt to be unnecessary. Or, the analysis can be stopped and replaced by psychotherapy. On the other hand, an attempt could be made to pursue psychoanalysis exclusively. Primitive states can also be interpreted in an appropriate manner. Here is how Scott recommends that these specific problems be handled:

> When very infantile anxieties are significant or are suspected, aspects of child analysis may be used; for instance: a) facing the patient who stands, sits, or lies down; b) using non-speech sound in interpretations. Such infantile anxieties should be analyzed instead of being neglected or rewarded.[1]

This technical recommendation is made in order to allow development to occur. A decrease in inhibition is an indicator that development is occurring. Therefore, the technical recommendation that aspects of child analysis be used with adults can be understood as a device that facilitates the free association more typically found with adults, as a side-effect of reducing the inhibition to speak. However, the difficulties posed in achieving this end should not be minimized since in actual clinical practice speech may remain inhibited and non-verbal experiences often occur. When this happens, it may be unexpected by both parties in the analytic dyad. There is, however, no need for concern, since the emergence of unexpected material and events shows that the analysis is progressing. If everything that happens in an analysis is easily anticipated then something is likely amiss. Thus, we have one additional feature of properly conducted psychoanalysis, that is, the experience of surprise on the part of both the patient and the analyst. One specific surprising feature is that the patient may cease to talk

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[1] W.C.M. Scott, "Primitive Mental States in Clinical Psychoanalysis," *Contemporary Psychoanalysis*, vol. 20, no. 3, 1984, p. 462. Omnipotent fantasies are another example of primitive states. These are used to defend against actual incompetence, according to Scott.

during part of the analysis. Since the patient's speech is one of the main ways that material reaches the analyst, the question arises as to how and if the analysis can continue when the patient stops talking. One way to help it continue is to offer an interpretation. The issue is transformed into the question of *which* type of interpretation should be offered.

Freud would have recommended that a ceasing of speech on the part of the patient be interpreted as a resistance. His reasoning was that the patient stopped talking because some emotionally significant issue was emerging from the patient's unconscious to the preconscious regions, which in turn indicated that the time was ripe to bring it to full consciousness. Bion would have followed roughly the same line of thought but would have analyzed it as a resistance coming in the form of transference, or in the form of projective identification. The difference is that Bion would take the silence as a communication. Thus, something properly psychoanalytic and useful can be done with silence when it is more fully acknowledged that this silence is something that occurs in a situation where two people are in the room.[1,2] The silence can be better understood when informed by the knowledge of both transference and projective identification. Now, silences are not all of one type and thus we will now move on to consider how

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[1] Both the analyst and the patient may not know what is coming next. Observers with different theoretical orientations correctly anticipate the short-term course of the analysis. [W. Reich wrote on surprise in addition to writing on character analysis.]

[2] Wallerstein says that it is possible to judge, when observing clinical discussions from groups allied to different psychoanalytic orientations, "...the interactions and interventions that were appropriate and well-placed and advanced the psychoanalytic understanding, and those that did not." [On a couple of occasions I have seen a group agree on some specific move, although almost of them disagree on what constitutes the general picture of psychoanalysis.] R.S. Wallerstein, "Psychoanalysis: The Common Ground," *International Journal of Psycho-Analysis*, vol. 71, pt. 1, 1990, p. 18.

non-speech material may reach the analyst even though the patient is also talking.

§ 5 **Non-Verbal Material in Analysis:** There are many good examples of non-verbal activities that are brought into the analytic situation by patients. Let us consider three which are commonplace in the clinical literature: sleep, drawing, and digestive noises. I will not discuss drawing in detail because my capacity to understand drawing is limited. Some graphic examples of drawings in analysis that are understandable to those with no special understanding of drawing have been reproduced and published elsewhere.[1] One patient's drawings depict the emergence of sado-masochistic fantasies when depressed. As she regressed to mania the drawing shows multiple pleasurable activities. Later, she became able to hate the analyst, and draw this hate. The last drawing shows an expectant chubby baby, as she began to develop the capacity to experience happiness; although obsessionality now briefly appeared. She remained well for 15 years. Such a pattern is consistent with the successful treatment of manic-depression.

Consideration of these non-verbal elements emerging in psychoanalysis suggests psychoanalysis is not completely equatable to free association. If the material comes to the analyst in some form other than verbal expression, it need not be ignored or judged to be outside the frame of psychoanalysis proper. However, more examples are needed.

Sleep deprivation is a common state of patients in psychoanalysis.[2] Scott's technical recommendation for psychoanalysts is to allow sleep to occur in the analysis in order to speed up the process of analyzing the regressive pattern of avoiding speech by

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[1] W.C.M. Scott, "Mania and Mourning," *International Journal of Psycho-Analysis*, vol. 45, part 2-3, 1964, pp. 376ff. Figure 4 depicts a breast produced while seemingly doodling in a session where sad, angry, and excited affects were expressed.

[2] For a review of the psychoanalytic literature on sleep, up until 1975, see: W.C.M. Scott, "Sleep in Psychoanalysis," *International Review of Psycho-Analysis*, vol. 2, part 3, 1975, pp. 253-354.

sleeping or by sleepiness.[1] He makes a number of other technical recommendations which are consistent with using psychoanalysis both clinically and experimentally. The principal point is that if fear of sleep or the inability to sleep is one of the primary symptoms, then it is *anti-analytic* for the practicing psychoanalyst to stop the patient from sleeping. To avoid missing the *opportunity* that sleep presents to the patient and analyst, Scott asks his sleepy patients:

> If you slept, how would you like to wake up or be awakened?[2]

If this move is not possible then,

> In such a situation my technique is to tell patients that if they seem to sleep I shall ask them whether or not they are sleeping at least five minutes before the end of the interview.[3]

These minute details about how to handle sleep as a psychoanalytic clinician are consistent with my second over-riding principle of *representing* psychoanalysis. They are exclusively psychoanalytic responses. Many analysts would wake the patient. They miss two elements in doing so. The first is the material the patient brings to the analysis by sleeping. The second is reacting to the patient's implicit request to be kept awake.

Reports of bodily sensations by patients are commonplace in both the psychoanalytic and psychiatric literature. Psychosomatic illnesses are now better understood and

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[1] Scott, 1975, p. 315.

[2] Scott, 1975, p. 315.

[3] Scott, 1975, p. 295.

are more readily amenable to full psychoanalytic treatment.[1] In such instances, there is typically psychological pain which cannot be expressed or felt other than through physical illness. Outside the theater of psychosomatic illness, people who are very ill psychologically or very regressed will often report bizarre bodily states.[2] It is possible to simplify and bring to clarity some of the understanding of this part of the clinical data, by means of using psychoanalytic theory. I am intentionally raising this issue partly because it is conspicuously counter-intuitive.

Developmentally, the ego, which is another name for the sense of personhood, is first *felt* as the parts of the surface of the body (e.g., the tongue). As the ego develops, progressively more detail is added to this bodily image. There is a continuous development from bodily states to what we call mental states, including cognitive processes and emotional processing (e.g., mourning). At the same time there is some sense of the mother's presence.

From this skeletal outline, it is easier to see why some contemporary psychoanalysts use reports of bodily states as indications of unconscious states in their patients.

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[1] See: Austin Silber's "Review of: *Theaters of the Body*, by Joyce McDougall, New York: W.W. Norton, 1989, Pp. 192." *International Journal of Psycho-Analysis*, vol. 72, pt. 2, 1991, pp. 367-370. McDougall specifies indicators for analyzability and anticipates problems associated with such patients, e.g., deeper regression than would normally be associated with the initial presented psychic organization.

[2] There are any number of examples, but a more general account is found in: Henri Rey, "Reparation," *The Bulletin of the British Psychoanalytic Society*, no. 7, September, 1982, pp. 1-27. He point out that "To accentuate the tallness and the triumph over the feared persecutor of the talion [agent of revenge], the latter has to be made smaller either physically or by contempt." (p. 16.)

Patients will mis-report themselves as either bigger or smaller than they are to reflect certain mental processes. When depressed they are smaller. When threatened, they are bigger. When threatened, omnipotence is used to defend against feared powerlessness, therefore the persecutor, standing for the patient's superego, must be small or intellectually incompetent. This may extend to society at large or groups.

They also use an awareness of their own bodily states as an indication of their unconscious participation in the process of psychoanalysis or as an indication of the effect the patient is having on them by virtue of transference.

§ 5.1 Borborygmi: A Non-Verbal Marker of Psychological Work:[1] The more general account of non-verbal material presented above in section 5 paves the way for an examination of Guy da Silva's recent article on digestive noises in psychoanalysis. This serves as another example of non-verbal information being used productively.[2] Da Silva is not the only one who has made this observation. In an article which predates da Silva's, Heimann also mentioned that she noticed that digestive noises in the analyst can be used as indicators for practice.[3] While it intuitively seems that less exotic non-verbal material could be more easily addressed, such as psychosomatic symptoms and illnesses, this example is based on more recent work and has other implications.

Da Silva points out that borborygmi are made by the displacement of gas due to the motility and constriction of the alimentary tube. Such sounds are felt to be beyond

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[1] The word 'borborygmi' is taken from the obsolete Latin expression 'borborygmus,' which means to have a rumbling in the bowels. [O.E.D.]

[2] Guy da Silva, "Borborygmi As Markers of Psychic Work During the Analytic Session: A Contribution to Freud's 'Experience of Satisfaction' and to Bion's Idea About the Digestive Model for the Thinking Apparatus," *International Journal of Psycho-Analysis*, vol. 71, part 4,1990, pp. 641-659.

[3] Paula Heimann wrote: "I am often a failure at disregarding ideas if I suspect that, although I am uncertain, that they are important. In such situations it has often happened to me that somatic language has thwarted my intentions or made the decision for me! My stomach growled suddenly and audibly. If the patient made a reference to it, it was usually easy to mention the suppressed comments and to examine them with the patient." In: "On the Necessity for the Analyst to be Natural with his Patient," *About Children and Children No-Longer: Collected Papers 1942-80*, London: Tavistock/ Routledge, 1989, p. 314.

conscious control, and are dismissed by almost everyone, including psychoanalysts, as insignificant, or caused by coffee or hunger. Instead, da Silva followed one of Scott's suggestions for future research in psychoanalysis, i.e., that more attention should be paid to noise both within psychoanalysis as a whole and in specific sessions.[1] Consequently da Silva investigated this frequently observed but unexamined fact. His thesis is that when there is primitive maternal transference in the analysis and more usable psychological change occurring, borborygmi will often occur.[2] These sounds indicate successful interpretation and its emotional processing by the analysand.[3] His theoretical understanding of these clinical observations is derived from Bion's distinction between emotionally digested and emotionally undigested facts.[4] Since Bion does make a distinction between memories and undigested facts, da Silva's claims have a good theoretical basis. An undigested fact is not strictly remembered, it remains with the person in an emotionally useless way.

The opposite of a digested emotional fact marked by borborygmi is psychosomatic vomiting.[5] Although da Silva does not mention this, the general point is illustrated by juxtaposing these opposites. Psychological vomiting occurs in some people when they are faced with an extremely stressful emotional situation. For example, after an extreme trauma, a pattern of vomiting may set in. While most people understand intuitively that seeing the body of the victim of a particularly gruesome murder might produce

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[1] W.C.M. Scott's "Noise, Speech and Technique," *International Journal of Psycho-Analysis*, vol. 39, 1958, pp. 108-111.

[2] da Silva, 1990, p. 647.

[3] da Silva, 1990, p. 647 & p. 657.

[4] da Silva, 1990, p. 645.

[5] "Vomiting and greed as most recalcitrant symptoms: the intense desire to chew...The good things are denied because the desire is to chew..." [and not to digest] Bion, 1992, p. 48.

vomiting as a reaction, because it is 'a disgusting sight,' the more generalized pattern is less understood. If the observed fact is psychologically undigestible, i.e., cannot be processed psychologically, then the rejection of the fact or experience may express itself in the form of vomiting. The substitution of a physical activity for a psychological one further indicates that the fact cannot be processed. More generally, this fits with the picture Bion has brought to our attention. Where emotional comprehension is devalued, then action is sought as a substitute.

One analogy useful to illustrate emotional comprehension is the popular expression "that's water under the bridge." For some people, there is *no* emotional water that passes under the bridge. That is, emotional experiences are dammed up. They build up as an accumulation of undigested facts. Emotionally unprocessed facts cannot be subjected to appropriate *epistemic* assessment. We can only have a second order intellectual assessment of them. Thus, from this admittedly strange example we can derive the intuition that there is a special relation between the cognitive and emotional assessment of psychoanalytically interesting information.

I have noticed that borborygmi sounds do occasionally occur during intellectual discussions of psychoanalytic matters among psychoanalysts, at interesting moments. This is outside the clinical setting. While I cannot produce a self-contained argument for this type of observed event, I suspect that an attentive reader could make this observation. It could also be tested.

§ 6 Parameters: Psychoanalysis versus Psychotherapy: In the previous section I have discussed the handling of some fairly primitive states within clinical psychoanalysis proper. The introduction of a parameter in psychoanalysis may be understood as a technical move which either stops or limits pure psychoanalysis, replacing it by psy-

chotherapy.[1] This topic is vast. We will also approach the topic when empathy is discussed later. An empathetic analyst may introduce parameters feeling that kindness dictates such a move. Critics of this move hold that it results in unnecessarily prolonging the analysis. We will also discuss Winnicott's recommendation that the analyst provide an environment which can hold the patient's anxieties to allow healing to occur. This view is related to Bion's view that containing anxieties is a precursor to interpretation.

To provide an analysis requires that a theoretical perspective be adopted even though this is a practical matter. Some sense of this topic must be acquired to distinguish psychoanalysis from what purports to be psychoanalysis but is not.

The literature indicates that there is a constant tendency to introduce parameters. This tendency stems from three principal sources. The first is the background of the psychoanalyst. Most psychoanalysts have clinical experience in a type of psychotherapy (or some other field of study) which is clearly not psychoanalysis. There is a tendency to fall back on this early type of training when a challenging issue presents itself within an analysis. By a challenge, I mean something that is difficult to handle psychoanalytically. An example is severe regression or psychosis. The second source of the tendency is related to the issue of the applicability of psychoanalysis to certain patient groups, such as children and narcissistic or borderline personality types.[2,3]

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[1] The analyst has a right to protect his person. Bion once dryly remarked that he had the experience of having a patient armed with a gun show up in his office. He recommends that due attention to this particular fact should be exercised. Winnicott remarked that a patient once hit him, and that the response Winnicott made to this did not fall within normal psychoanalytic practice. On the other side, common sense demands that if a patient is about to jump out of the office window, it is incumbent upon the analyst to stop analyzing and also stop the patient from jumping.

[2] For a review of this issue, see: Susanna Isaacs-Elmhirst, "The Kleinian Setting for Child

In the history of child analysis, we can detect the quite understandable influence of prior training inhibiting the development of psychoanalysis. Both Hug-Hellmuth and Anna Freud held that full-blown psychoanalysis, as we would understand it today, was not suitable when working with children. They partly replaced analysis proper with educational measures which precluded taking the child's unconscious phantasy life seriously.[1] This response can be traced to their backgrounds as professional workers in the education field. Avoiding true psychoanalysis, real understanding, and suitable interpretation, is in effect, introducing parameters into the psychoanalytic situation. Such parameters have their place in short-term psychotherapy, where a limited frame outlining which problems will be addressed is warranted. Clinical evidence now exists contradicting Hug-Hellmuth's and Anna Freud's suppositions that child psychoanalysis was impossible. To be fair, in the later part of her life, Anna Freud did say that future developments in psychoanalysis would likely come from advances in child analysis, and indeed, we now see that analysis is applicable to children. However, applicability

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Analysis," *International Review of Psycho-Analysis*, vol. 15, 1988, pp. 5-12. One detail of technique that Isaacs mentions is that punctuality on the part of the analyst is of extreme importance when dealing with the "white-heat of the infantile transference." (p. 7.) Anyone who has observed children knows the child holds the adult to his stated commitments.

[3] For a survey of types of narcissism, see: Ben Bursten, "Some Narcissistic Personality Types," *International Journal of Psycho-Analysis*, vol. 54, 1973, pp. 287-300. He points out that narcissistic personality types are less likely to regress into psychosis than are borderline personality types. He identifies four principal narcissistic types. 1) The craving or dependent type. 2) The non-psychotic paranoid type, prone to excessive self-importance and to attribute evil motives to others. 3) The manipulative personality, who has a feeling of satisfaction when he convinces another that an ideal or action originated with the other himself, and not with the manipulator. 4) The phallic narcissistic personality, characterized by exhibitionism, recklessness, and arrogance. (pp. 290-291.)

Bursten comments "The shame of being weak is repaired [in phantasy] by arrogance, self-glorification, aggressive competitiveness and pseudo-masculinity." (p. 295.)

[1] Isaacs-Elmhirst, 1988, pp. 5-6.

in principle should not be confused with practical applicability. Broad applicability requires both skill and resources, which may not be present.[1]

Therefore, some explicit or implicit parameters are not warranted on purely psychoanalytic grounds. In some cases they are warranted, as in where there is a real danger to the patient or the analyst. However, sometimes an analytic mistake has led to death. If a permanent florid psychosis is precipitated, it is equally undesirable. Psychiatrists call florid psychosis 'the walking death.' The literature reports analysts changing the location of their practice as a result of the failure to judiciously apply such parameters. In retrospect it can be seen that a patient motivated the decision to change the locations of their practice.[2] These are hard lessons, but they can benefit the descendants of these early pioneers. Klein was one who learned something by taking an inappropriate patient, and this has influenced many others.

> I believe that this fragment of an analysis may have contributed to my later insight into the psychotic nature of infantile anxieties and to the development of my technique.[3]

Klein relates a story of taking a paranoic[4] schizophrenic man into analysis, at the request of a vacationing colleague. Her conclusion was that "treating a paranoic [sic]

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[1] W.C.M. Scott once set up a room for child analysis on general Kleinian lines at the Montreal Children's Hospital. It was rarely used. [Personal communication from some of his students.]

[2] Gabbard, 1991, p. 627 ff.

[3] Melanie Klein, "The Psycho-Analytic Play Technique: Its History and Significance," In: *The Writings of Melanie Klein, vol. III, Envy and Gratitude and Other Works*. [1955], pp. 136-7, note #2. The research implications of attempting more difficult patients are clear.

[4] Some Kleinians make a distinction between paranoics and paranoids. Paranoics are more dangerous.

without any protection or other suitable management," is inadvisable.[1] Thus, we have a relatively simple parameter: some patients should, as a rule, be treated in an institution. Bion found that using an orderly, employed to remain outside the private consulting room, was one way around this.

A more generalized parameter is put forth by Kohut.[2] Kohut does not speak of his work this way. He thought that he had discovered a self-psychology that contains a more accurate model of clinical psychoanalysis, especially for narcissistic patients. Kohut postulates two distinct developmental aspects to the personality, one object directed and the other, self-directed, i.e., narcissistic. On the questionable hypothesis that some people have experienced specifically narcissistic deprivations during development, which over-ride other psychological considerations, he recommends that the analyst supply a restorative emotional experience for such patients, the goal being to develop a more mature form of narcissism.[3] He claims that some patients require only empathetic understanding for long periods. This must precede interpretation.[4] The type of transference is quite different from what others report. He calls it 'mirror transference,' which requires a 'selfobject.' This hinges on his view of the self:

> ...we now conceive of the self as consisting of three major constituents (the pole of ambitions, the pole of ideals, and the intermediate area of talents and skills), [therefore] we subdivide the selfobject transferences into three groups:

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[1] Klein, [1955], pp. 136-7, note #2.

[2] I am principally using Kohut's *How Does Analysis Cure?* Chicago: University of Chicago Press, 1984. It exemplifies the observation that the explanation of clinically efficacy is inseparable from an account of clinical practice.

[3] Kohut, 1984, p. 208. "We see a movement from archaic to mature narcissism, side by side and intertwined with a movement from archaic to mature object love; we do not see an abandonment of self-love and its replacement by the love for others."

[4] Kohut, 1984, p. 105.

> 1) those in which the damaged pole of ambition attempts to elicit the confirming-approving responses of the selfobject (mirror transference); 2) those in which the damaged pole of ideals searches for a selfobject that will accept its idealization (idealizing transference); 3) those in which the damaged intermediate area of talents and skills seeks a selfobject that will make itself available for the reassuring experience of essential alikeness (twinship or alter ego transference).[1]

This account is inconsistent with the general body of current psychoanalytic knowledge. Both transference and its interpretation are obscured. The first type of transference Kohut cites can be understood as an attempt by the patient to elicit the analyst's compliance in denying a real lack of accomplishment by the employment of a manic defence.[2] It could also limit future possibilities for the patient. The second, idealization, is generally understood as an attempt to defend the object against destructive impulses. In this case, it is the analyst who is the *object* of destructive impulses through transference. Given the problems resulting from failing to interpret negative transference, Kohut's contradicts accepted practice. The third suffers from the problem of the first, since the analyst and the patient are *not* essentially alike, and the analysis could prolonged by failing to analyze such identifications. The phantasy of having a twin is universal.[3] Acting on such a phantasy as a substitute for the development of the patient's own real skills and talents is withholding psychoanalytic treatment. Scott says that

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[1] Kohut, 1984, p. 192-3.

[2] I am deriving this from several of Scott's papers, among them is: "The Mutually Defensive Roles of Depression and Mania," *Canadian Psychiatric Association Journal.* vol. 11, Special Supplement, [Paper from Panel IV-On the Psychoanalytic Concepts of Depressive Illness.], 1966, pp. S 267-S 274. He points out that among the depressions which are more likely to regress to mania, smiling will be seen during the peak manifestation of depressive affect. The duration of such smiling is typically a fraction of a second.

[3] W.R. Bion, "Commentary on the Imaginary Twin, " In: *Second Thoughts*, William Heinemann: Medical Books, 1967.

he never places a limit on what the patient may accomplish. He does not mean what the patients say they can accomplish when under the sway of either mania or omnipotence.

This would be consistent with the avoidance of enacting superego tendencies on the analyst's part. Many people are excessively inhibited concerning their legitimate aspirations. This arises from an overly oppressive superego. It is as undesirable for the analyst to aid the superego's inhibiting power as it is to deny it. Within analysis, both inhibitions and other derivatives from excessive superego prohibitions need interpretation if the patients are to achieve the most desirable results. The descendants of the Kohutian Chicago school most probably do some fine clinical work, but it is not psychoanalysis as advanced here.

It amounts to the recommendation to include an elaborate limit to psychoanalysis, by instituting theoretical parameters.[1,2] The view that developmental opportunities missed in early childhood can be supplied within a clinical situation seems to rest on an underappreciation of the consequences of such deprivation. This is common in more supportive forms of psychotherapy.

There is some similarity between Kohut's recommendation that a narcissistic expe-

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[1] The philosopher-psychoanalyst Charles Hanly outlined how Kohut's theory could be tested within the clinical situation in his "A Problem of Theory Testing," 1983, pp. 393-405. He says: "If, [on Kohut's model], the successful completion of this work [psychoanalysis] still left the person abjectly dependent on others for his sense of self-worth, constantly seeking confirmation of his worth through attachment to idealized objects, depressed, hypochondriacal, etc., then these observations would indicate the irreducible value of narcissism independently of the sense of self-worth that derives for the realized capacity for object love." (p. 400)

[2] Kohut would counter that this is what can be hoped for with some people. Hanly's remarks should be balanced with Wollheim's appreciation of a sane valuing of friendship, social life, and colleagues. He begins his last chapter of his book on personal identity, by saying "Death, madness, and the loss of friendship are naturally thought of as three great misfortunes of life besides which that of not having been born pales into, literally, insignificance." R. Wollheim, *The Thread of Life*, Cambridge: Harvard University Press, 1984, p. 257.

rience can be restorative and Winnicott's position on the holding environment. If severe regression emerges in an analysis, Winnicott recommends that analysis proper be stopped. The analyst should provide an emotionally secure space for spontaneous emotional growth to occur.[1]

Having drawn a comparison between Kohut and Winnicott, I must immediately add that Winnicott is within the recognizable mainstream of psychoanalysis. He made numerous useful observations (i.e., transitional object, false self, good enough-mother). Kohut is outside of the mainstream developments in psychoanalysis. Aspects of Winnicott's technical recommendations are a call for the introduction of non-psychoanalytic parameters into the clinical situation. Winnicott's sustained exposure to Paediatrics and his greater exposure to failed attempts at mothering may explain his emphasis.[2] Clinical practice must reflect a progressively more accurate understanding of the developmental process of infancy and childhood. What is less clear is whether the analyst is helpful in replacing developmental failures by performing the role of the good-enough mother, if and when severe regression emerges. Winnicott holds that the analyst must do this or no further meaningful emotional development can take place.[3] He actively played this role in his psychoanalytic practice.[4] According to his theoretical model, this

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[1] On Winnicott's technique, see: Aaron H. Esman, "Three Books By and About Winnicott," *International Journal of Psycho-Analysis*, vol. 71, part 4, 1990, pp. 695-699. Esman writes: "For him, then, the concept of the 'holding environment' was not entirely metaphoric; like Ferenczi he believed that patients with such severe pathology might require and should receive concrete expression of the analyst's 'holding' function." p. 697.

[2] On Winnicott, see also: Greenberg & Mitchell, *Object Relations in Psychoanalytic Theory*, Cambridge: Harvard University Press, 1983, especially pp. 188-213. They mention that "...Winnicott was much more aware of battering and neglecting mothers than was Klein, who had a fashionable West End practice." p. 202.

[3] Greenberg & Mitchell, 1983, p. 199.

[4] Cf. "Countertransference becomes a resistance when the analyst shows an excess of nur-

'replacing-the-mother' applies where severe regression is present. He appears to have used it more often. Guntrip's account[1] of his second analysis with Winnicott demonstrates this.

This amounts to the use of a parameter in psychoanalysis. If the interpretation of transference is the principal source of therapeutic action, how can such interpretations be given with such an active intervention? This interrupts the process. Certain capacities must be present in order to make interpretation possible. First let us consider Winnicott's conception of how the analyst as object can be used by the patient.[2] Winnicott claims that the analyst can prevent or delay psychic change. The urge to offer interpretation must be tempered by an appreciation of the patient's need for spontaneous development.[3] The goal of the analyst is to survive primitive aggression to avoid retaliation. Winnicott's claim is that interpretation has very little to do with this process, i.e., the patient's development.[4] It also has little to do the analyst surviving the patient's attacks on him. On Winnicott's model the analyst tolerates the patient's attacks but does

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turing, which, in certain cases, may precipitate a stalemate." Eva P. Lester, "Gender and Identity Issues in the Analytic Process," *International Journal of Psycho-Analysis*, vol. 71, 1990, p. 438.

The gender combinations in the analytic dyad are relevant. It seems Winnicott was able to accept primary object wishes, something occasionally misinterpreted by male analysts, according to Lester. A female analyst applying Winnicott's model with a female patient could overlook the pregenital strivings of female-female transference.

[1] Recorded in Neville Symington, *The Analytic Experience: Lectures from the Tavistock*. London: Free Association Books, 1986, p. 308 ff.

[2] D.W. Winnicott, "The Use of an Object and Relating through Identifications," In: *Psycho-Analytic Explorations*, London: Karnac Books, 1989, pp. 218-227. [originally presented to the New York society in 1968.]

[3] Winnicott, "The Use of an Object and Relating through Identifications," 1989, p. 219. The current literature indicates that the compulsive urge to interpret is a countertransference issue, which I go into below.

[4] Winnicott, 1989, p. 224.

not interpret them. Instead of interpreting them, he survives them. The goal is first of all to survive so that the analyst can be there for the patient once the attacks have run their course. This is "the use" the patient can make of the analyst as an object, according to Winnicott. The patient is reliving an early time when he wanted to direct aggressive attacks towards the mother. At that time it would have been dangerous to direct those attacks towards the mother. He needed his mother to survive so that she could take care of him. So no attacks were directed towards her. Now that he is older and has an analyst instead of a mother, he can direct those attacks towards his analyst. If he finds out that these attacks do not *actually* destroy his analyst after they have run their course then health is restored. It is restored partly because he finds out that the attacks were not as dangerous as his unconscious led him to believe. The guilt he still unconsciously harbors for wanting to make these attacks when a child can now be lessened. It will not be lessened if the analyst stops the analysis. It will not be lessened if the analyst does not survive. Winnicott could personally survive such attacks and keep his sanity intact. Part of his technique entailed this ability. The analyst must stay sane when faced with insanity being directed towards him. That is part of surviving.

Winnicott, Bion, Klein and Scott all knew each other.[1] They all learned from each other. Bion and Scott treated patients who were more ill than those Winnicott generally treated. Bion and Scott's idea was that attacks should be interpreted rather that simply survived. Their difference stems from their view that surviving attacks may be understood as *rewarding* pathology. Interpretation and reward are to be distinguished. Their similarity stems from their common view that such primitive attacks should be psychologically tolerated by the analyst.

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[1] Personal communication from Scott and Boulanger.

On our reading of their common features, we say this is part of the reason why *the analyst offers himself as a potential object*. If he has done so, he will be subjected to the attacks Winnicott spoke of surviving. On our reading of their common features, we also say that *the analyst represents psychoanalysis*. Here is where we differ from Winnicott. To represent psychoanalysis, the analyst must also interpret. This is over and above surviving attacks directed at him by the patient.

Winnicott's solution has psychoanalysts vacillate between psychoanalysis and psychotherapy while conducting an analysis.[1] Constant reassessment and diagnosis of the patient's current state are indicated. Non-analytic technique should be used whenever certain patterns emerge. These include: 1- fear of madness, 2- antisocial tendency, 3- façades of success presenting itself (false self), lack of social life, or 4- where an ill parent dominates the scene.

He also doubts the use of psychoanalysis in cases of character disorders.[2] While it seems many of these patients do not respond well, it is still a major focus for many working analysts. He claims that the clue to the treatment of character disorders can be found in the normal home life. This explains his recommendation that the analyst become the facilitating environment, i.e., the good-enough mother.

Most of Winnicott's recommendations do have clinical usefulness for *psychotherapy*, but this is not my field of research. We are trying to understand *psychoanalysis* proper.[3] Winnicott's ideas are also helpful for the understanding of aspects of parent-

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[1] D.W. Winnicott, "The Aims of Psycho-Analytical Treatment," In: *The Maturational Process and the Facilitating Environment: Studies in the Theory of Emotional Development*, New York: International Universities Press, 1965, p. 169.

[2] Winnicott, 1965, p. 206.

[3] However, this issue is still very much alive. For an update on the application of the *highly* selective use of non-interpretive aspects of psychoanalysis to promote a benign as opposed to a

ing, but parenting is also not psychoanalysis. While this may seem a harsh assessment of Winnicott, I cannot afford to be casual if I am to succeed in isolating pure clinical psychoanalysis, in its modern systematic sense. Many case studies demonstrate de facto clinical procedures contaminated from prior clinical knowledge derived from other fields. These also represent hidden parameters. We conclude that no one psychoanalytic author can supply a comprehensive picture of psychoanalytic practice.

§ 7 **Psychoanalytic Clinical Judgement:** This is a type of practical reasoning. All clinicians who practice either psychoanalysis, psychiatry, or psychotherapy of any type claim that they have acquired this type of judgement by virtue of their practice. Indeed, all of them, from the least to the most experienced, claim to possess some clinical judgement. The epistemic weight of such judgement is therefore an issue we unavoidably encounter when giving an account of psychoanalysis proper. For a properly philosophical picture, we abstract from individual clinician's experiences and by doing so, arrive at a more general account. For this purpose no amount of individual experience is sufficient. Arguments based on solely individual clinical experience are epistemically weak, but we can extrapolate from the above analysis and utilize the multiple public accounts the literature provides.

Clinical judgement requires familiarity with the subject matter. The philosophical point dates back at least to Aristotle. What does this type of familiarity amount to? It is a type of acquaintance, it is immediate, it requires direct experience of the type of objects

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malignant regression, see: Harold Stewart, *Psychic Experience and Problems of Technique*, New Library of Psychoanalysis, vol. 13, Foreword by Pearl King. London & New York: Tavistock/Routledge, 1992, esp. p. 109 & 115.

Stewart takes into account much of Bion and the Strachey debate and recommends the use of non-interpretative psychological holding only for parts of some types of analysis.

to be judged. Such acquaintance can increase in depth as some knowledge begins to inform such immediate perceptions.

Clinical reasoning is not therefore to be despised. Because clinicians often disagree with each other, they commonly relegate the clinical observations of *others* to the merely anecdotal. This is a mistake. Clinical judgement is a species of informed judgement. Informed judgement is an important part of many fields. We should not demand of informed judgement that it meet all the requirements of scientific assessment, for informed judgement often precedes this assessment. In other instances we see the application of this assessment. It is not merely subjective, anecdotal and irrelevant. Nor is it self-sufficient for making final determinations.

There are many *types* of clinical judgement that bear on psychoanalysis. It is often supposed that the type of clinical judgement found in medicine is the same model of clinical judgement found in psychoanalysis. Actually, clinical judgement acquired from medicine, psychology, psychiatry, and non-professional interactions with people, must be *unlearned*. It must be put aside in order to practice psychoanalysis. To represent psychoanalysis the practitioner cannot at the same time represent medicine or supportive psychotherapy. To do so is to contaminate the psychoanalytic process. An example of the misguided application of this principle occurs when the psychoanalyst with medical training functions as the patient's general physician.

The acquisition of clinical judgement in a specifically psychoanalytic manner requires more than simple familiarity with encountering people within some clinical setting. Bion said:

> The parallel with medicine was, and still is, useful. But as psycho-analysis has grown so it has been seen to differ from physical medicine until the gap be-

tween them has passed from the obvious to the unbridgeable.[1,2]

It is unbridgeable because of the differing activities of the parties in the analytic dyad. The activities of the analyst are inconsistent with those of the physician. For example, the physician may try to be of direct help to the patient. The analyst may not be if he is truly representing psychoanalysis. The analysand must be allowed to exhibit his suffering without direct interference. This involves a variety of processes which do not fit into the patient—physician model.[3]

The history of psychoanalysis holds interesting and unexpected confirmations of this dichotomy between psychoanalysis and medicine. A unexpected number of the original thinkers and contributors to psychoanalysis both at a clinical and theoretical level have not been physicians.[4]

Anna Freud, was neither a physician nor a psychiatrist and had little formal education, her father's direct tutoring shaped her intellect.[5] Melanie Klein had a more rigorous undergraduate education, but was also neither a physician nor a psychiatrist.

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[1] W.R. Bion, *Attention and Interpretation* [1970], In: *Seven Servants: Four Works by Wilfred R. Bion*, New York: Jason Aronson, 1977, p. 6.

[2] Notwithstanding the useful applicability of psychoanalytic knowledge to the practice of general medicine, as per Bursztajn et.al., 1990.

[3] See below § 11 "Pain Distinguished from Suffering and Working-Through." Senior analysts who use videotapes for didactic purposes, which students judge epistemically compelling, are sometimes accused of cruelty. [personal communications]

[4] In Germany psychoanalytic training has been restricted to physicians in order to make it accessible to more patients since such a restriction was required to have it covered under their Medicare. The German analysts have complained that this has resulted in a decrease in the overall quality of psychoanalysis in Germany. Thus, each attempted solution to accommodate the anomalous nature of psychoanalysis has produced problems. See: Jay Martin, ed. Psychoanalytic Education, *The Journal of the Council for the Advancement of Psychoanalytic Education*, Irvine California, vol. 4, 1985.

[5] Her title is sometimes listed as 'Dr.' reflecting her honorary law degree.

Strachey, whose contribution on transference is still shaping contemporary psychoanalysis, although very cultured, was a journalist who held a 'pass' law degree from Cambridge. On Jones' advice he did enter medical school but dropped out after "a few of weeks of dissecting frogs." He went directly to visit Freud instead.[1] Heinrich Racker, noted for his contribution on countertransference, was a Ph D. David Rapaport, whose contributions at a theoretical level influenced the metapsychology debates, was a psychologist, not a physician or a psychiatrist. There are any number of such examples.[2] A better argument is to show from within psychoanalysis that clinical judgement specific to psychoanalysis is vulnerable to contamination by other clinical practices.

The clinical judgement found in psychoanalysis is specific to its content. Clinical theory and clinical judgement are related. So too higher-order theory is related to clinical theory. That these features are related is not entirely unique to psychoanalysis.

> If we think of this prior probability metric as representing the scientists' antecedent beliefs about the world, as the term 'subjective probability function' suggests, then it looks as if one of the inputs to the method itself is a set of substantive factual beliefs (or degrees of belief) about the world. This is the way in which many philosophers of science today view the matter; increasingly it is coming to be believed it is not possible to draw a sharp line between the content of science and the method of science; that the method of science in fact changes constantly as the content of science changes.[3]

If the *method* and *content* of psychoanalysis are related, this must be squarely faced.

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[1] D.W. Winnicott, "James Strachey 1887-1967: Obituary," *International Journal of Psycho-Analysis*, vol. 50, 1969, pp. 129-131. Winnicott says that it is unlikely that he read law more than one hour a day, but the pass-law degree required little more. He basically talked about politics for three years with his friends.

[2] Indeed, Hanly has recently been elected vice-president of the International and the main editors of the influential International Journal are now Ph.D.'s. Physician-analysts speculate that this pattern may have something to do with the sociology of medicine and medical training.

[3] Putnam, 1981, p. 190-191. [Emphasis added].

The attempt to construct a precise and non-distorting account of clinical psychoanalysis has occupied the careers of many able psychoanalytic minds. They have found the elements of clinical practice to be interrelated. A misplaced emphasis on precision alone can obstruct our sense of this over-riding feature of our topic. Others view the attempt to give an account of clinical practice as an obsessional clarification of what is already well-known. We will avoid both artificial precision and the concentration on the well-known. The purpose of ferreting out these features is to contribute to the construction of a "clinically-near"[1] philosophy of psychoanalysis. Following Putnam's lead, this should be tied to the content and method of our subject.

§ 8 The Role of Countertransference in Modern Practice: In contemporary pictures of psychoanalytic clinical practice, the phenomenon of countertransference is assuming a progressively larger role.[2] Freud mentions countertransference in 1910.[3] This is followed by virtually no publications of significance on the subject for 40 years. This anomaly suggests there was a specific resistance within the profession to acknowledging this particular discovery. There were both fantasies and unconscious phantasies concerning technique. Racker put it:

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[1] This term has come into usage in the philosophy of psychoanalysis.

[2] The seminal article on this topic was Paula Heimann, "On Countertransference," *International Journal of Psycho-Analysis*, vol. 31, 1950, pp. 81-84.

[3] Racker's work called attention to this time delay. Freud mentions countertransference in "The Future Prospects of Psycho-Analytic Therapy," *S.E.*, vol. XI, pp. 144-145. "Other innovations in technique relate to the physician himself. We have become aware of the 'countertransference,' which arises in him as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist that he shall recognize this countertransference and overcome it."

The difficulties posed by countertransference were underestimated by Freud and Klein.

> The first distortion of truth in 'the myth of the analytic situation' is that analysis is an interaction between a sick person and a healthy one.[1]

This defensive myth limited the possibility of using a very powerful tool at the analysts' disposal. This was to focus on the interaction as a clue to the patient's unconscious. Even Melanie Klein balked at taking countertransference more seriously. She claimed that its occurrence indicated that the analyst required more personal analysis. It was Paula Heimann who proposed a modern and less defensive view of psychoanalytic technique. For example, an analyst's dream about a patient which is caused by the patient's transference can be the clue to understanding what is going on in the transference. This is a logical and practical extension of Freud's recommendation to utilize 'free floating attention' in order to catch the significance of the patient's free associations. More about the process is now known.

To understand countertransference, it must be distinguished from many other subjective reactions that an analyst may have towards a patient. Strictly speaking, first there must be transference on the part of the patient, and the analyst must lose his ability to appropriately interpret, accept or absorb the transference.[2] He must then react

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[1] Heinrich Racker, *Transference and Countertransference*, New York: International Universities Press, 1968, p. 132. See his summary of the literature from Lorand who wrote about its dangers in 1946 and Winnicott who wrote about objective and justified hatred in 1959, to Heimann who finally spoke about it as a useful tool. pp. 127 to 129.

[2] Some analysts object to this on the following grounds:

The only way around this picture is to make a *distinction* between *neurotic* and *psychotic* transference. In transference psychosis, projective identification would be used more frequently and with greater force. In transference neurosis, other mechanisms would be used. This could account for the experience of personality exchange reported by those who deal with psychotic patients. Until presented with other evidence, I will retain the method of making the distinction outlined in the main body of the text.

and push aside some particular aspect of the transference.[1] There was some confusion and misconceptions about transference in psychoanalytic theory. One of these was that all subjective reactions to patients were countertransference. This claim is false, since an analyst may simply have a transference reaction to a patient. Or he may be reacting to projective identification. Neither constitute the same dynamic.

Racker draws an even stronger relation between transference and countertransference. He explicitly phrases it in terms of a *law*,[2] when he claims that every transference situation results in a countertransference situation.[3] He further claims that the type of transference is the determining factor in determining the type of countertransference.

> Thus, for example, every positive transference situation is answered by a positive countertransference; to every negative transference there responds, in one part of the analyst, a negative countertransference.[4]

If transference is pervasive in the clinical situation then so too is countertransference. The analyst does not have to *react* to the patient based on countertransference, even when the predisposition to do so is nearly continuous, as Racker claims.[5] There is

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[1] Anderson reports that countertransference reactions may occur in the first interview and can result in a judgement that the patient is not analyzable. Thus they are important if psychoanalysis is to become more widely applicable. See: Harry M. Anderson, "The Post-graduate Development of the Analyst: Report of an Unusual, Comprehensive Experience," Presented at the Toronto Psychoanalytic Society, Wed. Feb. 11, 1987, 119 pp.

[2] What kind of law is a good question. As Glymour put it in 1974: "...where results obtained fall into a regular and apparently law-like pattern obtained independently by many clinicians; and where those results are contrary to the expectations and belief of the clinician. I do not intend these as *criteria* ...but only as indications of features which, in combination, give weight to such evidence." In: Wallerstein, 1986, p. 441. [Also in Wollheim, 1982, p. 12.].

This relationship has a law-like epistemic weight which indicates it should be noted.

[3] Racker, 1968, p. 137.

[4] Racker, 1968, p. 137.

[5] Racker, 1968, p. 111.

the alternative of *responding* based on emotional comprehension.[1] There is a clear criterion here: if the urge to give an interpretationis felt to be compulsive, then the compulsiveness can be interpreted as a sign of anxiety. Interpretation can be withheld until the countertransference reaction can be used as a clue to the patient's state.

There are many examples in the general clinical literature and in Racker's book of how this is used. Racker points out that certain oedipal trends may be reactivated in the analytic dyad. This is well-known, but its specific relation to countertransference is not.

> Towards the *male* patient, also, we find, under certain circumstances, a position corresponding to the positive Oedipus complex, i.e., rivalry and hatred. This occurs with special intensity where the patient has experienced (or is experiencing) certain oedipal trends that the analyst himself has particularly wished to satisfy but has suppressed, as, for instance, the desire to steal another person's wife.[2]

We can draw out the consequences of this example quite readily. The desire to steal another person's wife is, frequently oedipal in the sense that the male child desires to steal his father's wife, i.e., his mother. The reenactment of this in *phantasy* may occur in many situations, among couples and individuals. Within the analytic situation the analyst may get a clue that the associations of the patient point to unconscious oedipal trends if he starts to experience rivalry and hatred towards the patient. The analyst may also get a clue that the oedipally-derived wish to steal another man's wife still holds some unconscious attraction to him because the transference is evoking this type of countertransference reaction in him. There are many possible variations on this theme,

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[1] Responding in this sense implies the implicit application of Bion's notion of 'thinking one's own thoughts.' See: N. Symington's article on "The Possibility of Human Freedom and its Transmission (with Particular Reference to the Thought of Bion)," *International Journal of Psycho-Analysis*, vol. 71, pt. 1, 1990, pp. 95-106.

[2] Racker, 1968, p. 111.

such as the negative version of the oedipal conflict, etc. We need not go through all possible variations on this type of example. By acknowledging countertransference here, the analyst becomes free to interpret transference *appropriately*. That is in contact with the active emotions in the analytic setting. Conversely, if countertransference is not acknowledged, the analyst loses an important interpretative tool.

Sharpe emphasized that the desire to *cure* is anti-psychoanalytic. Racker shows that the desire *not* to cure is also anti-psychoanalytic. How can you have both without paradox? Here the desire not to cure has it roots in the inability to offer interpretation, especially transference interpretations. Racker calls this a counterresistance. He means that the resistance in the patient may stimulate a corresponding inability in the analyst.[1] "Sometimes it is as though there were a tacit agreement between analyst and patient, a secret understanding to keep quiet about a certain topic."[2] Withholding interpretations not only wastes time but also manifests a desire to bind the patient to the analyst.[3] It undermines the analyst's offering himself as a potential object by attempting to avoid hostile transference, or other unpleasant emotions. This results from exploiting the transference neurosis instead of interpreting it. So it is not a paradox or contradiction since the analyst does not try to cure the symptom. He also does not avoid the immediate transference, which is the artificially contrived and therapeutically reachable 'symptom' upon which he can act by means of interpretation.

An example of a negative outcome resulting from the avoidance of countertransference is masochism:

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[1] Racker, "Counterresistance and Interpretation," *Journal of the American Psychoanalytic Association*, 6, 1958, pp. 215-221.

[2] Racker, 1958, p. 215.

[3] Racker, 1968, p. 108.

> The masochistic analyst is predisposed to bear passively the patient's negative relation to the interpretations, or he may become anxious or annoyed by them when the proper thing is to analyse the patient's oedipal or pre-oedipal conflicts with the interpretations and his paranoid, depressive, manic, or masochistic attitudes towards them. Masochism here induces the analyst to allow the patient to manage the analytic situation, and even to collaborate with his defences, preferring, for instance, to let himself be tortured and victimized rather than frustrate the patient.[1]

Racker was one of the first to speak of the analyst's masochism. It is only an example of how analysis can deteriorate into a non-psychoanalytic state. The analyst may equally react with guilt, here assuming responsibility for the patient's suffering. He may react with annoyance if the patient treats him with "an almost total 'lack of respect'...".[2] All of these reactions are useful for determining the state of the patient's unconscious mind, when viewed from the more technical and deeper understanding supplied by psychoanalysis.

The next important use of countertransference is to aid senior analysts in teaching psychoanalysis. In training, the candidate has a number of cases that are supervised by a senior analyst. The supervising analyst has access to the candidate but not to the candidate's patient. Racker indicates it is possible to glean the state of the patient by attending to the state of the candidate. Boredom or anxiety in the candidate will sometimes indicate the state of the patient. This is confirmed through further stages in the supervised analysis.[3,4]

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[1] Racker, 1968, p. 179.

[2] Racker, 1968, p. 150. I have heard this from some psychoanalysts; but of course it is always easier to see this in someone else than to observe it in the heat of the moment.

[3] Racker, 1968, p. 171. Again, while this may seem implausible to non-specialized readers, I have seen this happen while researching the philosophy of psychoanalysis.

[4] Another example is supplied in Racker, 1958, on p. 217.

We conclude that the continuous management of countertransference is one of the central elements of correct clinical practice. It is also a key element in the transmission of clinical knowledge. One may wonder what happened during the period from 1910 to 1950 when this essential feature was largely ignored. We cannot answer this question, although we can safely assume that countertransference was a feature of many of the analyses conducted during this period. We have identified one criterion to appraise case studies and clinical examples.

§ 9 **Projective Identification versus Countertransference:** Projective identification has certain elements in common with countertransference. Both result in experiences in the analyst or any other person on the receiving end of these processes, i.e., the object. Both can contaminate the psychoanalytic situation either epistemically or therapeutically. It is possible to draw a distinction between them. Projective identification was considered an exotic and difficult concept only a few years ago.[1]

Projective identification is the process whereby an aspect of the personality, desirable or undesirable, is *intrusively* attributed to a convenient object. It is extremely unlikely that merely being conscious of the mechanism is sufficient to prevent being its re-

[1] Such misunderstanding is manifest in the dictionary of psychoanalysis written by J. Laplanche & J.B. Pontalis, 1973, p. 356. They state that this term was used in an "idiosyncratic sense" by Melanie Klein and that their understanding of projection is more accurate. The Laplanche-Pontalis work is influenced by Lacan and Merleau-Ponty. Projective identification has achieved recognition in many circles of contemporary psychiatry and psychoanalysis.

cipient. This is only a first step.[1] The intrusive part is crucial since the receiving object experiences the state which properly belongs to the projecting agent as an aspect of his own personality. There is a defensive aspect of projective identification, since an experience is avoided on the part of the projecting agent. There is also a communicative aspect, since an experience is caused to occur in the receiving agent, something that cannot otherwise be expressed by the projecting agent. This leads us to the question: What does this have to do with psychoanalytic clinical practice properly conceived? Here we run into many problems. Projective identification is an extremely powerful and primitive mechanism. Until recently it has been generally considered *unwise* to recommend interpreting it.[2]

Psychoanalytic knowledge has advanced. Not only can projective identification be interpreted, in some instances it must be. When a patient uses it rigidly and excessively, it indicates that a more serious condition is present. If the analyst simply tolerates the affects it causes, and uses this as a clue to the analysand's unconscious processes, then there is a risk of the analyst acting-out the patient's internal situation. Recent literature provides this example.

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[1] Scott said: "We are becoming more adept at realizing that we have allowed the patient to do this and we must wake up to what we are doing about it. We try to see what it would mean to the patient if we try to put it back into him. We try to see why the patient cannot accept its containment." In: "The Broken Links between Sleep and the Unconscious and Waking and the Conscious," Canadian Institute of Psychoanalysis, Montreal, English Branch, August, 1986, p. 6.

[2] For a recent analysis see: E. Spillius, "Clinical Experiences of Projective Identification," In: *Clinical Lectures on Klein and Bion*, R. Anderson, ed., Foreword by H. Segal, General ed. E. Spillius, The New Library of Psychoanalysis, vol. 14, London: Tavistock/Routledge, 1992, pp. 59-73.

Symington[1] cites a case of his colleague Dr. Hobson, who took a new patient, Mr. Smith, who had been adopted at birth. Smith had been subjected to a horrific experience, one usually glossed over. Smith could not remember Hobson's name. He thought it might be Hobbs. The best he could do was to identify Hobson by means of a number on a file referring him to a clinic. This is Hobson's account:

> I [Dr. Hobson] said, 'Wasn't my name on the letter that you received from the clinic?' He said that he had lost that under a file somewhere. I said: 'The name is Hobson.' Now even with the first nod, I have been aware of my own resentment at being manœuvered into making a premature response; then I felt perplexity and dismay, and an uncertain disbelief, itself a source of discomfort, as I tried to make sense of his story; and finally, feeling churned up bodily as well as in thought and feeling, I found myself pronouncing that peculiarly disembodied protest: 'The name is Hobson.' The patient had deserted and orphaned me on that Friday; I was no longer the son of Hobbs, merely a number (not even my own number) on the file; and to the patient the whole affair mattered not one jot...[2]

Symington shows that Hobson was the receptacle of Smith's early traumatic experience. The psychological device used here is projective identification, by means of which the very important suffering which Smith underwent is intrusively put into Hobson. Hobson is psychologically outmanœuvered, and thus cannot think or act correctly.[3] Hobson can only suffer the pain which Smith cannot. However, Hobson can also learn about the unconscious significance of Smith's early experience. Symington correctly reminds us here that such early anxieties are felt as "appalling dreads." They

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[1] Neville Symington, "The Possibility of Human Freedom and its Transmission (with Particular Reference to the Thought of Bion)," *International Journal of Psycho-Analysis*, vol. 71, pt. 1, 1990, pp. 95-106. This account is derived from Symington's article.

[2] Symington, 1990, p. 98.

[3] Symington, 1990, p. 98.

are judged so great that they "cannot be borne."[1] The solution is to make others feel anxiety. This is why the event mattered not at all to Smith.

This example illustrates some of the features of projective identification. It still remains to clarify some of the differences between identification,[2] projection, and projective identification. One question is: what is the identification aspect of projective identification? In the above example, Smith could identify only unconsciously with Dr. Hobson's more manifest and consciously experienced discomfort. It cannot be otherwise for conscious identification entails conscious experience, just the thing Smith is avoiding. Identification means that a difference between an agent and an object is denied. Strict identification would amount to claiming to be the object or be equivalent to the object: as in [x ≡ y], as when the psychotic claims to be some idealized figure from history, say Alexander or Napoleon.[3] Less extreme identification denies the distinction between two people. In either case there could be identification while retaining a sense of each party's separateness. Returning to our example, Smith could have identified with Dr. Hobson without projecting an aspect into him.

Similarly, it is possible to use projection without using projective identification. When projection alone is used, the experience will usually not occur in the object, the object in this case being Dr. Hobson. It is part of the strangeness of projective identifica-

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[1] Symington, 1990, p. 98.

[2] Identification need not be projective. It may be used as a reaction or a defense in a different way. Klein said "My experience shows me that the struggle against an overwhelming identification—be it by introjection or projection—often drives people to identifications with objects which show the opposite characteristics." This is found in her article "On Identification," *The Writings of Melanie Klein, vol. III*, [1955], p. 168.

[3] This is similar but different from the 'personality exchange' experience spoken of by those analysts who treat borderline and psychotic patients.

tion that the projected (split off) part of the personality is then identified with unconsciously. Smith would know that he had accomplished the process of projective identification by means of sensing Dr. Hobson's discomfort. Hobson's conscious discomfort is equivalent to Smith's unconscious discomfort. Smith automatically identifies with Hobson's discomfort.

I have belabored this account to make the distinction between projective identification and countertransference. In countertransference, there first must be transference on the part of the agent or patient. For projective identification to occur, there need not be transference, in fact, it would seem that projective identification is a more primitive substitute for transference. If the working analyst tolerates countertransference reactions, he is positioned to make a transference interpretation. If the working analyst can tolerate projective identification, perhaps transference can develop. If Hobson began analysis with Smith, ideally Smith will treat Hobson as the abandoning parent, or some other suitable vicissitude. Such considerations are left until the section on transference proper.

Now that I have supplied some working account of projective identification, let us move on and characterize its relationship to the psychoanalytic process. This section is an example of how an understanding of the theory of clinical psychoanalysis can be used to critically evaluate prospective contributions aiming at modifying clinical theory. Hamilton's article argues that the analyst's *normal* projective identification may play a role in clinical psychoanalysis and may, indeed, be unavoidable.[1] The plausibility of this

[1] N. Gregory Hamilton, "The Containing Function and the Analyst's Projective Identification," *International Journal of Psycho-Analysis*, vol. 71, pt, 3, 1990, pp. 445-453. He is using Bion's work in a manner similar to the way it is being used herein. The ego's containing function is one of Bion's key notions.

thesis is very limited, since projective identification is a regressive psychological device, whose psycho-origins are very early infancy. Hamilton cautions "...projective identification can be a very treacherous tool."[1] He also says that projective identification could be used to avoid countertransference affects. This is consistent with my earlier account. Hamilton's thesis is that the ability to contain anxiety of all sorts, which Bion called the containing function, can be learned by the analysand. The analyst can use projective identification to enable the analysand to introject this containing function.[2]

It is true that Bion himself claims that the containing function is implicit in Klein's notion of projective identification.[3] This makes sense, since projections are usually received by a human subject, capable of containing. When it goes dramatically astray, non-human objects are used. In Bion the containing function operates in one direction only. It is the mother who contains the projected anxieties of the infant. If the mother then projects anxieties into the infant, how is the infant supposed to contain the mother's anxieties? The infant cannot successfully do this without negative developmental consequences. One possible consequence is a pathology manifest later in life, imitating of a maturity the child does actually possess. This type of developmental character distortion resembles Winnicott's 'false self.'

In the infant, such re-projection of his anxieties by the mother would be overwhelming. If this account is more plausible than Hamilton's, how then can we speak about projecting the ability to contain anxieties back into the infant, or back into the patient in the analytic situation? If we take seriously the defensive nature of projective

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[1] Hamilton, 1990, p. 450.

[2] Hamilton, 1990, p. 449.

[3] W.R. Bion, *Elements of Psycho-Analysis* [1963], In: Bion, 1977, p. 31. Hamilton does not cite this particular book or passage.

identification, we cannot. If the infant experiences his mother as a person who is not overwhelmed by his anxieties, it would be better to say that the infant can introject an experience of safeness. This is the origin of the containing function.

This developmental perspective has consequences for the clinical situation. At face value, we would apply it by recommending that projective identification should be tolerated and learned from, and *silently* contained to allow detoxification to occur rather than interpreted. But the detoxified result of the analyst's internal work on the patient's material should reach the patient. If it is to reach the patient then interpretation is still required.

Bion's containing function cannot be projected into the patient in psychoanalysis; or into the child, in mothering. If it were, there would be the risk of *losing* this ability on the part of the projecting person. This follows from our understanding of projective identification. Either a desirable or undesirable aspect of the self may be split off, disavowed, and 'lost.' If we introduce a distinction between rigid (pathological) and flexible (normal) projective identification, the degree of loss would be both less and temporary when flexible projective identification is used. The flexible use of projective identification would result in the characteristic being placed in an agent, but then being taken back into the self. The acquisition of this flexibility depends on "a memory in feeling"[1] of the containing of the early (or primitive) use of projective identification.

The ability to suitably process emotionally difficult events is expressed as "containing, container, contained." Bion intentionally used this rather concrete[2] and

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[1] Klein's expression.

[2] Bion understood that using this language can promote contempt or hatred. He illustrated the reaction by having a character in his novel react to a psychoanalyst by saying "...(*Laughs contemptuously*) The container and contained! My God I believe he has driven me as mad as he is! I'm even talking this crazy nonsense. I'll get locked up if this goes on much longer!" Wilfred R.

primitive language to describe these basic processes. Its usefulness is partly a function of its proximity to the primitive processes he was identifying. This ability is associated with a decrease in the tendency to use projective identification. Projective identification generally weakens the ego while defending it from undesirable experiences. Acquiring this containing function is coextensive with a decreasingly rigid projective identification.

Racker tells us:

> I would like to stress that the patient's defence mechanism just mentioned (the 'projective identification' (Klein et al., 1952) frequently really obtains its ends—in our case to make the analyst feel guilty and not only implies (as has been said at times) that 'the patient expects the analyst to feel guilty', or that 'the analyst is meant to feel sad and depressed'. The analyst's identification with the object with which the patient identifies him, is, I repeat, the normal countertransference process. Only that this identification and the pathological processes bound up with it (in our example, the guilt-feelings and anxiety) should be sufficiently transitory and of a sufficiently moderate intensity as not to disturb his work.[1]

Racker claims there is a relation between countertransference and projective identification; and that the source of *normal* countertransference feelings in the analyst is identification. This picture is important in helping build an adequate account. However, parts of his specific claims seem untrue. While it is true that the person practicing analysis, by offering himself as a potential object for the analysand, will actually experience objectionable emotions, like guilt and sadness, it seems false that countertransference results from identification. Identification is usually regressive.[2] If the analyst understands why the patient identifies the analyst with a particular person, through the

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Bion, *A Memoir of the Future*. [*The Dream* (1975)] Karnac Books: London, 1991, p. 71.

[1] Racker, 1968, p. 66.

[2] This distinction will be developed in more detail later in the section on empathy.

process of *empathy*, he can avoid this inability to understand the confusion engendered by identification.

The next question is whether Racker's claim that the normal process of countertransference is a function of the analyst's identification. Racker limits identification in this instance to a relation between internal objects. It is not identification in the broader sense. The patient has the analyst identify with his internal object.

Does it give an account of the relevant operative mechanisms? Racker's depth on these issues indicates that all of his claims about countertransference need to be taken seriously. However, it seems that on Racker's own account, countertransference is not always a function of projective identification. He says each transference results in some countertransference reaction. This seems true assuming that the analyst is even aware of and exposed to the transference. He may not be, as in the case of acting out. However, is each specific transference bound up with projective identification? I think not. Consider the example of mourning the analyst who is dying.[1] This is a real problem since some analysts do see patients, often candidates, when they are dying. Clinical records indicate that mourning can occur even if the analyst is unaware that he is dying. Mourning is the paradigmatic case of psychological work in general. The importance of dream-work, joke-work, and creative work for some people is great, especially for those with some exceptional ability. Mourning still stands out among them.[2] As Rosen put it:

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[1] Cf. Irwin Kleinman, "Death of the Analyst," *The Canadian Journal of Psychiatry*, vol. 35, June 1990, pp. 426-429. Kleinman demonstrated, scientifically, that the significance of the analyst dying is denied by psychoanalytic institute staff, which is at least interesting.

I discussed the ideas and methods used in this paper with Kleinman. Some of my views are incorporated into the paper. Conversely, some of Kleinman's observations and judgements are incorporated into this work.

[2] Cf. Paula Heimann, "Comments on the Psychoanalytic Concept of Work," [1964/6] In: *About Children and Children No-Longer: Collected Papers 1942-80*. ed. by Margret Tonnesmann.

> Mourning is the working through of depressive anxiety. In the depressive position one is no longer omnipotently controlling the world; the danger of loneliness exists for the first time.[1]

When the dying analyst is mourned, does the analyst have to identify with other lost objects with which the analysand identifies him? I think not. The analyst could empathize with the loss being mourned, and even utilize losses the analyst has experienced. Yet still, there can be transference. Classically, the countertransference reaction can be to misinterpret the transference as a death wish towards the analyst. A hypothetical scenario of the unconscious processes could perhaps illustrate the point:

Patient's unconscious process: *I sense you are dying, I believed you would live forever, I mourn your death.*

Analyst's unconscious process: *I am dying. Damn this patient for sensing this. I will not become conscious of the process. To do this I will misinterpret the anticipated loss as a death wish.*

This kind of reaction would not be projective identification, although it could look similar. For if it were, the analyst would experience loss, and begin to mourn or alternatively avoid mourning, without necessarily knowing who was dying. This would be closer to the prototypical model exemplified in the Dr. Hobson/Smith case analyzed above.

New Library of Psychoanalysis, vol. 10. London: Tavistock/ Routledge, 1989, p. 191. Heimann implies that there are many types of work, and that their discovery formed part of the *foundation* of psychoanalysis.

Some exceptionally talented people can accomplish a great deal with humor. Optimism for the general applicability of humor is tempered by understanding that neurotics typically think they are exceptional. Cf. Freud, *S.E.*, vol. XIV, Chapter on "The 'Exceptions,'" p. 311ff.

[1] Joël E. Rosen, "Review of *The Matrix of the Mind: Object Relations in the Psychoanalytic Dialogue*. By Thomas H. Ogden, Northvale, NJ: Jason Aronson, 1986, pp. 270." *International Journal of Psycho-Analysis*, vol. 72, pt. 1, 1991, p. 175.

Thus, the more general *theoretical* conclusion must be drawn about clinical psychoanalysis and case accounts stemming from it. A distinction must be made between projective identification and countertransference.[1] Where clinical reports blur this distinction, a suspicion on the part of all readers is merited, i.e., that some processes unknown to the author might well have been operative. This could certainly taint the author's conclusions and we may sometimes see a little further. On the other hand, we may see the *silent containment* of processes set in motion by either projective identification or countertransference, and this may or may not be explicitly mentioned. It is reasonable to hold that the implicit use of such containment is prevalent and that its use is a precondition for some of the specific and discussed aspects of many cases.

What now needs to be addressed is the interpretation of projective identification. What aspect can be interpreted? When can this be done? And, if it is to be used, why? The distinction between projective identification and countertransference is important to make before considering the related problems related to this distinction, to which we now turn.

§ 9.1 Containing and Interpreting Projective Identification: This is a complex issue to work out even in the relative peace of a study, and thus would be difficult to use in the heat and confusion of clinical practice, where it *is* used. Before going into the subtleties of the debate I would like to emphasize that the flexible and healthy use of projective identification is part of the satisfactory development of our relations. This would

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[1] Spillius disagrees "...with making a distinction between projection and projective identification, ... I think that such a distinction is impossible to maintain or even to secure agreement on." See: Spillius, "Clinical Experiences of Projective Identification," 1992, p. 63. Projective identification is considered an indispensable part of modern psychoanalysts by many, including Spillius.

include projections motivated by love.[1] There is quite a difference between flexible projection and the excessive use of projection resulting in the depletion of the self and the vicarious use of others.[2]

Spillius's summary shows the clinical evolution of this concept through Klein, Bion, and Joseph.

> [1] Klein's way ... focuses on the effect of projective identification on the way the patient perceives the analyst
> [2] Bion's way includes Klein's but also focuses on the way the patient's action induces the analyst to feel what the patient unconsciously wants him to feel, and...
> [3] Joseph's extension of Bion's usage to examine continuously the way the patient constantly but unconsciously 'nudges' the analyst to act out in accordance with the patient's internal situation.[3]

Here is the argument for interpreting projective identification. If the analyst is being nudged into giving sadistic interpretations, then non-sadistic interpretations can be given instead if projective identification is interpreted.[4] This is one example of a more general pressure to act out some role consistent with the patient's internal life. Another example would be to become confused. It is preferable to understand projective identification than to act out its consequences. It is true that this would imply "a constant need for psychic work by the analyst."[5] It increases the difficulties of practicing analysis. But in other ways it facilitates the important work and helps save time.

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[1] Michael Feldman, "Splitting and Projective Identification," In: *Clinical Lectures on Klein and Bion*. Robin Anderson, ed., Foreword by Hanna Segal. General ed. Elizabeth Bott Spillius, The New Library of Psychoanalysis, vol. 14, London: Tavistock/Routledge, 1992, pp. 74-88, esp. p. 76.

[2] Spillius, 1992, p. 61.

[3] Spillius, 1992, p. 72.

[4] Spillius, 1992, p. 63.

[5] Spillius, 1992, p. 63.

The is another benefit to interpreting such psychic events. The patients seem to feel more alive and more able to tolerate those formerly intolerable feelings that had to be projected.[1] Examples are envy, hatred and violence. It is understandable that people do not like these feelings. But the side effect of excessive projective identification is the feeling of emptiness. This makes sense since it would be the felt equivalent of the depletion of the self.

Another example is provided in a famous account by Bion. In a session with a psychotic patient, he interpreted because he became frightened. Bion said that the psychotic patient had pushed his fear that he would murder Bion into Bion. The atmosphere of the session then became more conducive to work. The patient himself, however, became more tense as demonstrated by his clenched fists.[2] This process made effective therapeutic work with this patient possible. Related to Bion's use of this type of interpretation is the extension of the general awareness of the degree to which the self is split. What I mean is when projective identification is used, then both the ego and object are split, in the following sense: a part of the ego is split off and got rid of, and either the external or internal object is changed in phantasy.[3] There are real emotional consequences of the phantasy.

One element of the more realistic or detailed picture is time.[4] Alvarez reminds us projections may occur within a space so temporally vast that the projections may be

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[1] Feldman, 1992, p. 83.

[2] W.R. Bion, "Language and the Schizophrenic," 1985. [originally published 1955.], pp. 220-239. Also cited in: Elizabeth Bott Spillius, "Clinical Experiences of Projective Identification," 1992, p. 62.

[3] M. Feldman, 1992, p. 75.

[4] For a recent account, see Anne Alvarez, *Live Company: Psychoanalytic Psychotherapy with Autistic, Borderline, Deprived and Abused Children*, London: Routledge, 1992, p. 25.

separated by as much as four years. In other words, it may not be possible to interpret the first projection until the next one gives the relevant information to the analyst. The time factor can be astonishingly long. Alvarez finds this view confirmed in her work, adding that projection may be diffuse. Much time may be required before "an identifiable and receptive"[1] object can be chosen by the patient and the choice observed by the analyst. Thus, therapeutic opening varies with the patients' condition and the theoretical preparedness of the analyst. Since people are doing progressively more work with very disturbed patients, more of the details of the specific uses of projective identification are coming out in the literature. We have good indications that it is helpful to develop our knowledge about projective identification and the knowledge about the how and why of its interpretation.

In the early phases of the mother-child relation projective identification is used by the baby. (In Kleinian theory, this is how the breast become bad.) If this is tolerated by the mother, the baby may come to feel that the projected bad elements might not be so bad. Then a decrease in the need to project could ensue. If the mother cannot tolerate the projections very well, then a greater and greater need to use this psychological process ensues, depending on other factors. Under good enough circumstances, adults develop the capacity to project flexibly both good and bad elements. This helps form relationships with whole real external objects, that is, other people. In the interests of strict accuracy, even where relations are formed with others, it is simply not realistic to suppose that we relate to their whole personality. At best we relate to a relevant sample of the whole person, as they to us.

I will now turn to transference interpretations. These are usually considered the

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[1] Alvarez, 1992, p. 25.

engine of developmental progress within psychoanalytic practice. Interpreting projective identification is not a comprehensive substitute for transference interpretations. Usually it is antecedent.

§ 10 Interpreting Various Types of Transference: Psychoanalytic technique necessarily involves the handling of transference phenomena, which are promoted and utilized for purposes of the clinical practice. There is not one rule or even a finite set of rules governing the handling of transference. A broader understanding of transference interpretations is required. Any clinical practice that does not use transference interpretations is not psychoanalysis. Many other therapies that are not merely supportive or palliative use transference interpretations, especially when the therapist is being supervised by a competent psychoanalyst. Thus, the use of transference interpretations is not a sufficient criterion for defining psychoanalysis.

The epistemic importance of transference interpretations cannot be over-emphasized. For example, the patient may comply with an analyst's incorrect and therapeutically ineffective[1] interpretation as a result of various sorts of positive transference. This compliance is best understood as action resulting from suggestion. These external effects are analogous to those produced by hypnosis, where suggestion is also the key causal factor. The analyst or an observer of the analytic situation could take such compliance as evidence of the veracity of an interpretation; but surely this understanding is not the best one. For example, if they do not consider the possibility of compliance being exploited for purposes of positive transference, then this interpretation would be

[1] We could call this a 'non-mutative interpretation,' following Strachey. Their therapeutic helpfulness is not directed towards the modification of the archaic superego, they could still be helpful in other ways.

contaminated epistemically. Careful use of technique should avoid this problem over time. Signs of positive transference would eventually be interpreted. For example, if x identifies with y, and x tends to hold some of the views y holds, then if the identification is diminished or modified into a more appropriate form by means of transference interpretations, then x is now in a position to hold the view which y happens to hold, but not because y holds it.

There are many types of transference. An exhaustive analysis of all the types is not necessary for its interpretation. But it is worth making a few distinctions. Transference follows diagnostic patterns, in that there are both neurotic and psychotic types of transference. The neurotic may treat the analyst as part of his super ego. If psychosis develops the analyst may be treated, for example, as a concrete oppressing object. It is worth noting that the transference may be avoided by means of lateral transference[1] to a third external object outside the analytic dyad. This can still be interpreted as transference intended for the analyst.

All of this is still quite *general*. We need to acquire an understanding of the therapeutic action of transference interpretations, without being distracted by the myriad facts about transference. It is helpful to consider Strachey's work on the type of transference interpretation he considered mutative, i.e., resulting in therapeutic action. It is interesting that Strachey developed this concept during the time he had Winnicott as an analysand, but we should remember that Winnicott's second analysis with Strachey lasted 10 years.[2]

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[1] I am indebted to J.B. Boulanger for this concept. Typically this happens by forming some substitute relation to act-out the current issues in the analysis. An example would be a patient suddenly having an affair where this was not typical of the patient's previous way of living.

[2] D.W. Winnicott, "James Strachey 1887-1967: Obituary," *International Journal of Psycho-Analysis*, vol. 50, 1969, pp. 129-131. "Gradually Strachey came round to his main psychoanalytic

§ 10.1 The Mutative Transference Interpretation: We can now consider a philosophical extrapolation of the argument that Strachey proposes. This article helped modify the conception of how transference was to be understood and used.[1] It argued that the superego could be altered by the application of a specific sequence of transference interpretations. By 'mutative' Strachey means therapeutically effective and non-suggestive. Among those articles which influenced clinical theory Strachey's has one unique feature, it makes not one use of clinical examples.

The first important claim Strachey makes is that the analyst must replace a portion of the patient's superego, passing this back to the patient, after it has been made less harsh.[2] Unlike Alexander, Klein's first analyst, he holds that the modified superego, passed back to the patient's superego, not to his ego. Strachey's original contribution is assert that the superego can be modified. Even Melanie Klein often held that the superego was fixed by adolescence.

To connect Strachey's first claim with my view that the analyst offers himself as a potential object when actually doing psychoanalysis, let us consider how the analyst can

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contribution, a series of lectures in 1933, in which he formulated the concept of the mutative interpretation. ... I knew nothing of Strachey as a man, of course, till 1933, when I stopped my 10-year analysis with him." p. 130.

Winnicott developed some of Strachey's views. Strachey had absorbed some of Klein's views. Familiarity with Klein's work is helpful for understanding both.

[1] Sandler recognizes the role Strachey played in helping change transference technique. He writes "...the stretching of a concept such as transference, so that it came to include a variety of object-related activities which need not be repetitions of relationships to important figures in the past." Joseph Sandler, "Reflections on Psychoanalytic Concepts and Practice," *International Journal of Psycho-Analysis*, vol. 64, 1983, p. 41.

[2] James Strachey, "The Nature of the Therapeutic Action of Psychoanalysis," *International Journal of Psycho-Analysis*, vol. 50, 1969, p. 279.

temporarily replace the patient's superego. Strachey characterizes the analyst as an "auxiliary superego" when the analyst is chosen by the patient to replace the patient's normally harsh and inhibiting superego.[1] An indication that this process has obtained is the ability of the patient to utter free associations. Otherwise the harsh superego censors free associations. As auxiliary superego, the analyst will be exposed to transference.

> Since the analyst is also, from the nature of things, the *object* of the patient's id-impulses, the quantity of these impulses which is now released into consciousness will become consciously directed towards the analyst.[2]

This is part of Strachey's expression of a *part* of transference, but it is expressed in metapsychologically imprecise terms, as Strachey acknowledges. This aspect of the problem will be picked up later.

If an archaic aspect of the patient's personality is directed towards the analyst, aggression for example, it can then be interpreted because of two factors. The first is that such archaic impulses are *distinguishable* by the patient, from the auxiliary superego. This assumes that the analyst has not been manipulated into actually being aggressive, or behaving like a superego. This implies that projective identification and counter-transference have been tolerated. The patient can then *introject* a less aggressive alternative into the superego, modeled on the auxiliary superego.

The second phase of the interpretation is to help the patient see that the intended object for the aggression was an archaic phantasy object. It was not the analyst or some other real people. Where are these archaic phantasy objects? In classical terms, they are not in the Ego (much of which is not accessible to consciousness), they are not in the Id

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[1] Strachey, 1969, p. 283.

[2] Strachey, 1969, p. 283.

(that is, the hard-wired bodily predispositions and instincts). They must be in the Superego. The superego is a collection of introjected phantasy objects, towards which the Id can direct impulses. This leads the superego to torturing and inhibiting the ego.[1]

This results in various feelings of anxiety experienced in the ego. It merits repeating that no one likes anxiety, especially when it becomes intense. On Strachey's account, the outbreak of anxiety, overt or latent, is one outcome of incomplete transference interpretations.[2] This is why he emphasizes that the second completing part of the transference interpretation must be undertaken. This means pointing out that the intended object is the archaic phantasy object. This division of the transference interpretation into two stages captures the *external* transference and the *internal* psychodynamics.

With this theoretical model therapeutically effective transference interpretations can be given if the above conditions conjoin the following restrictions:
1) the interpretation must concern an emotional state active at that moment, 2) the interpretation must be specific, detailed, and accurate,
3) the interpretation must not amount to reassurance or suggestion.

These are all related. If the analyst discourages anything but positive transference and exploits this, for purposes of analysis, then the interpretations amount to suggestion only. In very early pictures of psychoanalysis it was believed that positive transference kept the analysis going. Here, like in hypnosis, the analyst has stepped into the position of the patient's superego. Reassurance is similar, in that:

> ...reassurance may be regarded as behavior on the part of the analyst calcu-

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[1] Although psychoanalysts usually speak of superego prohibitions being directed towards the Id, and Strachey is no exception, the superego can treat the ego as though it had co-operated with the Id.

[2] Strachey, 1969, p. 284.

> lated to make the patient regard him as a 'good' phantasy object rather than as a real one.[1]

Thus, rather than complete the second phase of interpretation, the analyst allows the patient to introject an image of him, as a good protecting object, which then can do battle with the bad or hostile phantasy objects previously introjected. On Strachey's account, this does not resolve the anxiety, it just temporarily places it in abeyance. Concerning requirements one and two, if an interpretation concerns emotions actually present, interpreted at what Klein would call the "point of urgency," then it is more likely that the interpretation is accurate. Whereas, if the interpretation takes the form of a historical reconstruction, it is much less likely to be accurate. Therefore, accuracy and immediacy are linked. Transference interpretations are made when transference is taking place, and not at some other time. The ability to demonstrate the truth of the interpretation is linked to the immediate presence of emotional evidence. The timing is critical. It is called the "point of urgency" for this reason.

Even though Strachey's article was written in 1934, the consequences of his views are still being assessed and absorbed. One of these is his emphasis on these two phases of interpretation. The first phase liberates anxiety, the second resolves it. The amount of anxiety is important. Strachey recommends a very slow approach, with a gradual release of anxiety. Quick results are grounds for suspecting that suggestion is at work. The resolution of anxiety is accomplished by the patient recognizing the unreality of his own phantasy objects, and a reduction in his own hostility towards himself.[2] It is quite understandable that most people, including psychotherapists, do not wish to provoke

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[1] Strachey, 1969, p. 285.

[2] Strachey, 1969, p. 285.

raw, live emotions towards themselves.[1] If the raw emotions are the fuel then transference interpretations are the engine of psychoanalysis. Other previous interpretations have the role of enabling the analyst to make some mutative-transference interpretations.

The ego psychology approach is not consistent with Strachey's clinical recommendations. On their model, a systematic analysis of resistance will allow ego strength to develop. This development must be very gradual. To keep it gradual the interpretations of resistance predominate the analysis. They allow manageable amounts of anxiety to emerge. The ego stays intact because it is not overwhelmed by anxiety. Transference interpretations are made less frequently. Raw emotions being directed towards the analyst are not encouraged by the analytic setting they structure. If they were, the analysis would be redirected towards the patient's resistances as they understand them. On their view, the link between transference and resistance is weak.

Strachey understood resistance and transference as more closely linked. Resistance is expressed in analysis by means of transference. A resistance and a transference reaction are often one and the same thing. If resistance is to be interpreted it means that transference must be interpreted.

> ...one of the characteristics of a resistance [is] that it arises in relation to the analyst; and thus the interpretation of a resistance will almost inevitably be a transference interpretation.[2]

The analyst is in the room. If associations stop this is understood as a resistance. If we link these two elements then the resistance could have something to do with the ana-

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[1] Cf. Strachey, 1969, p. 291.

[2] Strachey, 1969, p. 289.

lyst *also.*[1] The analyst may be under-interpreting transference. The ego psychologists counter that the Strachey followers *over-interpret* transference. Our view is that transference must be interpreted to reach resistances. It can be interpreted *poorly*. Let us address this.

Rosenfeld says that one way to interpret transference poorly is to be vague.[2] This stems from a poor understanding transference and its significance. Parroting patients' words or saying vaguely that "You feel this towards me" or "You are doing this to me," makes a mockery out of Strachey's contribution. It avoids the actual work involved in deeper understanding.[3] He also points out that much time may be required to work through anxieties. Like the ego psychologists he recognizes that good practice indicates that the work be gradual. Anxiety is brought to the surface of consciousness by interpretation. In turn these must be *worked through* taking into account the ego's ability to tolerate anxiety. I will follow this up in the next section. First, let us consider the different types of anxiety that surface.

In working with very disturbed patients, Bion learned that there are some patients whose pathology inclines them to value not understanding. This belief helps them maintain their illness. They attempt to demonstrate to the analyst that the inability to understand psychological matters is somehow superior to the ability to understand.[4] This is a disorder in thinking. The demonstration is accomplished by disturbing the an-

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[1] Cf. H. Racker, "Counterresistance and Interpretation," *Journal of the American Psychoanalytic Association*, vol. 6, 1958, pp. 215-221.

[2] H. Rosenfeld, "A Critical Appreciation of James Strachey's Paper on The Nature of the Therapeutic Action of Psychoanalysis," *International Journal of Psycho-Analysis*, vol. 53, 1972, pp. 455-461.

[3] H. Rosenfeld, 1972, p. 457.

[4] Bion, *Learning From Experience*, [1962], p. 95, in Bion, 1977.

alyst's thinking. They manifest what looks like a superego:

> It is a super-ego that has hardly any of the characteristics of the super-ego as understood in psycho-analysis: it is "super" ego. It is an envious assertion of moral superiority without any morals.[1]

His description is worth considering in this section on the relation between transference interpretation and the superego. In his judgement, such people lack the ability to contain those life experiences that cause anxiety. Since I have considered the containing function earlier, let us now consider the absence of this containing function.

> Insofar as its resemblance to the super-ego is concerned [the negation of the containing function] shows itself as a superior object asserting its superiority by finding fault with everything. The most important characteristic is its hatred of any new development in the personality as if the new development were a rival to be destroyed.[2]

People like this can be self-critical. The casual observer may confuse hatred of learning with more conventional superego prohibitions. In addition, every new idea, person, or experience is reacted to with envy. By virtue of this, they are devalued, treated as worthless. In my view, the patients Bion is talking about have what Strachey would have called Id-impulses manifest on the surface. Bion and Rey showed that such patients can be treated by psychoanalysis. They do develop interpretable transference.[3] Strachey's model gave a lead but alone it was not sufficient to treat such patients. Strachey addresses his interpretations to the "archaic superego." These patients manifest only what looked like a superego. Bion calls it 'a "super" ego.' These are more primi-

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[1] Bion, *Learning From Experience*, 1962, p. 97.

[2] Bion, *Learning From Experience*, 1962, p. 98. I have translated Bion's symbolic notion into more conventional expressions, since, as J.O. Wisdom said, it is obscure. They lack α-functions and have instead ß-functions which are not simply their opposite.

[3] Klein and others would say they do develop transference, but in ways that reflect the severity of their condition.

tive anxieties that defend against interpretation by having the patient assert that *their* illness is a "super" state. Before the Strachey interpretations could be used, a modification of this envy of health had to be accomplished. Its modification was accomplished by interpretations to already released anxiety. Strachey's interpretations were intended to prevent this from happening. That is, if mutative interpretations are not used with neurotics then there is a risk of their becoming psychotic. When they arrived for analysis with Bion they were *already* psychotic. A technical modification was required. Let's link this modification to the Strachey model.

On the Strachey model, psychosis requires an extensive use of the *second* part of the mutative interpretation. The anxiety has already been released. It must be interpreted in terms that can be effective. This means deeply. The beginning of a containing function can then develop. The containing function binds the excessive anxiety. After this function emerges then the more normal superego can be analyzed. Bion made his observations in describing very primitive psychological states. While patients subject to primitive anxieties suffer, they suffer differently. Let us now characterize the more conspicuous suffering encountered when working-through released pain. It is this type of pain that both Strachey and Bion interpretations relieved. Bion relieved the more serious pain of psychosis, Strachey the less serious pain of neurosis. The symptoms in both types of illness cause pain. The interpretations relieve the pain by causing suffering. There is a difference between pain and suffering. We will examine this difference.

§ 11 Pain Distinguished from Suffering and Working-Through: It is a commonplace that patients are suffering. As a result they sought therapy or analysis. If they do they then experience pain. What is the role of this pain? What is the relationship between pain and the working-through of psychological conflict in the interests of devel-

opment? Let me start by reiterating Bion's distinction between experiencing pain and suffering pain.

> The patient may say he suffers but this is only because he does not know what suffering is and mistakes feeling pain for suffering it....Suffering pain involves respect for the fact of pain, his or another's. This respect he does not have and therefore he has no respect for any procedure, such as psychoanalysis, which is concerned with the existence of pain.[1]

It is true that Bion derived this view from attempting to treat very ill patients. This is relevant since many if not most psychoanalytic advances have resulted from the attempts to treat illnesses previously thought untreatable. In analysis pain will occur. The type of pain has been frequently linked to mourning. The psychic work that the analysand does is seen as analogically similar to mourning. The patient must work. If not, there is no progress in the analysis. No matter how much the analyst knows and no matter how much the analyst works (e.g., the work of handling countertransference), if the patient cannot work, there is no useful analysis.

This is at the level of general observation. It is still helpful for our understanding of the process. Let us examine the mourning analogy. Case studies show that many patients do not go through a process *like mourning*, they go through *actual* mourning.

Kogan describes a patient 'Josepha' who was involved in a terrible car accident in which her 4-month-old baby was killed. She too was terribly hurt.[2] She goes into analysis several years later because she has "an inability to feel joy or pain."[3] The analysis shows that she was not psychically prepared to experience survival guilt, or to mourn

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[1] Bion, *Attention and Interpretation*, [1970], p. 19.

[2] Ilany Kogan, "A Journey to Pain," *International Journal of Psycho-Analysis*, vol. 71, pt. 4, 1990, pp. 629-640.

[3] Kogan, p. 629. We would call this 'pathological mourning.'

the accident. Her guilt, which she *experienced* but did not *suffer*, inclined her to destroy herself and to try to destroy her analyst. The fear that if pain is experienced annihilation[1] will result, was a theme of the analysis. The patient goes on to successfully experience mourning in the sense of suffering it.

Kogan helped her to become un-paralyzed. But Kogan was afraid of this case. So was her patient. Kogan asked:

> Was it desirable to restore the pain of mourning at the burden of guilt, in order to revive her psychic life, and at what price?[2]

The answer to this question would require a follow up many decades in the future. Other analysts such as Scott and Wallerstein have done so. They followed patients and interviewed them many years later.[3]

Kogan's case illustrates that actual mourning is a feature of some analyses. The kind of psychic work patients may do is the actual work of mourning. This may require preparatory work to strengthen the personality. Bion said the avoidance of mourning results in pain. It also results in the inability to experience many other aspects of life including joy or satisfaction.

Steiner's recent case illustrates the related problem of experiencing guilt. Although guilt is a factor in Kogan's 'Josepha', it does not stop the analysis. Steiner's re-

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[1] Kogan, p. 638.

[2] Kogan, p. 629.

[3] Scott contacted a manic-depressive woman thirty years after her analysis with him. She had remained well, married and had children. She told him to publish the case history if it would be helpful. To this day other psychoanalysts argue that successful analysis of manic-depressive patients is not possible. The skeptics' views are not altered by the clinical evidence, follow-up reports, or case histories. A book-length report does exist, *The Case History of Miss Adams*, Unpublished manuscript, with illustrations and reproductions of the patient's drawings. [personal communication, original copy borrowed from Scott's library.]

port[1] is an example of a less successful analysis where mourning was indicated but could not be suffered. His patient had a personality that inclined him to sadistically control people. The patient "hated" his personality. He could not experience any grief about what he did to others. Sadism was a core element of his personality. This was by exhibited character traits called "pathological organization" by Steiner and others. In this analysis, projective identification was used by the patient in this way: the analyst was accused of using Nazi or Mafia-like methods to control and humiliate the patient. The patient seduced his employees and friends into liking and trusting him, only to mistreat them later.[2] Steiner's account seems plausible. The patient attributes to his analyst what he himself does to people in his environment, thus enabling him to disavow certain aspects of his personality, and avoid suffering pain by acknowledging what he has done. But he does experience pain in the form of hating his personality. This is *not* the same as suffering mourning. In the end the patient made other analytic gains but the core issues remained.[3]

§ 12 **Pathological and Non-Pathological Depression:** There are different types and degrees of depression. The commonplace inclination is to argue the depressed person out of their depression. The progressive elements of depression are not widely appreciated. We tend only to think of the pathologically depressed. Non-pathological depression is a normal and desirable part of psychological maturation. When faced with a

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[1] John Steiner, "Pathological Organizations as Obstacles to Mourning: The Role of Unbearable Guilt," *International Review of Psycho-Analysis*, vol. 71, part 1, 1990, pp. 87-94.

[2] Steiner, 1990, p. 90.

[3] Steiner, 1990, p. 90. "This [analytic work] led to better relations with his wife and children, and also with his colleagues, but he remained suspicious of these changes and often hankered for his old ways."

depressed person, there is an inclination to try to argue them out of the objectively unmerited self-assessment hurting them. This happens also to psychoanalysts. Some "feel abused by their patient's ungrateful refusal to get well when confronted by "the truth." [1]

This seldom works over the long term, since argument here functions as suggestion. In other words it functions in a way that is analogous to the suggestive impact of hypnosis. The operative psychodynamics depend on the transference dynamics of the relationship. It is because of these underlying psychodynamics that the given suggestion is temporarily efficacious. The understandable inclination to offer arguments why the depressed person should not be depressed implies a deep misunderstanding of the role and function of depression. We know from Freud and others, that the limited range of phenomena recognized as depression more commonly involves a complaint about an external object, not the depressed subject.

> In this way an **object-loss** was transformed into an **ego-loss** and the conflict between the ego and the loved person into a cleavage between the critical activity of the ego and the ego as altered **by identification.**[2]
>
> The analogy with mourning led us to conclude that he had **suffered a loss in regard to an object;** what he tells us points to a loss in regard to the ego.[3]
>
> If one listens patiently to a melancholic's many...**self-accusations,** ...with insignificant modifications **they do fit someone else,** someone whom the patient loves or has loved or should love.[4]

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[1] Gedo, 1979, p. 257-8.

[2] Freud, "Mourning and Melancholia," [1915/7] *S.E.*, vol. XIV, p. 249 mid-page, emphasis added.

[3] Freud, "Mourning and Melancholia," p. 247 mid-page, emphasis added.

[4] Freud, "Mourning and Melancholia," p. 248 mid-page, emphasis added.

Many observable depressions can be understood as the work of mourning gone astray.[1] We need not be misled by their surface manifestations. Different processes underlie these surface manifestations. The reported self-hatred which is exhibitionistically displayed (quite unlike cases of normal mourning), is sadism intended for the loved object now directed towards a split-off part of the ego.

> If the love for the object—a love which cannot be given up though the object itself is given up—takes refuge in narcissistic identification, then the hate comes into operation on this substitutive object [the ego], abusing it, debasing it, and making it suffer and deriving sadistic satisfaction from its suffering.[2]

In those who tend to introject the object and then attack that object, instead of mourning the object loss, depression ensues. Little losses may function in exactly the same structural way as major object losses. Thus, a minor disappointment in life cannot be tolerated and is experienced as an unmournable loss. The defence in such cases is that of resorting to introjection. The minor disappointment, for example a slight, is introjected into the ego, and attacked. The attack results in the experience of depression. This is the only type of depression that is generally identified outside psychoanalysis. It is quite different from biological depression, manic depressive psychosis, "the depressive position," or the various defenses against depression.

Space precludes going into even a fraction of the defenses used against depression, but I will mention an example which shows how the misunderstanding of this element

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[1] Klein starts her 1940 paper with an analysis of Freud's "Mourning and Melancholia." She agrees that a part of normal mourning is reality testing. She then draws from this a relation between normal mourning and the earlier mental processes. She says that "...any pain caused by unhappy experiences, whatever their nature, has something in common with mourning." See her "Mourning and its Relation to Manic-Depressive States," [1940], In: *vol. I, Love, Guilt and Reparation and Other Works: 1921-1945*. [1936] London: The Hogarth Press, 1980, Chapter 20, p. 360.

[2] Freud, "Mourning and Melancholia," p. 251 mid-page, emphasis added.

of human life results in misunderstanding of human action in general. Compulsive sexuality can prevent the experience of depression. In more extreme forms this results in erotomania. There is the tendency to misinterpret inappropriate sexual activity as a moral failing rather than as a means of avoiding depression, a highly different conclusion.

In more serious cases, various degrees of paranoia can be used to avoid depression. Here the subject does not resort to sadistically hating his ego, but rather to the delusion that people around him are objectively terrible. The tendency is to resort to depression or paranoia, but not to both at the same time. In paranoia also, reasonable argument also is of little help. Commiseration may provide temporary relief. The causal element operative in commiseration is the expulsion of bad elements of the personality into the person they commiserate with, by means of projective identification.[1]

There are theoretical and clinical grounds to hold that demonstration by argument does not result in the kind of psychic change that psychoanalysis envisions. An understanding of depression is central to an understanding of the psychoanalytic conception of mental functioning. There is continuity between the last section on psychological work, and this one on depression, since they both involve psychological suffering. To differentiate the classes of depression is complicated, and moreover there are classed within each age group and stage of development.

The four major types of depression (more accurately depressive phenomena) are:

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[1] For these reasons Heimann recommends neither engaging in argument or commiseration when analyzing paranoid patients. See Heimann's "A Combination of Defence Mechanisms in Paranoid States," In: Klein, Heimann & Money-Kyrle, eds. *New Directions in Psycho-Analysis: The Significance of Infant Conflict in the Pattern of Adult Behaviour.* London: Maresfield Library, 1985. For psychotherapy, on the other hand, commiseration may be useful for establishing a working alliance.

1- Aspects of biological depression which stem in part from a disturbance in the earliest mother-infant dyad, in the nursing period. In the worst case this results in infant death.[1] This is the extreme limit of the failure to thrive syndrome. Less severe cases result in weight loss. In these cases the patient lives. In less severe cases though the patient lives other consequences remain. Occasionally, annihilation anxiety makes its appearance later in life, given other unfavorable circumstances.[2,3] It may also result in some, and *only* some, forms of autism and autistic like defenses in adults.[4,5]

2- At a later phase of development is the depressive position, which may or may not be accomplished. When successful, this will usually remain completely unconscious and could result in no experienced depression at all. The three aspects are tolerating that the self, or the ego, or the object, can be both good and bad at the same time. Good and bad are understood as frustration and gratification.[6]

3- When the accomplishment of the depressive position does not fully emerge and when paranoia is not the outcome, then the mutually defensive emergence of manic depression may result. This can be manifest in various degrees from

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[1] It was Spitz who first identified hospitalism as a syndrome. Some hospitalized and well-taken care of infants pass away despite the care. See: R. Spitz & K. Wolf, "Anaclitic Depression: An Inquiry into the Genesis of Psychiatric Conditions on Early Conditions, II," *Psychoanalytic Study of the Child*, vol. 2, 1946, pp. 313-242.

[2] For an elaboration of the concept of annihilation anxiety and one of the defences against it, see the section below on the encapsulated object.

[3] P.V. Trad, *Infant Depression: Paradigms and Paradoxes*, New York: Springer-Verlag, 1986. See especially Chapter Nine, Correlates of Neuroendocrinology to Depressive Phenomena p. 238 ff. And, "Unlike the imitation interactions, however, the spontaneous interaction of the normal and high-risk dyads were dramatically different. Significantly, mothers of normal infants were less active, and normal infants engaged in substantially more gazing behavior than infants in the other groups." (p. 285.) He also observes that infants do usually "recover" [his emphasis] from prolonged separation, and manifest symptoms only later in adulthood. (p. 288.) He cites a variety of long-term follow-up studies which have shown that these symptoms can be quite severe.

[4] Frances Tustin, *The Protective Shell in Children and Adults*, London: Karnac Books, 1990.

[5] And, F. Tustin, "Revised Understanding of Psychogenic Autism," *International Journal of Psycho-Analysis*, vol. 72, pt. 4, 1991, pp. 585-591.

[6] Scott, 1985.

severe, as in psychosis, or in such a minor way that it is completely compatible with the common sense picture of mental health.[1] When healthy we would see micro mania and micro depression replacing each other, in short time frames e.g., one minute. In all cases the bi-polar aspect would be preserved. When unhealthy the exchange could take months or even years.

4- The fourth type is the based on introjection, which results in the person torturing himself with feelings of lack of self worth. This is what Freud called melancholia.[2] If the elements of narcissism are sufficiently present to present a proclivity to narcissistic object choice and if identification between the object and the ego obtain, the specific type of inclination towards introjection, which results in depression, may result as a chronic defense against mourning large and small.

This fourfold picture of the depressions does not mean that mixed pictures could not be encountered clinically. This picture has the advantage of organizing the various manifest depressions without resorting to reducing the psychogenesis to one source. While a sense of biological depression must be maintained, it is implausible to try to maintain that all depressions are biological.

We encounter depressed people. It is fair to assume that clinicians encounter some of the more severe and more disguised kinds of depression. One of the moves people make when encountering depression is to offer arguments why the depressed person should not be depressed.

This view is shared by professional psychologists who favor what they call "the cognitive approach to psychotherapy." The cognitive approach suggests to the patient

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[1] Again, from Scott. See: W.C.M. Scott's "The Mutually Defensive Roles of Depression and Mania," *Canadian Psychiatric Association Journal*. vol. 11, Special Supplement, [Paper from Panel IV-On the Psychoanalytic Concepts of Depressive Illness.] 1966, pp. S 267-S 274.

[2] S. Freud, "Mourning and Melancholia," [1915/7] *S.E.*, vol. XIV, pp. 243-258. The word melancholia has dissuaded some readers from giving this paper due attention.

an alternate way of thinking about himself or a problem. The operative dynamic here is *suggestion*.[1] From the account of transference interpretation, we should expect that suggestion can have measurable therapeutic benefit, just as hypnosis does. But from the point of pure psychoanalysis, suggestion must be avoided. Thus, cognitive argument approach, in general, *is* causally efficacious if it plays the role of suggestion. It is not causally efficacious by virtue of demonstrating the truth of a matter, for example demonstrating that the depressed person does not have rational grounds for depression.

It is difficult to grasp an understanding of depression and even *more* difficult to retain such an understanding. There is manifest resistance to grasping depression even among practicing psychoanalysts.[2]

Through the course of infant development, normal depression results from frustration.[3] The achievement of the capacity to experience normal depression may not occur, even though in relatively normal development it will occur by six months of age.[4] That

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[1] All psychotherapies use either suggestion or the release of emotions, but pure psychoanalysis functions in a more distinct way. Cf. Leon Chertok, "200 years of Psychotherapy: The Common Curative Elements in Suggestion and Affect," *Psychoanalytic Psychology*, vol. I, pt. 3, 1984, pp. 173-191. This very existence of this journal shows that some clinical psychologists have moved towards a psychodynamic approach to psychotherapy.

[2] A recent case study which manifests this *particular* defect is: Z. Alexander Aarons, "Depressive Affect and its Ideational Content: A Case Study of Dissatisfaction," *International Journal of Psycho-Analysis*, vol. 71, pt. 2, 1990, pp. 285-269. Although the study has many compelling elements, it flies in the face of empirical evidence concerning child development. He comments tellingly, following Brenner, that: "What went on in the pre-verbal infancy of my patient is speculative. What is known is that my patient's narcissism was seriously wounded by a traumatic castrative experience..." (p. 291.) Opinions about pre-verbal infancy become less speculative if one attends to the empirical studies.

[3] A useful review of the concept is: W.C.M. Scott's "A Psycho-Analytic Concept of the Origin of Depression," In: Klein, Heimann & Money-Kyrle, eds., 1985, pp. 39-47. [Originally published in the *British Medical Journal*, vol. 1, 1948].

[4] For an appreciation of Melanie Klein's contribution here, and not from a strictly Kleinian

an emotional reaction to frustration is a normal part of development can be confirmed empirically by any group of investigators by depriving an infant of an object that they have become interested in.[1] From this we are able to make certain reasonable theoretical assumptions about clinical psychoanalysis. Since psychoanalysis does not offer direct gratification to wishes which emerge, and thus introduces deprivation into the clinical situation, we should expect that the suffering of depression, in varying degrees and of various types, should form part of the picture of the suffering the analysand undergoes. Within each of the four types of depression we also see degrees of depression, and we may see hopeless depression. This may change into hopeful depression during the course of an analysis. This observation is supported by many clinical reports.

In some instances depression does not occur. This second class of clinical reports would be consistent with the view that *normal* depression is a capacity to be acquired, and is not the same as pathological depression. I now wish to outline the difference between melancholia and normal depression.

A comprehensive developmental account would need to note the many elements of development which occur before the infant can experience depression. For the most part, I will put these aside for this account. The infant must undergo an almost Herculean task of development before there is even the possibility of experiencing depres-

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perspective, see: D.W. Winnicott's "The Depressive Position in Normal Emotional Development," [1954-55], In: *Through Paediatrics to Psycho-Analysis*. London: The Hogarth Press, 1987, pp. 262-277. He says: "...the depressive position which may be well on the way under favourable circumstances at six to nine months is quite commonly not reached till the subject comes into analysis." (p. 277.)

[1] Scott shows how to replicate Winnicott's observation that a child reacts to frustration in: W.C.M. Scott, "The Demonstration of Object Relations and Affect in a Set Situation in Infants of 6 to 12 Months," Reprinted from *The Proceedings of the Third World Congress of Psychiatry*, 1961, pp. 56-59. The upshot is: give children something they like; then take it away from them. Observe.

sion. This includes learning where his body is, and learning that the hungry body is the same body as the satisfied body. Before this occurs, splitting predominates, and there is a progressive lessening sense of an enduring self. Quite astonishingly, as we shall see, a different sense of self sometimes emerges which is sufficiently cohesive to experience depression. Counterintuitively, this is a valuable skill.

§ 12.1 Scott's Three Aspects of The Depressive Position:[1] The first aspect of the depressive position is that the whole infant can feel positively or negatively towards the same object. These positive and negative feelings are called love and hate by Klein, Winnicott, and others. These are such early states that calling them either 'love' or 'hate' is slightly misleading; so in other places these positive and negative feelings are called the precursors to love and hate.

Adults may help to precipitate these negative and positive experiences in the infant. An example from daily life might help. A guest visiting my home once scared my infant son by failing to modulate the tone and volume of his voice. He then wondered out loud why children were afraid of him. Indeed! People who are attuned to infants spontaneously modify the tone and volume of their voices when in their presence. Tonal modulation has been extensively studied scientifically and the results are consistent with the infant observations some psychoanalysts have made.[2]

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[1] Scott, 1985, p. 42.

[2] For a summary and analysis see: J.B. Boulanger's "Early Object Relationships in the Light of Contemporary Scientific Research," *The Journal of the Melanie Klein Society*, vol. 1, December 1983, pp. 27-34. He cites Carpenter's 1957 study which demonstrated that after as early as two weeks there is a connection with the auditory perception of the mother's voice. Wolff obtained social smiling in the third week, preferably to a high-pitched human voice. There are also the filmed observations made by Meltzoff and More in 1977 of 18 infants between 12 and 21 days old, which shows imitative behavior not predicted by most theories. See: Meltzoff, A. and

The example illustrates that the infant responds to irritations in the environment. The infant trusts the parent to protect him. Since the parent has failed, the infant directs both positive and negative emotions towards the parent, simultaneously. This conflicting situation is usually intolerable; therefore the love (positive emotion) is denied. Only hate is felt. If both can be felt, depression results. If depression is felt and *tolerated*, a landmark stage of development is achieved. It says the following: I can love and hate the same good object, and I regret this, and therefore feel depressed. The infant who successfully accomplishes this ability to tolerate depression has achieved something that many adults cannot. It is a developmental landmark having monumental consequences for later life.

The second aspect of normal depression looks the same as the first. Here, the ego loves and hates (as I will now say for simplicity) the same object.[1] The distinction between self and object must be made, without falling into a Kohutian framework, in order to account for both self love and hate and more conscious love and hate. In slightly narcissistic personalities, the object can be a part of the ego. Thus, one part of the ego can hate another part, if the ego splits temporarily, resulting in depression. The ego can also consciously hate an external loved object.

Scott's third aspect is more familiar. Here an external object or person is judged to be both loving and hating. This means that the mother is capable of both loving and hating the infant, and the infant becomes conscious of this. This is important since *all* mothers are ambivalent about their children. The parent may experience the *infant* as

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Moore, M.K. "Imitation of Facial and Manual Gestures by Human Neonates." vol. 198, *Science*, 1977, pp. 75-78. Boulanger remarks that "To remain credible, a number of psychoanalysts must revise their current conception of infancy...disproven by two decades of research in infant development." p. 27.

[1] Scott, 1985, p. 42.

frustrating. If this parent has not achieved some ability to tolerate ambivalence and therefore depression, the infant becomes more actively hated. This results in a more profound failing in what Winnicott calls the facilitating environment.[1]

Let me now review this three part characterization of normal depression, sometimes called the depressive position.

1) A self may love and hate while remaining the same self.

2) The ego may love and hate the same object, while it remains the same object as opposed to being split, in phantasy, into two objects.

3) The object may appear or be in reality both loving and hating, while remaining the same object.

All three aspects are difficult to tolerate. They are more likely to be tolerated if the infant comes to have confidence that there is more love than hate in himself and in the object. This does not always happen. For example, some adult children of Nazis have spoken about being chronically depressed. If they remember their parents as good and later learn otherwise, these two pictures cannot be put together. If they are put together, the child may feel he himself has become bad. This, too, results in depression. The memories may remain split temporally; here there are two objects in phantasy. This example raises the relation between internal objects and the concept of 'reparation.' In turn this is linked to the normal capacity for depression.

§ 12.2 Reparation and Faulty Reparation:[2] Reparation occurs only in the depres-

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[1] From this we can see that it is reasonable to predict intergenerational mishandlings of depression.

[2] Reparation was originally a Kleinian concept. Since I am approaching psychoanalysis in a systematic manner, and moreover, hold that a general solution to the current theoretical debates in psychoanalysis will be obtained only if a systematic topic-specific approach to individual is-

sive position. That which is repaired are internal objects: not real people, but the internal representation of those people which form part of the personality. Reparation may occur in either natural development, or as a side effect of psychoanalysis. Rey observes:

> It stands to reason that making reparation only to the external object, real or fantasied, would make analysis impossible. Someone having to make reparation to a dead mother could never do so. Even if the mother is alive but does not respond to the reparative efforts, only despair would result. It is the internal object that must respond to the reparative efforts.[1]

Rey's claim has a number of elements. What is the damage to be repaired? If the external object is thought to be damaged by hostile impulses, a representation of this damaged object can be internalized to form part of the agent's internal world. While an agent might act out reparative efforts on objects in the external world, it is the internal object that is being repaired. If the internal world is repaired, then new types of relations become possible with external objects.

No doubt, reparation is still incompletely understood. One way to illustrate how the misunderstanding is expressed was supplied to me by an acquaintance. He suggested that psychoanalysis was globally misguided in its recommendation that conflicts could be worked out within the analytic dyad. He recommended instead that people should heal the original conflicts with the real people. This type of misunderstanding is important. If followed as a universal recommendation, it would condemn large numbers of people to long term immaturity if not serious mental illness. An elementary un-

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sues is eventually adopted within theoretical psychoanalysis, I am not that concerned that reparation originated with Klein. I am concerned that understanding reparation is essential to understanding the general topic of depression. The concepts related to reparation are thoroughly intertwined. Thus, we must start somewhere and build a picture of this inter-related whole. See Henri Rey's "Reparation," *The Bulletin of the British Psychoanalytic Society*, no. 7, September, 1982, pp. 1-27. [Later published in *The Journal of the Melanie Klein Society*, vol. 4, no. 1, 1986.]

[1] Rey, "Reparation," 1982, p. 20.

derstanding of the concept of the internal object might help place such destructive misunderstandings to rest.[1] When common sense functions people spontaneously choose alternate objects with whom to work out original traumas. This applies even when they do not choose psychoanalysis.

The internal object is usually a representation of a *misunderstanding* of an external object. Internal objects are, by their very nature, removed from the external object upon which they are based. Internal objects form part of the agent's psychic reality. However, they are also experienced, remembered, and treated as foreign elements within the personality. This is caused by splitting and identification in the formation of internal objects. There must be splitting of the ego in order for an internal object to be an object at all. That is, the internal object must be capable of having attitudes directed towards it, and must be believed to be capable of directing attitudes towards another part of the person's ego. An example of this occurs when, at times of great stress, a person feels persecuted by memories of people or actions. No one is completely immune from this re-emergence of persecutory anxiety, although the degree and duration of its emergence can be lessened. Why then must there be identification in order for the internal objects to form at all? Identification is a denial of the difference between an aspect of the self and the external object.

One *major* problem with the above analysis is that all people have some internal objects, including healthy people.[2] It is therefore possible to introject a picture of an external object and for this to become part of the strengthening personality over time.

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[1] For a review of the concept, see: Thomas H. Ogden, "The Concept of Internal Object Relations," *International Journal of Psycho-Analysis*, vol. vol. 64, 1983, pp. 227-241.

[2] Prior to about 1950 it was generally believed that internal objects were formed only in cases of major pathology. There were exceptions. See: Riviere's "On the Genesis of Psychical Conflict in Earliest Infancy," *International Journal of Psycho-Analysis*, vol. 18, pt. 4, 1936.

These form part of both the ego and the superego, at least the superego in its less harsh formulation. These objects may be based on either an understanding or a misunderstanding of an external object. There must be a healthy manner of introjection, which we might call simply memory in a non-psychoanalytic framework. We have memories of those we love or have loved and they may not be based on the whole person. Another example would be memories of people who have tolerated us when we have not been pleasant or worse. This may help us develop the capacity to tolerate ourselves without having recourse to the manic position that we could only be tolerable if we were all good. To conclude, internal objects need not always be based on misunderstanding the external object. They also occur with understanding. Internal objects are not only present in healthy people, they are necessary. This makes the understanding of reparation more complete if more complicated.

As Rey points out, Freud uses the word reparation three times. But Freud did not fully grasp its significance. Since the concept is still evolving, it is unlikely that Klein fully grasped its significance either. An inappropriate expectation of on omniscience on the part of the founders of psychoanalysis might cause us to be troubled about Freud and Klein incompletely grasping the concept. We are beginning to understand this basic discovery. Stand back and ask the question: What is repaired? Is it the object, the ego, the internal object, the external object, or all of them?

The answer depends on the current condition of the person. At an elementary level, if psychosis is the presenting condition then the ego has split and the main goal is to repair the ego. Repairing the object and objects would come at a later stage. If the psychosis is believed to be necessary to avoid pain and suffering, then repairing the ego would be avoided. That is, if the defensive function of the psychosis is advantageous, then all attempts at repair, including therapeutic and psychoanalytic help, will be at-

tacked since they pose a danger. The danger is an increase in pain and suffering. If the ego is intact or is repaired, then the internal objects can be repaired. The question is, why do they need repair in the first place? Because the unconscious belief that thoughts and feelings can damage people and memories of people (stored as internal objects) is based on the equally unconscious belief that thoughts are omnipotent. Hostile omnipotent thoughts are felt to have the capacity to damage external objects, and the picture of these damaged external objects is internalized.

The capacity to entertain reparative phantasies is an emergent one. It is based on the capacity to tolerate the coexistence of hostile thoughts and wishes with loving and tender wishes. Both hostile and tender wishes can be felt to have omnipotent characteristics. In such cases the faulty belief can obtain that one's love is so great and powerful, that merely by loving a person they can be made whole. This is one example of faulty reparation. Conversely, one's hate is felt to have the power to destroy. Faulty reparation in this case might consist in destroying the self, so that the self's hate can be stopped. More realistic reparation is based on the conscious discovery that neither love nor destructive impulses are omnipotent.

Let us now consider a clinical example of conspicuously faulty reparation. The example is from Rey,[1] who speaks of a male patient who castrated himself in order to protect his sister from his sexual impulses. Not being content with this gross physical substitute for emotional processing, he then attempted to also remove his eyes. This would be a partially symbolic repetition of the castration, since eyes are often symbolically equated with the sexual organs; although it would also prevent looking at the sister, already impossible in fact.

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[1] Again, Rey's article "Reparation," 1982, pp. 1-27, is useful here.

Why is this faulty reparation and not just self-destructive behavior, or worse, incomprehensible psychotic behavior? The fact is the patient cares about his sister, and does not want his uncontrollable impulses to hurt her. He also believes that these impulses are in fact omnipotent and thus have damaged her. She is the object, therefore she is also the damaged object in need of reparation.[1] If his fantasy impulses have hurt the sister, rather than developing the capacity to have alternate more appropriate impulses, he protects her by damaging himself. The protective aspect shows good intention distorted by illness. In terms of his internal psychic reality, no improvement obtains from this desperate move, since the psychic impulses remain. So the castration was not enough. Faulty reparation never works. It must be repeated perpetually.

In more normal people, obsessional rituals can be seen as an example of faulty reparation. Here too the obsessions must be repeated over and over again, partially because they do not work to accomplish the emotional task they are being used to avoid. Looked at structurally, if there is a thought about damaging the object, the purpose is to undo the damaging thought and the guilt by means of the ritual. This is partially why there is emergent depression in the analysis of obsessionals, as the guilt becomes conscious. There is sadness for the destruction done to the fantasy object. Then, and only then can either the real object, the memory of the object (the internal object), or some suitable external object, be repaired. There is a fairly tight relationship between depression being worked through and the capacity for reparation emerging.

§ 12.3 A Note on Endogenous Depression: The differential diagnosis of endogenous or biological depression is mainly a psychiatric matter. It is therefore outside the

[1] It is probable that the sister stands for the mother, or the original primary object.

frame of psychoanalysis in general.[1] Our account of depression would be incomplete if this topic is not mentioned. It is also true that much of the progress in psychiatric differential diagnosis is indebted to original psychoanalytic research and theory.[2] This shows in the diagnostic procedure. Since endogenous and biological depression are *always* diagnosed on psychological grounds. This alone is important. It appears that the psychogenesis and historical origin of endogenous depression is earlier than the psychogenesis of the depression found in the depressive position.

We can now recognize pathological infant depression by the fourth month. This is different from the depressive position which would be entered between the third and sixth month. On that basis we could expect the paranoid position which precedes it would lead to non-depressive illnesses but not pathological depression. We should expect paranoia and other persecutory illnesses to develop instead. Yet, if we understand that the failure to thrive syndrome is related to endogenous depression[3] and that psychogenic autism,[4] although understood by psychoanalysts as psychochemical in nature, is in part a defense against what the recovering patients call "black-hole depression"; then we must conclude that some types of depression have extremely early origins. The

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[1] Irwin Kleinman has helped me become more clear on this point. Some of the indications for a diagnosis of endogenous depression can be, depending on the case, early morning wakening and a greater degree of depression in the morning than in the evening.

[2] For example, with respect to another primitive bio-chemical state, i.e., autism, it is the case that both statistical methods are used in conjunction with psychoanalytic leads. See: Fred R. Volkmar, "Increased Understanding of Autism is Changing its Clinical Definition," *The Psychiatric Times • Medicine & Behavior*, January, 1991, pp. 12-13. [This indicates that the DSM-IV which will replace DSM-III-R is using psychoanalytic concepts to increase diagnostic reliability.]

[3] P.V. Trad, *Infant Depression: Paradigms and Paradoxes*, New York: Springer-Verlag, 1986, esp. Chapter Nine, Correlated of Neuroendocrinology to Depressive Phenomena, p. 238 ff.

[4] Frances Tustin, "Revised Understanding of Psychogenic Autism," *International Journal of Psycho-Analysis*, vol. 72, pt. 4, 1991, pp. 585-591.

fact is the first hours and days of life seem operative here including the state of the *mother* while the infant is still in utero.[1] Confirmation comes from multiple sources.[2] Depression emerges from serious external circumstances, including the practice of psychoanalysis where atypical external stimuli from patients is encountered. This can be handled by self-analysis in some instances. A set of compelling papers on this topic was produced by Anderson.[3,4] He also has a 3,500 page record of the process.[5] He records that a sane and accomplished person may encounter some of the symptoms of endoge-

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[1] "...a mother may unwittingly use her infant as an inanimate object...she may have experienced a shock, tragedy or bereavement around the time of the child's birth...." Tustin, 1991, p. 586-7. The child becomes a "cork" in such situations.

And, Tustin concludes that "...it is no longer tenable to postulate a normal autistic phase in infancy." Tustin, 1991, p. 589.

[2] Scott wrote that "Forty years ago [1947] I treated a depressive doctor who feared madness. His mother had been for years in Colney Hatch. She had, after her husband left her in poverty caring for four children, boiled the family urine and feces for breakfast. During analysis, his crying never became incapacitating, but continued recurrently until once it ended in laughter. ... He became able to talk half way through the interview, [2 sessions later] saying first: "I am not my mother". Later be became adept at self analysis." In: "Making the Best of a Sad Job," Read at British Psycho-Analytical Society, Wednesday, October, 7, 1987, p. 12-13.

[3] Harry M. Anderson, "The Self Analysis of an Experienced Psychoanalyst: Development and Application of an Uncommonly Effective Technique," Presented at the Toronto Psychoanalytic Society, Wed. Feb. 11, 1987, 119 pp.

Parts were presented at the Ontario Psychiatric Association Annual General Meeting of January 1987, entitled "Going Deeper: Report of a Recorded, Successful Self Analysis Following a Personal Analysis - Method, Application, Results."

A modified version of the 1987 paper has been published as "The Self Analysis of an Experienced Psychoanalyst: Development and Application of an Uncommonly Effective Technique." London: *Free Associations*:, vol. 3, pt. 2, no. 25, 1992, p. 112.

[4] See also G. L. Engel's "The Death of a Twin Mourning and Anniversary Reactions. Fragments of ten years of Self-Analysis," *International Journal of Psycho-Analysis*, vol. 56, 1975, pp. 23-40.

[5] He implies that he would make this record available to a suitably qualified researcher at some time in the future. Anderson, 1987, p. 42.

nous depression, painfully live through it, and resolve the problem by psychoanalytic means.[1] This accomplishment questions the claim that all serious depressions which meet the criteria for endogenous depression are biological. If they were essentially biological, then no such resolution should be possible. However, considered from the standpoint of modal logic, if something is the case it implies as a prior condition that it can be the case; or more simply put, is implies can. That is, an actual event of this kind implies its possibility, and cannot be ignored. Part of his conclusion is that early real events with real people in the developmental environment can result in deeper psychic structures that do not emerge as identifiable problems, but they can be resolved if self-analysis is taken to a very thorough depth.

There are counter-arguments. Serious depressions respond to anti-depressant medication. Can we conclude from this that depressions are independent of the development of the whole person? Anti-depressants have their place in modifying the level of depression, making possible psychotherapy and other changes. They are clearly a very useful means to an end. More important, there should be no distinction drawn between states of the body and the earliest ego (or its precursor that we could call the proto-ego) if we are to be consistent with basic psychoanalytic theory.

If the residue of endogenous depression emerges later in life, reparation would still be desirable. Real deprivations and frustrations make the infant angry at the original object, leaving traces which could produce symptoms if later life events conjoin with

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[1] An example of what he writes is: "I next developed intense day-time depression with suicidal ideation. And when I pressed into the depression, I released extreme anxiety accompanied by fantasies of my self in a state of catatonic stupor. This development was *very* frightening. Naturally, I feared psychosis. And three were times when I was not certain that my 'glue' would hold." These emergent symptoms were resolved leading to an increased ability to practice analysis and enjoy life. Anderson, 1992, p. 112. Anderson is a past president of the Toronto Psychoanalytic Society. I have his permission to cite and use the unpublished versions of these papers.

the residues.[1] The concepts of reparation and faulty reparation would seem to be important in this context.

§ 13 The Working Alliance as a Parameter:[2,3] A psychotherapist or psychoanalyst can establish a working alliance between the healthy portion of the patient's ego and his own ego by a variety of techniques. This assumes there is some healthy portion of the patient's ego. The question: What does this have to do with psychoanalysis proper? Before I proceed to offer an analysis of this problem, most people have had working alliances. For example, two people may form an alliance to accomplish a goal. Technically this alliance is made between only parts of their personalities. Those parts are the healthier ego functions they both possess. They would not need to be self-conscious of the psychological processes they are using. They may have some common sense understanding that they are doing this.

Next, we should consider certain basic facts, without going into the history of this debate. The first is that current case reports indicate that psychoanalysts employ the working alliance in their work.[4] This would be trivial if there did not exist such strong

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[1] Anniversaries are sometimes the participating events. Scott cites a man who became depressed at 59. His grandfather died at 60, when the man was 4. He had a deep attachment to the grandfather(which replaced the affection he once had for his mother), but had not mourned his loss at the time. "Such a history demonstrates how difficult it would have been to predict, for instance, when he was forty, that he was seriously predisposed to an illness at fifty-nine." Scott, 1985, p. 46.

[2] For a survey of this debate see for example: Lawrence Friedman, "The Therapeutic Alliance," *The International Journal of Psycho-Analysis*, vol. 50, 1969, pp. 139-153.

[3] And, Charles Brenner, "Working Alliance, Therapeutic Alliance, and Transference," *Journal of The American Psychological Association*, 27, 1979, (suppl.), pp. 138-157.

[4] One recent example, published *specifically* in the International Journal is: Janet Hadda's "The Ontogeny of Silence in an Analytic Case," *International Journal of Psycho-Analysis*, vol. 72, pt.

arguments for avoiding the working alliance in psychoanalysis proper. These arguments have come from every sector of contemporary clinical theory, including main stream American ego-psychology theorists. Charles Brenner argued that working alliance interferes with the interpretation of transference, and that the concept of the working alliance is "basically useless."[1] Friedman claims that if the analyst looks for the working or therapeutic alliance as a fulcrum of treatment, this activity will be found to be "unnecessarily interfering with his function of acceptance."[2]

The acceptance Friedman talks about would be inconsistent with the analyst offering himself as a potential object. Over and above this, if the Strachey argument is correct, then the analyst is temporarily replacing some of the patient's superego functions, and should not interfere with this possibility by allowing identification to occur between the healthy part of the patient and the analyst. These are simply some of the initial systematic arguments that can be made on the strength of the earlier work in this chapter.

The working alliance is extra-analytic in the sense that it is a relation between the two people that is based on the ego and not on the phantasy life of the patient. It is a relationship where the analyst supports the ego of the patient and to an extent encourages the patient to identify with the healthy portion of the analyst's ego in order to facil-

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1, 1991, pp. 117-130. Hadda's paper manifests a general psychoanalytic understanding of the problem. The explanation of the role and handling of non-verbal material is inconsistent with our analysis above. She writes, though, "I understand the distinction that Robin [her patient] drew between me and other adults as a potent manifestation of our working alliance. She was able to be silent with me because she had learned that I would be accepting of the silence and of her." p. 122-123. The point is simply that Hadda and others specifically foster a working alliance.

[1] Someone trained in the ego-psychology tradition might be skeptical of my claim, therefore I will quote Brenner's sentence: "I do not believe, though, that therapeutic alliance or working alliance are useful concepts." He means for psychoanalysis proper. Brenner, 1979, p. 155.

[2] Lawrence Friedman, "The Therapeutic Alliance," *The International Journal of Psycho-Analysis*, vol. 50, 1969, p. 153.

itate the progress of the analysis. Some believe that the establishment of the working alliance serves to motivate the patient to continue the work of the analysis.[1] However, any advantages reaped here may easily be off-set by producing a clinical result which is based on suggestion. In some cases it may result in the patient becoming an artificial product of the analyst's own views or even an artificial product of the patient's archaic objects.

The working alliance may prevent the analyst from making interpretations, and in this sense is a resistance to psychoanalysis. A clue is supplied by Racker, who points out that if a resistance on the part of the patient is identified with by the analyst, then a counter-resistance may develop in the analyst.[2] This would prevent the analyst from noticing the patient's basic personality or resistances. That psychoanalysts continue to use the working alliance is shown by current case reports.

With respect to my general thesis, if the analyst follows the Bionian stance I have extrapolated above, and tries to offer himself as a potential object, then this would preclude this old move of establishing an alliance. Moreover, with a suitable absorption of the dynamics of internal objects and splitting, then caution would be exerted in order to make repair of the ego or objects possible, and to avoid becoming the permanent repository of split-off healthy parts of the ego. These parts are probably needed to achieve suitable results, i.e., a reconstruction of a stronger ego.

Lastly, I return to the usefulness of the working alliance, since this has been criticized by Brenner. Many people took Brenner as one of the key proponents of the ego-psychological recommendation of establishing the alliance. His criticism will not be

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[1] See for example Sutherland, 1981, p. 120.

[2] Heinrich Racker, "Counterresistance and Interpretation," *Journal of the American Psychoanalytic Association*, vol. 6, 1958, pp. 215-221.

immediately reflected in the literature. One value in recognizing the inconsistency of the working alliance with psychoanalysis is the help this provides us in more critically evaluating case studies. The alliance is still frequently invoked, although sometimes in name only. In these cases a different psychodynamic explanation would have better served the author. In such cases, the critical reader can see that a misdescription of the operative technical process has been used. This is one result of the analysis contained in this section.[1]

§ 13.1 Empathy Understood in Terms of Internal Objects: Almost all analysts claim that their orientation is empathetic in some sense. Numerous philosophers have also put forth analyses of empathy. We must restrict ourselves to empathy as it is relevant to current psychoanalysis.

What is empathy? It is the capacity to imagine what it would be like to be another person having some experience. It is a basic biological capacity. Humanity would not have survived without it. A primitive capacity to empathize at the level of skin to skin contact between mother and child, coupled with an attunement to the infant's noises, is necessary for the infant to survive.

This basic capacity is not enough for purposes of analysis. Thus, the first distinction must be introduced. Empathy is usually distinguished from identification. This distinction is maintained for a variety of reasons. When identification occurs the state experienced by a person is also experienced by the identifier. Their separate identities are not maintained.

In this way identification precludes empathy. For example, if you talk to a de-

[1] See § 14 of Chapter Two below entitled "Criteria for Appraising Clinical Studies."

pressed person and become depressed, then identification is over-riding empathy and precluding it. However, now that we understand projective identification, we see that identification may be forced and intrusive. Moreover, now that we understand countertransference, we see that the analyst will eventually identify with the patient's internal objects, and therefore frequently suffer.[1]

An understanding of countertransference and internal objects leads to a more complicated conception of empathy. Identification is involved when countertransference occurs. Countertransference is clinically useful by virtue of its providing a greater degree of empathetic attunement to the patient. But the fact that countertransference occurred entailed that a special type of identification had occurred at the level of the patient's internal objects. Thus, drawing a simple dichotomy between identification and empathy will prevent us from achieving an adequately accurate understanding of the relevant psychodynamics. While the basic distinction between empathy and identification still holds, the empathetic use of countertransference presents a special case.

It follows that empathy is different from sympathizing or commiserating, since we can do either without empathizing. Commiserating falls under reassurance techniques, and precludes the appropriate use of interpretation. A clear and accessible example of this is found in Heimann's article on paranoid states.[2] If the paranoia delusion is on the surface[3] of the (non-psychotic) patient's mind, interpretation will bring relief. Thus, it would be cruel and therefore non-empathetic not to interpret; it could also be cruel to interpret outside the frame of psychoanalysis. Both could be failures in empathy.

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[1] A point made by both Racker and H. Anderson.

[2] Paula Heimann, "A Combination of Defence Mechanisms in Paranoid States," 1985 [1955], pp. 240-265.

[3] Heimann, 1985 [1955], p. 244.

Empathy in the form of non-interpretive commiseration is most often invoked when shame or other narcissistic injuries are present. Shame[1,2,3] is dreadful because it concerns a person's core self and not something they have done or experienced. It is thus very understandable that the mirror-transference is invoked by the Kohutian school in such cases. However, as Rizzuto notes, "A face value acceptance of feeling of shame as due to one or another cause, e.g., maternal rejection, may be simultaneously true and defensive."[4] Thus, the core issue is not the experienced state. From Heimann we see that the chronic complaint of humiliation is an indicator of paranoid aspects emerging, no matter what the precipitating external cause. This is also true about the impulse to humiliate others or prove them stupid. Moreover, it has long been known that unexperienced unconscious shame may result in narcissistic grandiosity. Thus, some of the most admired people in society exhibit conspicuous defenses against shame, including the experience of triumph (classically found in many oedipal issues, for the reason that the child wants to triumph over the parent of the same sex either symboli-

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[1] A more recent attempt to deal with this problem is found in Ana-Marie Rizzuto's "Shame in Psychoanalysis: The Function of Unconscious Fantasies," *International Journal of Psycho-Analysis*, vol. 72, pt. 2, 1991, pp. 297-312. Rizzuto's approach is different from the general orientation taken in this section.

[2] While many aspects of narcissistic women are now accessible by the general public, for an article on *male* narcissism see: Ben Bursten, "Some Narcissistic Personality Types," *International Journal of Psycho-Analysis*, vol. 54, 1973, pp. 287-300.

[3] A semi-popular account is Robert Karen's, "Shame," *The Atlantic Monthly*, February, 1992, pp. 40-70. He points out that one of the American psychologists, Helen Lewin, who contributed to this debate was trained covertly by prominent psychoanalysts who then swore her to secrecy. Lewin noticed that the unexpected effects of unanalyzed shame contributed to failed analyses and resultant misdiagnoses of serious personality disorders. Infant research indicates the occurrence of shame producing non-verbal behavior between parent and child. There is a basis for the upsurge of popular interest.

[4] Rizzuto, 1991, p. 304.

cally or actually). We have known since Freud that narcissistic women try to attract people who will help them in their self-admiration. They appear beautiful due to their self-sufficiency. Their love object is themselves. This is endless tragedy. Now we see that autistic people, and others with well-isolated autistic elements, also frequently appear beautiful. When they start to recover it changes. They may appear to observers *very ugly* [1] for a time.[2] With empathy this ugliness can be more accurately judged. It is a step forward. With sympathy it is seen as a step backward.

A less naive appreciation of empathy can now be construed. Empathy used superficially may prolong analyses. Empathy used judiciously, i.e., with some access to countertransference reactions will preserve the capacity to interpret and actually understand. More generally, people in the day-to-day environment can achieve an understanding of their own states. For example, the common sense psychological reaction to autistic people is that they are beautiful, geniuses, or just like everyone else. This is also true for the less psychologically sensitive "professional." The countertransference reaction is depression, helplessness, oppression, and losing interest in them. People who experience the countertransference reaction are closer to understanding them since they are suffering the pain which originated in the autistic person.

Once we have achieved this we can go on to a more general result. We now have a more general criterion for assessing clinical studies. Returning to the specific but diffi-

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[1] As an historical note, the first person to write about this was Emilio Rodrigué who mentions it in the last footnote of his article, "The Analysis of a Three-Year-Old Mute Schizophrenic," In: Klein, Heimann & Money-Kyrle, eds., 1985, p. 179, "There were times when the same child could become extremely ugly." Now, when reading a case study, if it includes a report of the emergence of apparent physical ugliness, this can be understood as a technical indicator that the treatment is beginning to have clinical efficacy.

[2] See also Tustin's works for this.

cult autism example, we can see if they use, notice, and tolerate specific countertransference reactions. We can also see when they react to the countertransference by saying that it is hopeless and they are unable to *emphatically* use this reaction.

Related more generally, in order to empathize, some identification with the person's internal object relations will occur. This follows Racker's view that the analyst will suffer in the process of understanding the patient.[1] If this is true then it also follows that there are types and degrees of empathy appropriate to various situations. There is the empathetic attunement between the mother and the child. There is the common sense empathy which we use in every day life. Then there is the another type of empathy used in a more technical way. In clinical psychoanalysis it aids understanding the deeper unconscious levels of a person. This creates the possibility of structural change in those underlying unconscious conflicts. Confusing these variants in clinical circumstances does not help patients. It deprives them of help.

§ 14 Criteria for Appraising Modern Clinical Studies: The preceding sections provide us with a number of conceptual tools which can be flexibly used in reading and assessing current psychoanalytic work. Using these tools or resources does not entail that we are claiming that psychoanalysis constitutes a completely separate domain. Rather, there is an *appropriate* way of assessing the domain of psychoanalytic studies.[2] These same tools can be used by psychoanalysts and other clinicians in assessing the importance of current research in psychoanalysis. Some are explicitly making reference

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[1] Racker, 1968. Again, Racker was the first person to speak of the analyst's masochism. His contention is that there is an element of this in the very choice of profession.

[2] As per M. Sherwood's *The Logic of Explanation in Psychoanalysis*, 1969, where in Chapter Five he identifies the "The Thesis of The Separate Domain," and the arguments following from it.

to using this method. This must be drawn out.

We may use any scientific and logical resources at our disposal to assess clinical studies, including longitudinal studies. We also use conceptual tools to assess new clinical studies. We can use an understanding of projective identification, countertransference, transference, and other technical indicators in order to better analyze and appraise clinical studies. The same applies to empirical tests of propositions suggested by the systematic work of current psychoanalytic research. This is not begging the very question that we seek to investigate. It is simply a matter of using and building on the sophisticated results. We do not have to start afresh at each juncture. This mirrors the structure of the newer clinical reports. I will apply it to an example. In it technical psychoanalytic indicators are used.

In a recent case report Rizzuto[1] discusses the treatment of narcissisticly injured people. She points out that the analyst may react to the transference. A defensive countertransference can incline the analyst to take the complaints at face value. She says this results in:

> The source of the shameful feeling is avoided as much as possible. The analyst may facilitate the hiding by accepting the feeling of shame as self explanatory in the context in which it is presented. Transferential and countertransferential avoidance of shame may be at play in such acceptances.[2]

The analyst may participate in the patient's unconscious wishes. This keeps material out of the analysis. It helps the patient continue being ill. Both the patient and the analyst avoid noticing the contribution of unconscious fantasy. It is this fantasy that produces painful shame. Since the patient and the analyst miss it then a secondary ill-

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[1] Rizzuto, 1991, pp. 297-312.

[2] Rizzuto, 1991, p. 300.

ness is also missed. It is perhaps even more damaging to the patient. These cannot be interpreted since they are not noticed. The secondary illness takes the form of defences against shame. The key defence is the compensatory need to humiliate others.[1] This can be interpreted rather than ignored. The analyst can do more then ignore it. He can participate in it. The analyst would then be helping the patient stay ill. Rizzuto is outlining how the analyst can make a *specific* technical mistake. The key mistake follows from ignoring the countertransference fantasy. This is consistent with our identifying countertransference as a key clinical element. She is also generalizing the information and writing for others who treat such patients. Rather that simply write about her one patient she is telling us how to read other cases about shame. She supplies an additional technical indicator. If a patient is reported as cured but continues to humiliate others then the report is false. That patient has not been cured. The analyst writing the report would have missed the point. The point would be avoided both in the analysis and in the case report for a reason. The psychoanalytic reason is taking the information the patient supplies at face value. This superficiality is the result of countertransference. The net result is that the analyst is humiliated in his own work. He has been shamed. He has failed. He does not see the source of the shame. He then cannot interpret it. He is using the same defence as the patient uses. The patient avoids shame. He does the same. It would require that the analyst tolerate feeling shame himself and continue to think as an analyst. In Bion's terms from the beginning of the chapter:

1) He can offer himself as an object to be shamed.

2) He can represent psychoanalysis by tolerating the shame.

3) He can realize that the source of his shame in the analysis is the patient's material and

[1] Rizzuto, 1991, p. 310.

use this.

4) He can be psychoanalysis by interpreting the shame.

5) Rather than shaming the patient further by unconsciously implying that the shame is objectively merited, i.e., the patient should be ashamed; he can help the patient find out what is would be like not to be ashamed.

6) Then the patient can stop humiliating him. This requires transference interpretations.

7) Perhaps then the patient can stop humiliating others. A new relation can be formed with others. The patient would not have to give (by projective identification) the shame to others.

8) The original source of this chronic defence can then be interpreted.

9) It can only be interpreted if it is presented in the analysis by treating the analyst as the original source of the maladaptation. More transference interpretations would be called for here.

10) The analysis can move on from the presenting symptom, i.e., shame.

11) Lastly, the results can be made available for other analysts to use.

This makes good sense, at least at this point in the development of psychoanalysis. It is only one part of one case we are subjecting to philosophical analysis. Following Bion, we are also doing the *psychoanalysis* of psychoanalytic methods. Unlike Edelson, we are not only applying external scientific methods to appraise the case study.[1,2,3] Rather, this is more consistent with Putnam's lead that the content and methods of a science are interwoven. We are treating them as such. We can extrapolate a more general

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[1] Edelson, , 1986, pp. 89-127.

[2] Edelson, 1986, pp. 232-233.

[3] Edelson, 1985, pp. 71-104. [expanded version in] *Psychoanalysis and Contemporary Thought*, vol. 8, no. 4, pp. 567-613.

point. Other case histories can be read to see if this problem was encountered and acted on by either the analyst or the patient. If it resulted in a clinical failure this can be noted. It does not matter if the reader is in agreement with Rizzuto's general psychoanalytic orientation.[1] The isolated epistemic point can be taken by itself and utilized. This example also illustrates the advantage of approaching the literature in a properly analytic manner.

Let us consider another general and standard model of the psychoanalytic case history. Here there is some specific theoretical point under examination which is then illustrated by one or two case histories which seek to exemplify the theoretical conclusion implicitly argued for by the author. I have already given a number of examples earlier in this chapter. Another example is Kohut's second analysis of Mr. Z, wherein he seeks to illustrate that by virtue of greater knowledge, much more successful analysis becomes possible.[2] Kohut's conclusion is that if he had been able to contain the disturbing emotions aroused in himself, by Z, the first analysis would have been different. The source of these disturbing emotions in Kohut was the patient Z's reactions to his grossly pathological and abusing mother. A better first analysis would have been possible, had there been greater consciousness of these issues at that time.[3]

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[1] Cf. "The sources of dissidence within psychoanalysis probably transcend the arena of political and transference issues to which they have commonly been ascribed." John E. Gedo, "Introduction: On some of the Dynamics of Dissidence within Psychoanalysis," In: *Psychoanalysis: The Vital Issues. vol. I Psychoanalysis as an Intellectual Discipline*, New York: International Universities Press, 1984, p. 363.

[2] A writer using this same example is: Samuel Stein, "The Influence of Theory on Countertransference," *International Journal of Psycho-Analysis*, vol. 72, pt. 2, 1991, pp. 328-9. He mentions that, "The analyst needs to be ever vigilant that the utilized theory may influence the analyst's countertransference and affect clinical judgement." p. 333.

[3] Stein, 1991, p. 329.

We can generalize from Kohut's reassessment of his clinical work. As readers we do not have to take the psychoanalyst who writes up a case study at his word; but rather, we can both take seriously what he writes and apply psychoanalytically appropriate ways of exercising critical judgement. We have independent means of assessing the modern case study. An example is using the knowledge of countertransference now available. We are not restricted to epistemological despair, which could result in the following kind of question: who knows what really went on and how much the psychoanalytic writer really understood? We have better tools at our disposal. Even with Kohut, we can see that the patient returned to him for a second analysis and more work was accomplished than was possible earlier in Kohut's own psychoanalytic development. We are not limited to accepting either his first or his second account at face value.

It is quite likely that there were hints of the material found in the first analysis, and that countertransferential resistance occurred to limit the possibility of bringing this material forward. Moreover, on my account extrapolated from Bion, it would seem that Kohut could not offer himself as a potential object for this material, expressed in transference conflict, and that had he done so he would have better represented psychoanalysis. My purpose is not to indict Kohut as a clinician, for no one is perfect, but rather to highlight epistemic use of reading such material to facilitate progress in psychoanalytic knowledge proper and our potential knowledge of the field.

To sum up then, current psychoanalytic knowledge is contained in case studies. Eventually some of it can be tested by empirical psychologists, but in the mean time we want to be able to read it more intelligently and productively. If the key theoretical aspects of countertransference, projective identification, and transference interpretations are considered, we can then read modern case studies more productively. This is at once both a theoretical and a practical point. It is philosophically and theoretically more

interesting to get a better reading of current case studies and it is of practical importance for working clinicians. On net balance, then, such advantages can hardly be considered trivial. They contribute to a real solution to the conceptual problem of how psychoanalytic propositions can be tested: first within a psychoanalytic setting, and[1] then subjected to outside epistemic review.[2]

§ 15 Learning from Clinical Failures: It is quite clear that there are clinical errors and crude failures. Though these are fairly well-reported in the current literature, psychoanalysis would probably benefit from additional reports of such material. There are many subtle errors based on lack of knowledge or underlying psychological conflict in the psychoanalyst or the patient, and some of these I have addressed already. To make the point more clear, let us consider some not so errors. One is the eruption of temporary countertransference psychosis among hospital staff when dealing with borderline patients.[3] For example, therapists have been known to slam the phone down and scream 'I hate you' at borderline patients. This is a technical error that is of a different order from Kohut's, although it is a quite understandable occurrence. These patients also have this effect on people outside the clinical situation. The hate results in people being puzzled how they could be manipulated into an atypical reaction. In clinical psy-

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[1] We are following up Wisdom's early lead, see: J.O. Wisdom's "Testing a Psycho-analytic Interpretation," *Ratio*, 1966.

[2] It is not incompatible with using some of the canons of eliminative inductivism. As Edelson concedes, "Eliminating even one or two alternative explanations is better than making no attempt to eliminate any alternative explanation. [Following Campbell & Stanley, 1963]." "Psychoanalysis, Anxiety, and the Anxiety Disorders," Marshall Edelson In: A.H. Tuma & J.D. Maser, (eds.), *Anxiety and The Anxiety Disorders*, Hillsdale N.J.: Lawrence Erlbaum, 1985, p. 643.

[3] Gabbard, 1991, p. 631. Another source also cited by Gabbard is V.A. Altschul's "The Hateful Therapist and the Countertransference Psychosis," *NAPPH Journal*, vol. 11, 1979, pp. 15-23.

choanalysis proper, hate can be contained. When it is not, the analyst may decide to terminate the analysis on some pretext or another. If the analyst is preoccupied with the hate, then collusion with the patient's defences may be employed to lessen it. The therapeutic success in such cases is lessened. It is easier to write about hate than to handle it. When case studies are written they can be epistemically contaminated if the hate has been mishandled or left uninterpreted.

A second crude failure is when a prospective patient is assessed for analysis, and refused on the basis of an observed psychosis. This can result in the patient committing suicide, if a sense of hopeless depression ensues from the way this information is conveyed.[1] The risk of suicide can also occur if premature or inappropriate termination of analysis is a reaction to the temporary outbreak of psychosis. A third crude failure is when there is actual intercourse between therapists and patients, which also occasionally happens with psychoanalysts.[2] There are many other examples which could be given but these should suffice.

These types of events can be understood and learned from by other people. The framework I extrapolated from the clinical literature can be used to give a preliminary theoretical understanding of what is occurring. In borderline patients the use of projective identification may succeed in having the hate installed in any convenient person, including the psychoanalyst, without the patient exhibiting obvious hate. On the other hand, if transference hate results in countertransference hate, and there is a failure to

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[1] Bion speaks of this often, but now this is a relatively commonplace understanding.

[2] Females usually encounter the problem indirectly. Using the notion of 'lateral transference' [Boulanger], a substitute object can be found. Pines reports that she had a female patient act out with a male gynecologist. Pines exerted self-restraint and did not call the man. She continued the analysis and the activity stopped. See: Dinora Pines, *A Woman's Unconscious Use of Her Body: A Psychoanalytic Perspective*, London: Virago Press, 1993.

preserve understanding as the solution then acting out the hate may occur.[1]

This is consistent with Bion's view that the requirement for either thought or action may be confused. This leads us to our second example. Refusing to take a psychotic patient into analysis (where the technical skill is present of the part of the analyst and the patient has other indicators of suitability) can be understood as an attack by the patient because of the psychosis.[2] The inability to process thoughts, and the inability to think other than concretely, is important to grasp when dealing with these conditions. The understanding of this came from psychoanalytic research. The third example of intercourse between patients and therapists or analysts is such a tragedy there is a temptation to forget that an understanding of the psychodynamics is very relevant, even for purposes of prevention. It is does seem clear that when dealing with victims of sexual (child) abuse, the expected transference would be sexual, i.e., seduction. The countertransference reaction would incline the therapists to act on the impulse rather than interpret and contain it. Similarly, if projective identification is used, then split off sexual impulses could be successfully deposited in the therapists. It would seem wise to make use of this type of understanding as a preventive measure, both by therapists and the general public.

From examples we can move to psychoanalysis proper and try to derive a more general account. A technical mistake occurs when a clinical move is antithetical to the psychoanalytic process. It is not difficult to identify procedures that are anti-analytic

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[1] Gabbard, 1991, p. 629.

[2] W.R. Bion, "Language and the Schizophrenic," in: Klein, Heimann & Money-Kyrle, eds., 1985 [originally published 1955.], pp. 220-239. Also cited in: Elizabeth Bott Spillius, "Clinical Experiences of Projective Identification," 1992, p. 62.

and to show that we know that they are anti-analytic.[1] Moreover, we can even specify which kinds of procedures are acceptable for the various schools of psychoanalysis, and then move beyond the school orientation. An elementary example of a technical mistake is illustrated by the following:

> Much ill is done in psychotherapy, psychoanalysis, and counseling by assuming a stance of sarcasm and of a subtle *blaming and shaming*: The acting out of such superego tendencies in the countertransference appears to be very frequent and can be quite damaging.[2]

This is the reaction of a senior training analyst who has heard a good deal of the way in which his junior colleagues conduct analyses. More attention must be paid to the problem of countertransference and on the appropriate interpretation of transference preceding it. However, the importance is hardly limited to these generalities.

Lastly, errors can be noticed and reported. A clear account of a clinical failure can tell more than an account of a clinical success. Just as clinical successes supply positive indicators; so too, clinical failures supply negative indicators. Absorbed negative indicators contributes to the progress of psychoanalytic knowledge. The publication of such matters helps sharpen the views of theorists and clinicians alike. It is one of the future

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[1] This responds to Farrell who wrote: "If an analyst complains that this taped record does not represent 'standard,' or 'orthodox', or 'good,' psychoanalytic practice, the immediate question he has to answer is: "How does he know? On what does he base his complaint?'" B.A. Farrell, *The Standing of Psychoanalysis*, Oxford: Oxford University Press, 1981, p. 8.

[2] L. Wurmser, In: Jay Martin, ed. Psychoanalytic Education. *The Journal of the Council for the Advancement of Psychoanalytic Education*, Irvine California, vol. 4, 1985, p. 232.

Wurmser remarks that it was probably Descartes who first shifted our perception of the origin of a sense of shame to the inner events, whereas previously the intuition was that its origin was exclusively the outer events. (p. 226)

This indicates the slow progress of developing psychological acumen throughout history and the absorption of the impact of the history of philosophy on psychological sense and psychoanalysis.

tasks of psychoanalytic research to expand the case material in print. And this published material requires more evaluative commentary to promote the advancement of expertise.

§ 16 Can There be a Purely Clinical Theory?:[1,2] This question is as old as psychoanalysis. If the arguments and descriptions conducted in this chapter are taken seriously, we must conclude that the question 'Can there be a purely clinical theory of psychoanalysis?' is ill-formed. We can provide an answer, but only if we replace it with a set of more specific questions. The reasons are fairly clear. In the first place, if there was just a set of disjointed clinical observations, then the question of having a clinical theory would not arise. We would simply accumulate clinical wisdom and this would be roughly at anecdotal epistemic level, no matter how useful it was. Assuming it was passed along, it could very well be useful to other generations. If we have more than this, on some specific clinical topic e.g., projective identification or countertransference, then, we have a specific theory about this aspect of clinical practice. That is, we do not merely have a set of observations about projective identification. We can now make predictions about the role projective identification will play in future cases. If we have a theory at all, then it will supply us with the ability to make some type of predictions, no matter if such predictions are never fulfilled. If clinical observations fall within the

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[1] For the history of this debate see: Robert R. Holt, "The Current Status of Psychoanalytic Theory," *Psychoanalytic Psychology*, 2 (4), 1985, pp. 289-315, and Holt ed. *Motives and Thought: Psychoanalytic Essays in Honor of David Rapaport. Psychological Issues*, Vol. V, Monograph 18/19, New York: International Universities Press, 1967. If the answer is no, then you need metapsychology.

[2] And, also see: Rubinstein's 1976 article In: *Psychological Issues*, no. 36, "On the Possibility of a Strictly Clinical Psychoanalytic Theory: An Essay in the Philosophy of Psychoanalysis," The answer is no, and that therefore metatheory, defined as philosophy of science, is required.

predictions made by virtue of some specific theory, then we have clinical evidence supporting that theory. If they do not, then we note them, and start to try to get a better account of projective identification. We do have clinical theory at this level.

However, what unites the various sub-theories of, say, projective identification, transference, depression, etc.? This is *quite* a different question. If we were to have a clinical theory in this sense then we'd have a united and over-riding general clinical theory of psychoanalysis as a whole. I have not proposed any such general clinical theory. It is not yet possible to propose one in this sense. Moreover, if someone proposed such a theory it would no longer simply be clinical theory. We do have a loosely knit set of clinical sub-theories which are in constant evolution. Some specific well-constrained theories maybe more important for different types of cases or at different times in a given analysis. This is certainly not co-extensive with psychoanalysis as a whole. But what else is there? This is at least the basis for the explanation of each element in the loosely related set of sub-clinical theories. To call this metatheory will not do if by metatheory we understand the philosophy of science in general. If we call it psychoanalytic metatheory we might as well keep the old term 'metapsychology.' We understand it differently now.

There can no more be a purely clinical theory of psychoanalysis than there can be a purely clinical theory of medicine. Medicine rests upon some of the empirical sciences and is the application of science insofar as it applies the results of science in a clinical situation. A more specific example is nuclear medicine, which depends upon nuclear physics for the explanation of some of the processes exploited in this context. If the unconscious is an essential part of psychoanalysis, and this is not a purely clinical notion, then it follows that a purely clinical theory cannot capture much that is essential to psychoanalysis. By extension this same argument applies to other key notions in psycho-

analysis, for instance, transference and repression.

We can draw on analogies from other fields, for example in engineering: we could construct a manual for constructing an apparatus, be it a micro-chip or a bridge, but such a practical manual is not an adequate explanation for the entire process. We can say this without denying the ability of people to construct such objects without knowing more precisely the relevant physics and mathematics. Physicians are inclined to view the scientific understanding the phenomena at hand as of secondary importance compared with necessity of having clinically efficacious procedures at hand. Because something can produce positive clinical results does not entail that the procedure is understood.[1] Medicine has long been practiced with a limited scientific understanding of the underlying physical processes. This has advantages for the applied fields since one person can no longer understand more than a small amount of the relevant scientific detail. Useful applications of knowledge, however incomplete, set the stage for an inquiry whose aim is a better understanding. We see from the above chapter that psycho-

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[1] Specialists in Galen have pointed out that the ancient Greek philosopher-doctors Galen and Hippocrates faced this problem. [Conference on Ancient Greek Medicine, McGill]

Galen opposed both the excessive reliance on theory and the contempt for theory. This stance led to his sudden departure for Rome in 168. Galen criticizes the unconvincing use of causal hypothesis of other physicians and praises Hippocrates. Galen, *On the Natural Faculties*, Trans. A. Brock, Great Books of the Western World, vol. 10, Chicago: Encyclopædia Britannica, 1952.

We know little about the real Hippocrates, but the reconstructed texts attribute the cause of the 'Sacred Diseases' i.e., madness, to the brain and its sensitivity to the air. The debate between the empiricist and rationalist physicians was present then. *Hippocratic Writings*, p. 154.

The Hippocrates text states "...knowing the cause of each, you may make the more accurate observations.' in Hippocrates, On Ancient Medicine, § 23, *Hippocratic Writings*, Trans. F. Adams, Great Books of the Western World, vol. 10, Chicago: Encyclopædia Britannica, 1952, p. 8.

The conflict between the importance of their own clinical observations and rational theory was evident.

analysis is more than an applied field. We have encountered concepts requiring clarification throughout our meta-analysis of clinical psychoanalysis.

CHAPTER THREE

MINIMALLY THEORETICAL CONCEPTS

> Without metapsychological speculation and theorizing--I had almost said 'phantasying'—we shall not get another step forward. Unfortunately, here as elsewhere, what our Witch reveals is neither very clear nor very detailed. We have only a single clue to start from--though it is a clue of the highest value--namely, the antithesis between the primary and the secondary processes...[1] Freud

> ...a psycho-analyst must be dis-satisfied with psycho-analysis.[2] Bion

> The discoveries of psycho-analysis make it no longer possible to be satisfied with the methodology of scientists of philosophers of science even in the refinements of method they have produced to counter their own dissatisfaction. The psychoanalyst is in the most curious position of studying a subject that illuminates the most ineradicable source of unscientific inquiry, namely the human mind...[3]

§ 1 More Flexible Concepts: In the preceding chapter we gave an account of modern clinical psychoanalysis. In the process we have already moved into the territory of metapsychology simply by virtue of analyzing concepts such as projective identification. Just as one of Freud's last metapsychology papers is called the "The Unconscious,"[4] we have followed this tradition of conceptual analysis by supplying an analysis of some of the detailed aspects of the unconscious.[5] The concepts we have used are

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[1] S. Freud, "Analysis Terminable and Interminable," [1937], *S.E.* vol. 23, p. 225.

[2] Bion, 1978, p. 3.

[3] Bion, *Cogitations*, 1992, In section entitled "Metatheory," [Undated], p. 244.

[4] S. Freud, "The Unconscious," [1915], *S.E.*, vol. XIV, pp. 166-215.

[5] MacIntyre concluded in 1958: "...Freud uses the concept of the unconscious as an explanatory concept, he fails, if not to justify it, at least to make clear its justification. ...He has a legitimate concept of unconscious mental activity, certainly; but this he uses to describe behavior not

'projective identification', 'countertransference,' 'linking,' 'splitting,' and others. They are not the concepts traditionally found in metapsychology. They might have found there way into the original metapsychological work if Freud had not destroyed seven of the twelve papers he wrote on the topic.[1] One of them was on 'transference' which is also a topic covered in the last chapter.[2] A paper on 'projection' was planned, as Strachey determines from the other papers. If this is true, then we are not that far wrong in having covered projection in the last chapter. Strachey tells us "Freud's interest in the assumption [The Unconscious] was never a philosophical one—though, no doubt, philosophical problems inevitably lay just around the corner. Freud's interest was a practical one."[3] It has been suggested by generations of commentators that this remark betrays Strachey's view which was not that of Freud. For this reason the Standard Edition is sometimes referred to as Freud-Strachey and not Freud. Using the original is of little help for the exact purpose of analysis, since it is the Freud-Strachey work that has influenced English psychoanalysis and not the original.[4] In my view, Freud remained

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to explain it." A.C. MacIntyre, *The Unconscious: A Conceptual Analysis*, London: Humanities Press, 1958, p. 72. Freud implied his agreement in searching for co-workers with philosophical backgrounds who could carry out some of the remaining work. First he found Tausk and then Hartmann.

[1] Strachey, editor's introduction to the papers on metapsychology, *S.E.*, vol. XIV, p. 105-6.

[2] S. Freud, "XII: Overview of the Transference Neurosis," In: *A Phylogenetic Fantasy: Overview of the Transference Neurosis*. Edited with an essay by Ilse Grubrich-Simitis, Translated by Axel Hoffer and Peter T. Hoffer, Cambridge: The Belknap Press of Harvard University Press, 1987. Also published as: *"Vue d'ensemble des Névroses de Transfert: Un Essai Métapsychologique."* Édition bilingue d'un manuscrit retrouvé [entitled *"Übersicht der Übertragungsneurosen"*] et édité par Ilse Grubrich-Simitis, Traduit de l'allemand par Patrick Lacoste, Paris: Éditions Gallimard, 1986. [This is the twelfth and last essay on metapsychology written by Freud (1915) and is not included in the Standard Edition.]

[3] Strachey, editor's introduction to "The Unconscious," *S.E.*, vol. XIV, pp. 105-6.

[4] Ornston, who is in charge of the new translation, doubts that we will ever get agreement

aware of philosophy as we showed in the First Chapter. It is more likely, but still speculative, that Freud destroyed the papers because he realized how difficult it was to add anything of significance to the clinical views. We too face this problem. Freud betrays a retained a sense of the difficulties of doing philosophy in his work. This likely came from his work with Brentano. We proceed in this chapter with the view that a specific concept may be linked to another but a general overview has eluded most. The attempts to supply a general overview, either from either hermeneutics or the philosophy of science have led us away from psychoanalysis. We will try to retain contact with psychoanalysis as we proceed.

> The general theory may be good enough for wide application, but in practice, in the world of reality, we are always up against the precise and particular instance, not the general.[1]

Some objections that apply to older metapsychology do not apply to the newer concepts. They are more tied to the clinical situation. One objection to the older concepts was that they were not relevant for psychoanalysis as it is practiced today. In its older sense, metapsychology interfered with clinical practice. The reason was it had no link with clinical practice. The focus has changed to the finer details of psychoanalysis.

> We try to stifle this curiosity by producing a boundless number of theories as to be able to feel "This far and no further."[2]

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on how to phrase the new translation. He and others now believe we would have to put out a bilingual edition; with Strachey on one side and the new translation on the other. In France each psychoanalyst makes his own rough translation since the influence of hermeneutics has made it even more difficult to agree on a translation. Some German analysts have reported that when they teach psychoanalysis in England they use the Strachey Edition and find it easier to work with than the German original. [Personal communication, Ornston, Mahony, Boulanger.]

[1] Bion, 1978, p. 44.

[2] Bion, 1978, p. 45.

Our curiosity about psychoanalysis has inclined us to move beyond the original concepts. We have already used some of these in our account of current clinical practice. This will help avoid a problem. Many people who make a conscientious and imaginative effort to understand what has come to be known as the great metapsychology debate eventually become exasperated. It is exasperating because there is something to it; that is, if it were simply trivial it would be forgotten.[1] Trying to import a favored philosophical view into psychoanalysis has already added to our difficulties. For this reason we keep before us the working intuition extrapolated from Putnam that the content and method of psychoanalysis are inseparable.

When working in the philosophy of psychoanalysis we still employ clinical imagination. To get a sense of what I mean by 'clinical imagination,' consider that anyone who has read and understood a case study has employed this type of imagination. If we fail to employ such a constraint then the analysis of higher-order theory will become irrelevant for the practice of psychoanalysis. Some clinicians still do employ the classical notions to explain their conception of technique and interpretation. This should not be simply dismissed as wholly mistaken. Etchegoyen is one thinker who does employ classical metapsychological notions in his thinking about the various processes found in the clinical situations.

> Etchegoyen distinguishes between three levels of interpretations: the topographic (to make the unconscious conscious), the dynamic (to overcome a specific resistance) and economic (to take up the material when the strongest affects become crystallized).[2]

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[1] Bion, *Cogitations*, 1992, In section entitled "Metatheory," [Undated], p. 248.

[2] In León Grinberg's "Review of *Los Fundamentos do la Técnica Psicoanalitica*, by R. Horacio Etchegoyen, Buenos Aires: Amorrortu Editores, 1986, pp. 788" *International Journal of Psycho-Analysis*, vol. 69, pt. 1, 1988, p. 134.

One of my purposes in this chapter is to outline the relation between these points of view by developing a better overview.

The history of this debate has generated a large literature. My strategy is to avoid arguing for one of the preset alternatives. I propose a structural solution which I hope can provide some relief and facilitate the systematic augmentation of psychoanalytic knowledge. To orient the reader I will first outline my concept and will then show that other models can be better understood within its terms. I propose using a six-part division between conscious and unconscious background states, attitudes (including emotions and feelings) and objects. It can be represented in a simple diagram which will help the reader retain the argument as it is elaborated. Freud drew pictures of heads and divided them up. This is very misleading. The diagram is my way of doing something different. After the detail is before us we can consider if it meets the specifiable set of criteria that metapsychology should meet to avoid some of the standard objections.

The background	The experience(d) / attitudes	The object
The unconscious background	The unconscious experience	The unconscious objects

This model is more abstract than the Id, Ego, Superego model and has a different character. Its scope is derived from its abstraction and is not a comprehensive substitute for a specific point of view. It is not a point of view. I specifically leave out such details as actions over time, since these fall under the more general model.

Bion's views are still before us, since he supplied some of the new concepts. Bion's proposed split between alpha and beta elements is not a suitable substitute for the crude distinction between primary and secondary qualities proposed by Freud. Rather, alpha

elements are reactions to events with such a lack of emotional processing that they amount to a *profound* inability to think in a productive manner. We have addressed this problem as it is encountered when dealing with the psychoses. In Chapter Two, we saw that the psychotic elements of a personality can be directed towards the analyst, and interpreted. The old view was that psychotics did not have relations with external objects, e.g., the analyst. The old view of object would not have sufficed to characterize such events.

I will now try to synthesize the complicated notion of 'object' that has emerged in current psychoanalytic literature. The category of object occupies two places in my working schema. The term 'object' is one which causes much offense in readers of the psychoanalytic literature. Some viscerally react to its conventional connotation of implying that persons are being treated as inhuman objects. In my view, there is little alternative but to use the expression but it may help if we distinguished further between some of its various uses. There are the persons that someone loves or hates, and these may be called objects. Then too, there are the internal objects in the person's mind some of which may be spoken of in the clinical setting, but in an indirect manner by speaking about the objects that are loved and hated. In Bion's view, the term was misleading, and he coined the expression 'O' to call to our attention that we did not have a proper vocabulary to write and talk about psychoanalysis. We are not in a position to let this matter lie with symbolic notation. What Bion meant by 'O' was that thought which the patient brings to a series of sessions in an analysis. Neither the patient nor the analyst knows what that thought is. The patient interferes with the analyst's ability to think that thought, by making the analyst anxious. If the analyst contains this anxiety, he retains the ability to think his *own* thoughts. He may find one alien thought of the patient interfering with his own thoughts. If the analyst can then think about this alien thought,

he can offer an interpretation. The alien thought must become an object of the analyst's attention before he can respond. The alien thought is an *element* of the object 'O' about which the patient does *not* want the analyst to think.

This use of the expression 'object' is quite different from the majority of uses found in the psychoanalytic literature. It is but one of the multiple uses of the expression. Another use is to refer to a person who is chosen as a sexual or a love partner. If the patient talks about such a person, he may *want* the analyst to think about this object.

To illustrate that the use of the expression 'object' varies, I will now examine some specific cases, preceded by a general account of where 'object' is used as a name for a prototype of internal mental events.

§ 2 The Psychoanalytic Concept of 'Object': Many aspects of debates concerning metapsychology and other elements of the specific propositional content of psychoanalysis depend in one way or another on the psychoanalytic concept of an object.

The concept of an object is often introduced as a way of contrasting a one-person psychology from a two-person psychology. In the one-person psychology, the baby is born with drives and has no ability to relate to the mother (or part of the mother) as an object. In the two-person psychology, quite apart from developmental considerations, the psychology of an individual depends on his relations with others. This elementary and incomplete model is offered to orient the reader to consider the productive proliferation of objects that we have before us in contemporary psychoanalytic theory.

Since we now know that the infant is competent[1,2,3] to establish a relation with

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[1] Neonatology is now a field of study. Not all psychoanalytic developmental theories are consistent with the results of this field. The use of servo-motors, originally developed for robots and the handicapped, to augment the strength of the neonate's musculature, has made possible

the mother and that this relationship is necessary for psychological development, the serious consideration of a one-person psychology is no longer justifiable. We now understand that the relationship developed in breast-feeding (and sometimes in its alternatives) is of the utmost importance for the development of the infant's ego.[1,2] This relationship is largely between the lips and tongue of the infant and the nipple and milk of the mother, although the eyes of each party are involved.[3] Much occurs at every feeding, including minor frustrations, satisfactions, and sleep.[4] Since the relationship is often limited to that between the lips and the nipple, we have the model for the distinction between part objects and whole object; and for splitting of the other. The nipple is not

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new types of experiments. For example, testing the neonates ability to track with eye and head movement is now possible. A set of these experiments is found in *The Competent Infant: Research and Commentary*. Lawrence Joseph Stone, Henrietta T. Smith & Lois B. Murphy eds. New York: Basic Books, 1973.

[2] An example of empirical infant observations is T.B. Brazelton, et.al. "The Origins of Reciprocity: The Early Mother-Infant Interaction," In: M. Lewis & L. Rosenblum eds., *The Effect of the Infant on its Caregiver*, New York: John Wiley, 1974, pp. 49-76.

[3] Bower noted about motor skills "...newborn babies can reach out and hit things and occasionally grasp them." In T.G.R. Bower's *A Primer in Infant Development*, 2nd ed., San Francisco: Freedman, 1977, p. 26.

[1] For a literature review, see: J.B. Boulanger's "Early Object Relationships in the Light of Contemporary Scientific Research," *The Journal of the Melanie Klein Society*, vol. 1, December 1983, pp. 27-34.

[2] For another literature review, see J.B. Boulanger's "The Primacy of Affect in Kleinian Methodology and Metapsychology," *The Journal of the Melanie Klein Society*, vol. 2, June 1984, pp. 81-132.

[3] Infant observation is important for the acquisition of such knowledge. Psychiatrists and psychoanalysts have recently come to see that they must *learn* how to do this. Skill in infant observation does not automatically follow from exposure to infants or from clinical practice with infants. These activities provide familiarity with infants. Infant observation is a technical skill.

[4] This is an opening for scientific research into the relationship between eating disorders and sleeping disorders. Some experimental psychologists may find it useful.

the whole mother yet the infant has a relation with the nipple. The image of the whole mother must be built up in the infant's developing mind. If the nipple withholds sustenance when such sustenance is desired, some kind of bad experience obtains in the infant. This forms the prototype for bad objects in general; however, the details are much more complicated, both theoretically and in individual cases, than suggested by these prototypes.

The first distinction is between internal and external object, again at the prototype level. The prototype for the whole internal object is the internalized representation of mother recognized as having good and bad aspects. The prototype for whole external objects is the real external mother who is again recognized as having good and bad aspects. It must be emphasized that the prototype does not capture the complex *internal* object relations that develop. Since internal object relations are played out on external object relations, the prototype of the external object does not capture these complex relations either.

There are many examples of new objects that have recently been attracting attention in the psychoanalytic literature. I will not, however, review the better known types of objects. We are starting later in the literature with Kleinian and Bionian psychoanalysis before us. Freud did identify some objects earlier. Freud's view was that we choose as a love object between either an anaclitic object (someone who takes care of us) or a narcissistic object (one who is like us). Nor will I review Winnicott's transitional object (an object aiding the infant in the transition from the mother as primary object to the world of other objects), which is neither the mother nor a part of reality in the infant's mind.[1] Rather, I will focus on lesser-known types of objects since this will likely

[1] See Winnicott's "Transitional Objects and Transitional Phenomena," in *Playing and Reality*, New York: Basic Books, 1971, pp. 1-25.

help the reader to see my overall argument.

This series is used to show that such types are being discovered. It will put us in a position to use the more theoretical concept of 'object' in a broader way. In turn, we will be able to use the concept of 'link' in a broader way. Linking was used in the previous chapter when we discussed interpretation. Interpretation is one type of link. Let's examine the objects types to see if they have been discovered by making links. We can also ask if certain background conditions had to be present in order for that type of object to be formed.

§ 3 More Recent Uses of the Concept 'Object': We will temporarily put aside the view that 'object' has a fixed and singular usage. Rethinking familiar but incompletely understood matters is one way to lead into this topic. I will discuss briefly some examples of objects, including whole, part, and the more exotic types currently being discussed in the literature.

We now assume, on theoretical grounds, that projection is among the first psychological activities of the newborn baby.[1,2] An account of the details of such an assumption can be given. The baby can tolerate very little discomfort and therefore projects this discomfort [including frustration] immediately into the first convenient receptacle, usually part of the mother. If the mother is not available, it is reasonable to assume that

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[1] J.B. Boulanger first brought my attention to this. With many psychoanalytic core observations, it can take a few years to grasp its significance. It is not the first activity that careful infant observations records. Before resorting to projective identification, discomfort must be experienced. The temporal frame is important. In the first five minutes after birth, the newborn visibly and audibly reacts to light intensity, pressure on the skin, texture, temperature, mouth and nose obstructions, and noise. Upon seeking and finding the breast, reaction to these external intrusions diminishes sharply.

[2] Partly, this follows from § 9 of Chapter Two, where I discussed projective identification.

other parts of the environment can be used, including inanimate objects, be it light, colored walls, sounds, etc. Later in life these may become sources of feelings of persecution when re-exposed to similar environments. Discomfort which is disposed of this way, is the prototype for all later anxiety and development. The achievement of objects is the principal way of developing into a fully mature person. It is also the way anxieties are diminished. We call this "binding anxiety." Symptoms also bind anxiety as we have seen in previous clinical examples.

Work and love are the ideal ways of achieving a life more or less free of major anxieties. Completely suitable work appropriate to the individual's capacities, and suitable love of real whole people, is achieved by few. Some compromise in life must be reached in order to have a life where anxiety is adequately bound. In Kleinian terms, we refer to this as a balance between the paranoid and the depressive positions. There is an alternative to being either depressed or paranoid. It is a post-depressive position where enthusiasm for life emerges. Scott calls this 'zest', meaning a non-manic enthusiasm for living. Such zest can include a greater energy for activities and greater creativity.

Contrasting with this view is Balint's view about 'the Philobatic object.' This is not a distinct object in our view. It is a use of the word 'object' and it does supply some clarification of life activities.

§ 3.1 Life Patterns are not Philobatic and Ocnophilic Objects: The philobatic object[1,2] is the object of passionate but non-personal curiosity. This is a curiosity to know

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[1] Josephine Klein, "The Vestiges of Our Early Attachments Become Rudiments of Our Later Well-Being," *Winnicott Studies: The Journal of the Squiggle Foundation. Special Issue: A Celebration of the Life and Work of Frances Tustin*, no. 4, London: The Squiggle Foundation, 1989, p. 17.

[2] This was first identified explicitly by Balint in *The Basic Fault: Therapeutic Aspects of Regression*, London: Tavistock, 1968. Balint was concerned as to how the individual establishes a sepa-

about some topic or another. The term was chosen to represent the psychological defence of loving an object. It is a relatively exclusive choice. This helps the lover leave out of consideration other objects and activities.[1] Here there would be a conjunction of extreme curiosity and extreme desire to acquire knowledge. The one emotional attitude can serve the other. J. Klein identifies its opposite as the clinging ocnophil object.[2] This highlights the extreme detachment of the philobatic object choice. Clinging object relations are more frequently described in the psychoanalytic literature.[3] They are chosen by infantile personalities and are manifest in a variety of ways.[4] Such people cling to their objects in a non-erotic way. This clinging provides emotional support. They may also try to achieve an oceanic merger with the other person, who is held to be beautiful in some sense. Such a merger serves the purpose of denying the reality that the clinging personality and their object are two separate individuals.

The philobatic object is not a single object but rather a cluster of activities which

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rate identity. The 'ocnophil' holds onto the object and does not become separate. The 'philobat' evades attachment to the world of people.

[1] It is a conjunction of the archaic word "bating" with "philo," rather than saying 'philobating,' it has been changed to its adverbial form so that it can modify the word object. One of the old uses of the word "bating" is "leaving out of account," another is "Abating."

[2] J. Klein, 1989, p. 17.

[3] Bowlby objects to the notion, implicitly, since he does not think that the first relationship is characterized by primary passive clinging. Bowlby's objection is well-taken in that current infant research and observation show this is not the principal relation between infant and mother. Nevertheless, clinging relationships do occur in adults. See Bowlby's "The Nature of the Child's Tie to His Mother," *International Journal of Psycho-Analysis*, vol. 39, 1958, p. 356, on Alice Balint's work.

[4] One source of analysis of this object choice is Kernberg's "Transference Regression and Psychoanalytic Technique with Infantile Personalities," *International Journal of Psycho-Analysis*, vol. 72, pt. 2, 1991, pp. 189-200. Some infantile personalities choose weak people as objects. This avoids provoking feelings of competition which are felt to be intolerable by such personalities. If a strong object is chosen, it is weakened to further the same emotional end.

serve, at first sight, the function of binding anxiety. As J. Klein puts it, it is not merely a flight to the intellectualization of the emotional components of life. Emotions do sometimes become unbearable and a rational understanding of some aspect of a life can help put these into perspective. This entails flexibly mixing the emotional and the intellectual realms.

The philobatic object is; rather, an *exclusive* anxiety binding object which "...under pressure, [was]... all they had to fall back on—art, philosophy, politics, or obsessive interest in the details of life."[1] Such activities resemble work and may result in some real work being accomplished, although this is not the principal psychological purpose. Indeed, I suspect some of our greatest achievements have been generated by such people. Why not leave them alone? The therapeutic objective here is not to change the object choice. This is not possible if it is well-entrenched. What is possible is to turn the *source* of the anxiety-binding activity into a *resource* for work and other relations. In some cases the cluster of activities can be "...maths, jazz, long-distance running..."[2] and clearly other hobbies or sports which may preclude work. Real skills may not come to productive light because of depressions and anxieties which persist despite the philobatic object choice. This is one of the important objects uncovered by psychoanalytic research.

The concept augments our comprehension of a variety of encounters with people. We may come to tolerate others' activities which initially struck us as 'worthless' or 'wastes of time.'[3] Such activities play a role in the very *survival* of the people who en-

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[1] J. Klein, 1989, p. 18.

[2] J. Klein, 1989, p. 17.

[3] Bion and Scott use the expression 'wastes of time.' They identify psychotic ways, neurotic ways, and depressive ways of wasting time. It is more that a distraction. It is an activity.

gage in them. That some use inanimate objects is neither despicable nor admirable. It is simply a fact. The outcome of the activity is another matter. Here, many may benefit or be harmed. We should emphasize the benefits that others may derive from these activities, which are not a pathological object choice.

Within the early Kleinian framework, the breast was only the *prototype* for good and bad objects.

> The good breast—external and internal—becomes the prototype of all helpful and gratifying objects, the bad breast the prototype of all external and internal persecutory objects.[1]

Within the context of interpreting Klein's work, we should avoid the confused interpretation that there is simply one object. This is the object which is split. The prototype is a prototype of the object which results from splitting. Projecting a part of the personality does implies splitting. The part expelled by splitting is separated from the remaining personality. The psychological device requires entertaining the phantasy that it is actually separate. The split off part is related to the prototype of objects. Its psychological function is different. It is a split off part of the personality and not a split off part of an object.

In order to further our understanding of the newly-discovered object types we need to avoid getting excessively distracted by the importance of the prototype. For example, the philobatic object is comforting, similar to the way the prototype of the comforting breast is. Equating them would deny the developmental course of personality. All personalities do develop, just as all major diseases have a course. Personalities that have unfortunate early elements still develop. Such development might be very atypi-

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[1] M. Klein, "Some Theoretical Conclusions Regarding the Emotional Life of the Infant," In: *The Writings of Melanie Klein, vol. III, Envy and Gratitude and Other Works, 1945-1963.* [1952] London: The Hogarth Press, 1980, Chapter 6, p. 63.

cal.[1] The most serious case would be where the bizarre object makes its appearance. I turn the readers' attention to this important and distinct object type.

§ 3.2 The Bizarre Object as a Marker of Psychosis: The bizarre object was first identified by Bion. It is usually formed by a part of the ego which is split off and joined with a part of the object.[2] Both parts are then isolated. It can also include elements of the superego. The primitive mechanism of projective identification is in operation. But this does not explain the bizarre object. Forming bizarre objects is a specific way of pathologically handling the intolerance of external reality. Projective identification is a specific way of handling internal reality. Since the internal and external interact, in practice the distinction blurs. Maintaining a distinction between internal and external reality is essential for psychoanalytic thought.

It is experienced as external to the person, although we can reason that the capacity to differentiate self boundaries has been diminished if bizarre objects make their appearance. Extensive use of this psychological device will lead to the impression that the

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[1] An even more exotic example is the sensation objects which Tustin has identified as being an indicator for psychogenic autism. These objects are two dimensional and do not serve simply as 'auto-stimulation' but rather replace contact completely. An example is a hard flat wall which the autistic might press up against; the hard flatness of the two dimensional surface provides an illusion of safety; since the autistic lacks any real background of psychological safety. Such objects are even prior to the breast; in a sense they are functioning at the level of primitive neurological experience. See her "Revised Understanding of Psychogenic Autism," *International Journal of Psycho-Analysis*, vol. 72, pt. 4, 1991, pp. 585-591.

[2] "The differentiation of the psychotic from the non-psychotic personalities depends on a minute splitting of all that part [sic] of the personality that is concerned with awareness of internal and external reality, and the expulsion of these fragments so that they enter into or engulf their objects." W.R. Bion "The Differentiation of the Psychotic from the Non-Psychotic Personalities," *International Journal of Psycho-Analysis*, vol. 38, 1957, p. 43.

person lives in a bizarre world. Since it is experienced as bizarre, it is not comprehensible. Experiencing the world as bizarre is typically found in florid psychosis, more in the schizophrenic variety than in the manic depressive variety.[1] Bizarre objects can be, and often are, inanimate objects in the environment which have been infused with special significance. The theory is that bizarre objects not only interfere with comprehension. There is a stronger dynamic at work. Bizarre objects result in a *reversal* of emotional comprehension. This reversal is compulsively sustained. Arriving at an intuitive grasp of the concept 'bizarre object' from pure theory may be difficult. We will come back to the topic later and illustrate it with some examples. Bion writes about the theory:

> Reversal of alpha-function means the dispersal of the contact-barrier and is quite compatible with the establishment of objects with the characteristics I once ascribed to bizarre objects....The beta-element differs from the bizarre object in that the bizarre object is beta-element plus ego and superego traces. The reversal of alpha-function does violence to the structure associated with alpha-function.[2]

The contact barrier is a *function* of the ego, it is not the ego itself, according to Bion. He has an artful way of expressing the loss of this barrier to the Id: 'It results in the psychotic patient wearing their Id on their shoulder and behaving as though this was a perfectly ordinary thing to do.' It is often said that psychosis is hard to understand. It is *supposed* to be hard since that is one of its purposes. Psychosis attacks the comprehension of the psychotic and those with which they make contact

We need not restrict ourselves to this exotic arena. An accessible example of objects experienced as bizarre can be found in healthy personalities. Let's consider an en-

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[1] Clinical applications are seen in Edna O'Shaughnessy's "Psychosis: Not Thinking in a Bizarre World," In: Anderson, ed., *Clinical Lectures on Klein and Bion*, The New Library of Psychoanalysis, vol. 14, London: Tavistock/Routledge, 1992, pp. 89-101.

[2] Bion, *Learning from Experience*, [1962], p. 25.

velope expected to contain important information. The envelope itself can swell in apparent size, be feared, or be experienced as persecutory. This can be detached from the actual content of the information in the letter. The envelope may not be touched. It may not be opened. When opened it may be kept in a special place. We have lent the physical envelope part of our reaction to it. Even if the information is important it is not the propositional content alone that helps the envelope acquire significance.

It is too weak to merely say the envelope has achieved the status of a symbol. It has achieved this specific status by containing both part of our fear and part of the feared object. In this sense it is similar to the bizarre object. It is not a bizarre object unless we start to think that we live in the envelope.

Another case could be a geographic location where an intimate relationship has occurred. This place might itself come to be felt as persecutory. This can go far beyond association to the point where a city is experienced as too small for two separate lives to co-exist. I hope this provides us with a slight hook with common sense about this difficult topic.

Let us consider further the psychogenesis of bizarre objects. Persecutory anxiety is a contributing factor. Given the prevalence of persecutory anxiety and the relative rarity of forming bizarre objects, it cannot be the only factor. In addition, an inborn disposition for psychosis must be present. An interaction with an adverse environment is also required.[1] The inborn disposition for psychosis is indicated by the presence of both exceptionally destructive impulses and annihilation anxiety. (Destructive impulses can lead to annihilation anxiety if the person comes to fear that these have successfully been placed in the surrounding environment and will actually attack him.)

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[1] O'Shaughnessy, 1992, p. 90.

Once bizarre objects have been formed, then the person needs protection from them. A faulty way of being protected is to cease to be aware of the external environment. A means to stop awareness is to sadistically attack all of the organs and means of being aware.[1] This includes the lack of comprehension of language, but in a special way. It is not simply that paragraphs, sentences, and words are not understood. Rather, they can be broken up into bits; for example into syllables which are not linked together. This destructive attack even precedes the more ordinary miscomprehension of sentences or people. To follow Bion here, it is as though the psychosis supplies a psychic mechanism that works like a "psychotic typewriter or gramophone"[2] in reverse, disassembling everything into letters, and only letters.[3] It goes further in that the analyst or recipient of the psychotic's communication should lose the capacity to make any sense of the communication. This is because there is a destructive attack on the thought of the analyst. Psychosis attacks perceptive capacities (α-functions) of the analyst and the patient. By doing this, it successfully serves its defensive function. It prevents both of them from understanding.

The result of forming bizarre objects is an increase in anxiety. They defend against the illness by making it worse. The patient now has the same anxiety. The source is attributed to the bizarre world around him. He has made it bizarre by investing it with his fears. So, while forming bizarre objects is a defence, it is a faulty defence. It is like faulty reparation. It is a defence that does not work. It is then done over and over.

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[1] O'Shaughnessy, 1992, p. 93.

[2] O'Shaughnessy, 1992, p. 93.

[3] W.R. Bion, "Language and the Schizophrenic," [originally published 1955.], 1985. For example: "Patient: I don's know what it [penis] means, but I want to say, 'If I can't spell I can't think." p. 229.

What results is a decrease in the capacity to emotionally process life events. The term "bizarre object" was not intended as a technical term by Bion when he mentioned the expression to Melanie Klein. It has become a technical expression and it represents a discovery for psychoanalytic thought.

Apart from being a marker for psychotic functioning, we can see why Bion said that:

> In the patient's phantasy life the expelled parts of ego lead an independent and uncontrolled existence, either contained by or containing the external objects; they continue to exercise their function as if the ordeal to which they have been subjected has served only to increase their numbers and provoke their hostility to the psyche which ejected them. In consequence the patient feels himself to be surrounded by bizarre objects.[1]

The patient is surrounded by parts of himself, parts which are experienced as hostile. The patient's comprehension of the boundaries of his body may change as the condition improves or worsens.[2] 'Bizarre' is a helpful word for this type of object, since these objects are not like naturally occurring objects. They are both part of the patient and part of some external object. These external objects are no longer like the external objects others experience, since they have been converted through the investment of such malign power.

§ 3.3 The Encapsulated Object as a Marker of Trauma: Encapsulated objects are a specific type of object resulting from the employment of the specific, and desperate, defence of encapsulation. They have been pointedly identified by both Tustin[3] and Hop-

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[1] In Bion, "The differentiation of the psychotic from the non-psychotic personality," 1957; reprinted in *Second Thoughts*, p. 51. Also cited in: O'Shaughnessy, 1992, p. 93.

[2] Scott, 1948, pp. 1-15.

[3] "Freud's understanding of trauma still holds good today. He defines it as an overwhelm-

per,[1] in the recent literature. Encapsulated objects are found in patients who are neither psychotic nor showing signs that the psychotic core is emerging to the forefront of the personality. This is a key difference between this type of objects and bizarre objects.

The choice of the encapsulated object is still among the more extreme forms of defence against the experience of anxiety. This defence is employed when the organism concludes that physical extinction is imminent. The psychological equivalent is when the psyche concludes that annihilation is imminent. This defence is employed when the patient does not differentiate between psychological annihilation and physical extinction. While there are many similarities between bizarre objects and encapsulated objects, a distinction is necessary. Encapsulated objects are a sub-set of internal objects.[2] They remain internal. Bizarre objects are felt to be external even though they originate from within. The anxiety which precipitates the formation of encapsulated objects is more primordial. That is, fear of annihilation is a more primordial fear than fear of psychic disintegration and the intolerance of reality that precipitates the formation of bizarre objects. A third difference between the encapsulated object and the bizarre object is there tends to be only one encapsulated object formed in the patient. Bizarre objects tend to be formed in multiple units.

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ing experience of helplessness in the face of an accumulation of excitation, whether external or internal (Freud, 1920).

Encapsulation rather than repression is called upon to deal with a body that feels so vulnerable that it is threatened with extinction." Frances Tustin, *The Protective Shell in Children and Adults*, London: Karnac Books, 1990, p. 153.

[1] Earl Hopper, "Encapsulation As a Defence Against the Fear of Annihilation," *International Journal of Psycho-Analysis*, vol. 72, pt. 4, 1991, pp. 607-624. Hopper supplies a review of the literature.

[2] "...the introjective development of internal objects with a particular type of internal space." Hopper, 1991, p. 610b.

Encapsulated objects are formed by splitting off a part of the personality. They surround that part such that the patient ceases to be aware of it. They appear to disappear by the employment of a negative hallucination.[1] This means that instead of hallucinating an object as present which is not present, an object which is present is seen as not being there. But this analogy is limited due to the duration of the hallucination. This type of negative hallucination may persist for many years. I have not yet heard about a positive hallucination having this temporal persistence.[2]

Its composition is both part of the self, and that part of the object lost at some crucial period of development. The part lost may be a positive part of the self. In this case the self is experienced as all bad. This results in the idealization of external objects.[3] The encapsulated object is experienced as extremely frightening, when sensed unconsciously or consciously. When such defenses are lessened a 'black hole' depression may be experienced.[4] If tolerated it may result in the repair of this primordial fragmentation,[5] which resembled a split in the personality.

One advantage of using the concept 'encapsulated object' is that it provides one

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[1] Hopper, 1991, p. 609b.

[2] The *psychiatric* literature may contain such reports. I have asked the psychiatrists who have helped me with this work and none can remember seeing such a case.

[3] Hopper, 1991, p. 614a.

[4] Frances Tustin, *Autistic States in Children*, Revised edition. London: Tavistock & Routledge, 1992, p. 18, 33. One description of the black-hole experience came from a child Tustin treated. "This was the best verbalization that the child could make of a non-verbal experience which was the result of recoil from, and 'blacking-out' of, the nasty 'not-me', which was experienced as an inimical presence." p. 158. Others have adopted the expression for hopeless depression with this special character.

[5] "The fear of annihilation anxiety is more basic that the 'paranoid-schizoid' anxiety associated with splitting. The fear of annihilation is a function of fission and fragmentation, which is a schizoid phenomenon rather that a paranoid one." Hopper, 1991, p. 608c.

additional concept to help us state what we mean by the concept 'the unconscious.' It also helps us see what is going on in a specific cluster of instances. In fact, the concept unconscious remains imprecise until the specific details of unconscious processes are flushed out. Identifying the presence of encapsulated objects in some patients, supplies one such critical detail about unconscious processes. This represents progress which enables us to ask questions of the form 'what kind of unconscious process?' This also expands the range of personality types that may be treated by psychoanalysis.[1] For example, survivors of massive trauma. The next question is why has the recognition of encapsulation has been so slow to emerge.

Hopper's answer is that there was unconscious collusion on the part of analysts to avoid dealing with the resultant countertransference affects produced by fear of annihilation.[2] This entails the analyst tolerating the feeling of helplessness. This is the feeling that the patient is avoiding, along with catastrophic loss,[3] by invoking this defence.

Let me emphasize my general point. There is an advantage in recognizing the specific type of object in a given clinical presentation, for both clinical and philosophical reasons. Clinically, the encapsulated object may result in the non-psychotic patient experiencing severe symptoms when the defence is weakened. We have talked about this happening in general. This is one specific reason why. The resources available to treat psychotic patients can then be used. Bion has spoken of "the psychotic core." It is broadly recognized that this is an element of each personality. This is one type of psychotic core, which can be seen *without* the overt manifestation of psychosis on the surface of the personality. It also has some specific background conditions. The back-

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[1] Cf. Chapter One § 6.1, where the technical considerations of analyzability were addressed.

[2] Hopper, 1991, p. 619.

[3] Hopper, 1991, p. 609d.

ground is usually extreme trauma. The clinical prognosis is improved by understanding this. Philosophically, it gives us a specific concept to use instead of saying that the trauma was remembered unconsciously. It is not remembered. It is encapsulated. The contents can be rejoined with the rest of the mind.

§ 3.4 The Doubled Object as a Marker of Paranoid Attitudes: This is a type of object that enables the mind to avoid having conflicting emotions towards one person. This person is the object that is doubled. If the original object is doubled no such conflict need be experienced since there is an object for each type of emotion. It implies a splitting of both emotion and objects. This particular psychological move is found most commonly in paranoid states. It varies in tenacity with the degree of paranoia. It goes from the mild, transitory and normal, to the full-blown and manifestly (or floridly) psychotic.[1] An account is found in Heimann's article, where she says:

> In response to this conflict of ambivalence there are forward constructive movements representing the drive to make reparation, as well as regressive techniques, such as denying the conflict by taking flight from unity, splitting the emotions and **doubling the objects**, so that two separate relations arise: love is then felt to be directed towards a good object and hatred towards its **bad double**. Conflict is by-passed, because there is happiness in the love relation and persecution and hatred in the hate relation.[2]

And also:

> In the regressive flight from the depressive to the paranoid-schizoid position, the infant escapes from the conflict of ambivalence and returns to the charac-

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[1] Some serious physical illness can also result in manifest paranoia, even before diagnosis, though the psychogenesis is somewhat different. We could speculate that the internal representation of the body is split where one part (the bad and diseased) is attacking the other (the good and healthy).

[2] Heimann, 1985 [1955], p. 258. [emphasis added.]

> teristic doubling of his relationships alternating between abject helplessness in relation to the persecuting object, whom he hates freely, and complete happiness with the ideal object, who is his own possession.[1]

A great deal is known about paranoid states. Such states are more accessible and more easily studied than depression, autism, or borderline personality disorders. Let us review some of the basics relating to this defence of doubling, characteristic of paranoid states. Much of what follows is taken from Heimann's article.

Doubling helps achieve the absence of guilt, which is also characteristic of paranoid states. No guilt need be experienced since the bad object deserves to be hated. Thus the paranoid can feel a characteristic self-righteousness. Guilt would result if there is consciousness that the hate is directed towards a formerly loved object.[2] Heimann refers to "happiness with the ideal object," but we rarely see paranoid people having good relations with any real person. How should we understand this 'ideal object'? The ideal object is possessed and is internalized into the paranoid personality. For this reason paranoids are occasionally happy with themselves. This also explains the additional characteristics of narcissism and grandeur, consistent with the self-righteousness. This can also mean that all other objects are experienced as persecuting. The paranoid is at risk of feeling depression only when he becomes *identified*[3,4] with the hated internal or external object. Then the doubled objects start to re-fuse into one.

To go over the series again, if we think of the mother as the prototype of the dou-

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[1] Heimann, 1985 [1955], p. 263-4. [emphasis added.]

[2] Heimann, 1985 [1955], p. 258.

[3] Heimann, 1985 [1955], p. 264.

[4] In may mention that this indicates that there are types of identification. Identification when paranoid and identification when depressed are different. So too, is identification in the paranoid-schizoid position and the depressive positions.

bled object, then the good or gratifying mother fuses with the self, whereas the bad or frustrating mother is anyone who is different from the self; which means that anyone who is different from the self is an enemy.[1] If the predisposition is to see everyone as an enemy, then it is hardly surprising that paranoids have a hard time detecting kindness but can spot unconscious hostility with startling accuracy.[2] Because of these underlying dynamics, paranoids can persecute without remorse, while at the same time claim to be the *victim* of persecution. Paranoids can take great unconscious sadistic pleasure in such persecution, while at the same time experiencing intolerable panic and agony at the conscious level. Paranoids say they are being attacked, humiliated, and harmed. Paranoids do this to others.[3]

While those with paranoid personality disorders may well have these distorted relations with real people in their external environment, something similar may occur in their inner mental life. If a representation of the object the paranoid wishes to persecute is introjected into the paranoid's internal mental life, that representation can be persecuted within the paranoid's mind at will. This use of introjection is similar to that found in our earlier discussion of one of the forms of depression.[4] With depression, the introjected object from whom affection has been removed is identified with the ego. Thus, the ego feels bad. In paranoia, through the doubling of the object, the ego can identify with the all-good object, then split off a small part of the ego. The part that is split off should be small enough so that a general lessening of the functioning ego should not be

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[1] Heimann, 1985 [1955], p. 263, (footnote). As Heimann put it, the paranoid patient's attitude is like the German saying: "If my brother you won't be, I shall just slay thee."

[2] Heimann, 1985 [1955], p. 261.

[3] Heimann, 1985 [1955], p. 263-4.

[4] In my § 12 of Chapter Two.

conspicuously in evidence. It is also small enough for the paranoid to cease to appreciate[1] that split the part of the ego is an intolerable part of the self which is being projected outwards. In this way the *internalized* object is possessed and can be tortured at will and at length. The *external* objects may be coerced to follow suit, and play a "role" that aids the paranoid in the torture of the internalized object.

This very complicated explanation can be observed in the everyday arena. In police films we can see part of this acted out in the roles of good cop/bad cop. They function as one entity which has been split or doubled. Again, with children it is known one of the parents occasionally becomes all good and the other all bad. It can also be observed that the children choose a surrogate parent of the same sex as the parent with whom a conflict is experienced. Here, either the natural parent will temporarily become all good or all bad, depending upon how the psychological conflict is being resolved. If it is never resolved then the tendency to double objects will remain.

Identifying the doubled object as a distinct object type helps in recognizing and understanding a range of human interactions. It also aids in understanding paranoid personality types. This new understanding augments my overall argument that identifying objects is both an advance for psychoanalytic knowledge and a marker of such advances.

§ 3.5 The Auxiliary Object as a Marker of Omnipotence:[2] When the ego is damaged and there is a possibility of outright psychosis emerging, the ego takes steps to re-

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[1] Heimann, 1985 [1955], p. 254b.

[2] This section resulted from a study of John Steiner's "A Psychotic Organization of the Personality," *International Journal of Psycho-Analysis*, vol. 72, part 2, 1991, pp. 201-207. Steiner's work is a development of Rosenfeld's and Bion's.

pair the damage. The damage usually takes the form of a split in the ego. However, it can also be in the form of an incomplete split or "tear." In both instances the person will try to repair the ego or to keep the "tear" from becoming complete. The function of auxiliary objects is understandable as a patch for the ego. This patch cannot be let go. The goal is possession and control of the object.

In spite of the overt hatred of reality and hatred of any attempt (like psychoanalysis) to repair the ego, some external object will be sought to prop up the ego. This is the general idea of the auxiliary object. This function I will now try to make more specific and more comprehensible. Ordinary people have normal friendships. Extraordinary people are not satisfied with ordinary friendships. Psychotics consider themselves to be extraordinary when the original omnipotent phantasies emerge. For this reason, psychotics are not satisfied with the friendship ordinary sane people might offer them. Instead, they look for other psychotic-like people who are also extraordinarily omnipotent. This accounts for what the psychiatrists call the social deficit in their lives. This deficit increases the severity of their illness. If they cannot find an omnipotent person in their environment, then they may form a phantasy relation with some actually exceptional person in the public domain, e.g., a celebrity or a president. When they choose an auxiliary object, outside observers may confuse this object with a real friendship. Let us explore this further.

Take the example of an apparent friend. A person may choose a friend as an auxiliary object. This is a real person in the external environment, but his role in the internal life of the person choosing him is one based on phantasy. The phantasy is that this friend can keep the ego from splitting further. Thus, the relationship would typically exhibit the psychotic goals of possession and control rather than the free exchange between two individuals.

Powerful coercive pressure will be placed on people in the environment to maintain their constant availability and to ensure that the external object continues to play its psychological role. This means that the external object cannot act in a free manner. The coercive pressure is strong enough to demand extreme control, commonly found in psychotic patients. Neurotic patients do not exert this extreme control. Their defenses function more flexibly. If they use the mechanism of projective identification spoken of in Chapter Two, they do not use it to control and possess the other person.

There is a sub-category of auxiliary objects.[1] These objects are chosen because of their destructive potential. When ordinary people are not seen as powerful enough to be helpful, then omnipotent, extraordinary people are sought. This is consistent with psychotic thought, since, given great levels of helplessness, only omnipotent solutions will be seen as sufficient. As Steiner puts it following Rosenfeld, the "...destructive parts of the self may form an alliance with powerful destructive objects which are then idealized and turned to."[2,3,4] These destructive auxiliary objects may be real people, or they may be fictional characters, or people from history, or physical objects[5] endowed

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[1] Steiner, 1991, p. 204.

[2] Steiner, 1991, p. 204.

[3] Also argued by H. Rosenfeld in "A Clinical Approach to the Psychoanalytic Theory of the Life and Death Instincts: An Investigation into Aggressive Aspects of Narcissism," *International Journal of Psycho-Analysis*, vol. 52, 1971, pp. 169-178.

[4] The original theory of the death instinct was that it, as part of the Id, operates continuously but invisibly. It results in the eventual death of the organism. It only became visible to an observer when it is directed outwards to an object as aggression. S. Freud, *An Outline of Psychoanalysis*, [1938] *S.E.*, vol. XXIII, p. 150. Many contemporary psychoanalysts are satisfied with a theoretical picture of internal and external aggression, without the death instinct postulation.

[5] Steiner's example comes from a patient who was a trainee psychiatrist who had a psychotic break and later recovered sufficiently to resume training. While recovering, he attempted to take flight from the treatment, aided by his father, by pursuing the steps to become a neurologist. This patient ordered a Jewish prayer shawl, and took steps to become a Jew. The patient

with some special powers. Thus in the destructive psychotic, part of the personality will form an alliance with some other destructive psychotic character. This makes helpful people in the environment, including analysts, appear weak. The logic of this is clear in the light of an understanding of the psychotic mechanisms involved. First, in the face of omnipotence everyone around the person feels weak. Second, once this level of psychosis has been achieved, hatred of reality and hatred of anyone representing sanity is manifest. This is preferable to losing the advantages of illness.

The understanding of auxiliary objects in both their ordinary and psychotic senses is one contribution to knowledge recent psychoanalysis has provided. We could continue adding to the above set of analyzed examples with numerous others.[1] This leads to the general conclusion that there is no finite, specifiable set of objects within psychoanalytic theory. This is not merely a theoretical point. It leads to the conclusion that there does not exist a specifiable set of objects. Just as the number of concepts currently in use is not fixed, so, too, the concept of 'object' is not fixed. It has a history of usage and it will be modified in the future.

This is merely an accidental feature of current psychoanalytic theory. It could be that there is a finite set of objects, or more plausibly, at least a finite set of principal types of objects. It is too early in the process of psychoanalytic investigation to specify what the finite set of principal types of objects would be. We cannot name them all. Instead, we retain a sense of the flexibility and inter-relatedness of the principal psychoanalytic concepts.

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reasoned that the catastrophic breakdown would never have happened had he been so protected by a physical object. Steiner, 1991, p. 205.

[1] For example, Tustin has identified flat objects, sensation objects. Bion identified the masturbational object which serves to increase frustration.

Persons direct attention to some objects. In the first days of life this attention was directed towards the mother, or part of the mother. This was the original part-object. Life continues and many other objects are attended to: these include people, our own thoughts, the thoughts of others, and a host of other activities that could also be called 'objects.' The world consists of more than ourselves. Other people also engage in the same processes. These processes continue over time, and are directed to very many objects indeed. Since I assume that there are not an infinite number of humans, I say that this class of objects is simply a very large set. We could express the size of the set by saying it extends to the N^{th} object. By N^{th}, I simply mean very many. We could express it like this: $Object^{\{1,2,...N^{th}\}}$. As progress is made in understanding persons with different types of health and pathology, new modifications in our concept of 'object' will likely be proposed. Each of these will be assessed. What we know at this stage is that they should be assessed. Object is not the only valuable concept in psychoanalytic theorizing. Objects do not exist in isolation. In the specific case of the auxiliary object there were specific conditions present in the patient's personality and the external environment which preceded the patient resorting to this defense. The same was true in the earlier case of the bizarre object. It is to the general pattern of these conditions that we now turn.

§ 4 Bion's 'Selected Fact': An Aspect of the Background: Patients and analysts have histories. Analysts require training in order to practice analysis. That is part of their personal history. When patients arrive for analysis they already have histories. Events in their histories have contributed to the formation of symptoms. We will borrow from the philosophy of mind and label this set of events their 'background'. The characteristics of backgrounds vary with individual people. If they did not vary, there

would be no patients or psychoanalysts.

The term 'background' and a variety of equivalents are found in Freud, Husserl and a host of other philosophers. Later it was used by Searle in a more manageable manner, and it is roughly in that way that I use it.[1] All discuss the conscious and unconscious background conditions to cognitive and emotional functioning. Psychoanalysts have been implicitly utilizing Searle's conclusion about the background. The way to study the background is to examine where it breaks down.[2] This is most easily seen when we cannot perform a simple task and get the desired results. Searle uses the example of trying to swim, when you *do* know how to swim, but cease being able to perform this activity. This example is relatively simple and clear.

However, our study gets more complicated when we consider the breakdown of completely unconscious background conditions. In such instances we are considering a rich picture of persons taken in the context of their lives, where their functioning has usually been impaired for a long time. For example, one general class would be those persons who lead an artificial life project based not on their true desires, but rather on those of someone else. A sub-class would be what Winnicott called 'the false self': a defensive and pathological adjustment to maternal failing, where the child has adjusted his desires to that of the mother, and which carries over into adulthood. This too, is an instance of where the background has ceased to function. Such structural failings can be

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[1] "There is nothing whatever that is "transcendental" or "metaphysical" about the Background, as I am using that term." John R. Searle, *Intentionality: an Essay in the Philosophy of Mind*, Cambridge: Cambridge University Press, Cambridge Paperback Library, 1983, p. 154

[2] "I find that it is most useful to study the Background in cases of breakdown, cases where intentional states fail to achieve their conditions of satisfaction because of some failure in the set of preintentional Background conditions on Intentionality." Searle, 1983, p. 155. Chapter V of Searle's book is entitled "The Background," see p. 141 ff.

accompanied by very successful cognitive and behavioral functioning, and indeed usually must be. We are dealing with a different order of observation about the background. We are not restricting ourselves to a single task, such as swimming. We are looking at a character pattern.

A rich conception of the background would include many aspects which are clearly outside the scope of a properly psychoanalytic analysis; e.g., the neuro-chemical processes are clearly part of the background of experience. The bodily conditions of the background would now include the in utero environment, either in realistic memories or in its representation in fantasy later than, as we now reasonably expect, the age of four.[1] Again, the genetic endowments, constitutional factors, cultural factors, are all collectively parts of the background; some parts of which may become more important at any time throughout the course of an individual life. Indeed, taken to its logical extension, the whole of reality is part of the general background for real whole objects. Reality includes objects of attitudes and links. They are also parts of the background. This level of generality is of little use to us. The relevance is for a specific case, or even a specific emotion or symptom cluster. We must move from this level of generality down to something more specific and workable for psychoanalysis.

The background can be considered from a psychological perspective. The term 'background' could have been at any point in the preceding analyses. If we reconsider the example of Dr. Hobson being called "Hobbs" by his patient Mr. Smith, from the section on projective identification, we see that the relevant part of the background was Smith's being deserted at birth.[2] Smith's error was not a cognitive failing, rather it was

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[1] Again I refer to Alessandra Piontelli's *From Fetus to Child: An Observational and Psychoanalytic Study*, 1992, p. 144.

[2] This example was used in Chapter Two, § 9, "Projective Identification versus Counter-

a successful emotional communication. The background here does not break down in the normal sense, but rather the relevant part of the background required to cognitively remember Hobson's name is replaced by the emotional background. This example can serve to generate a prototype.

In the case of Smith, there is one part of his personal background conditions that comes to the forefront, i.e., the fact that Smith is an orphan. Smith's entire personal history is relevant for his psychoanalyst. The psychoanalyst gains a clue to this history because Smith uses projective identification to communicate his discomfort to the psychoanalyst. This is the thought that the patient does *not* want his psychoanalyst to think. We can give an illustration of the psychological process of projective identification thusly:

Patient Smith Projectively Identifying with Doctor Hobson

The background	**The experience(d) / attitudes**	**The objects**
Smith's capacities & life	Smith feels fine	The psychoanalyst Hobson
The unconscious background	**The unconscious experiences**	**The unconscious objects**
Smith's being orphaned	Appalling dread & anxiety	Hobson's unconscious

Projective identification is used by the patient to intrude into Hobson's mind. If Hobson can contain this discomfort, then Hobson can learn something about Smith. Here we see the link between Bion's notion of 'containment' and his notion of 'linking'. A communicative link is established between Smith and Hobson only when Hobson contains anxiety without pushing it away. Smith, the patient cannot contain this anxiety and hence, uses projective identification in an unhealthy and inflexible way to affect his

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transference."

analyst. If he had used it in a healthy and flexible way, Smith would have been able to talk directly to his analyst about the experience, and his analyst could have talked back to him about it.

Once Hobson's unconscious has been filled by Smith's dread, then Smith can continue to avoid suffering. The psychoanalytically relevant part of the background is Smith's being orphaned. There is little doubt that in the analysis of Smith specific derivative parts of the background would arise as being the most relevant at various times. It is from Bion treating very ill patients that we have been able to extrapolate the use of projective identification in the treatment of less ill patients. The proclivity to use projective identification is a salient feature of the patient Smith's background. It is not the specific event which results in this proclivity; rather, it is symptomatic. Any of the case examples cited previously can be subjected to a similar analysis. The only advantage here is the acquisition of a simplified model of psychoanalytic understanding.

This kind of analysis can also be applied to more general psychoanalytic claims. For example, I have taken from Scott the view that there is a relation between frustration and inhibition.[1] His view is that there is a relation between frustration experienced as traumatic and the conscious experience of inhibition and disorganization. We see that it is a very complicated relation. The relevant aspects of frustration are both the objects (e.g., patients sometimes hate their symptoms) and they are also part of their histories or backgrounds. The relations richly considered do not admit of simple categorization. It is still useful to highlight their complexity. The complexity could be illustrated this way:

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[1] As cited in Chapter One, W.C.M. Scott, "Primitive Mental States in Clinical Psychoanalysis," *Contemporary Psychoanalysis*, vol. 20, no. 3, 1984, p. 463.

Frustration's Relation to Inhibition

Conscious background	The experience(d) / attitudes	Conscious objects
X's capacities & life	X desires to do Y	Y cannot be accomplished
Memory of inhibition	Inhibition & Disorganization	Objects seem unavailable
	Anger towards——————>	New conscious frustrations
	Frustration	External objects devalued
Unconscious background	**Unconscious experiences**	**Unconscious objects**
X's deprivation	Destructive impulses towards—>Original frustrating object	
Memory of frustration———>	Original frustrating object	Symptoms
Trauma	Avoid trauma	Substitutes for satisfaction

We see that frustration is both conscious and unconscious. In Kleinian terms, if there is a memory of satisfaction, this results in less inhibition. The opposite of satisfaction is frustration. Scott provided a different explanation of an aspect of trauma. Frustration can be traumatic. If it is unconsciously remembered as traumatic then frustration is avoided. It is avoided by inhibition, which is experienced as the conscious link between the unconscious memory and real objects in the environment. Disorganization in daily conscious life serves the unconscious purpose of avoiding reminders of the original trauma. It also serves as a substitute for the destructive impulses towards the original frustrating objects.

Upon analysis, we see that the background, the objects, and the emotions are mixed. For example, conscious frustration is hated; therefore, it is an object. Such hatred also serves to remind the patient of the unconscious frustration. Frustration is also part of the unconscious background. Frustration is also both the conscious and unconscious experience, linking the background with the objects. However, the expression of the original frustration in the conscious life will be predominantly inhibition and disor-

ganization. Thus the patient presents himself as being mainly inhibited and disorganized. Since there are multiple determinants of this inhibition, it is overdetermined. The concept 'overdetermination' was previously over-used in psychoanalytic theory. We have an alternative. We are not left with saying simply that it is overdetermined since we can now specify that the key element is frustration.[1] This analysis serves as an example of how to analyze a more general psychoanalytic claim and specify the aspects of the background relevant to it.

We can say that the background consists of many elements. Persons direct attention to objects based on some part of the background. The whole background is not as relevant as key background elements and their derivatives. Just as there are many objects, there are many types of psychologically relevant background conditions. Psychoanalysts have many types of patients. If we are going to reach an understanding that extends beyond an individual patient, this requires an understanding of the concepts that apply in general. For this reason in Chapter Two, we discussed countertransference and projective identification. These mechanisms are part of the general theory of modern clinical practice. Understanding them helps the psychoanalyst establish a link between himself and his patient. We could express the general relation like this:

$$\text{Background}^{\{1,2,\ldots N^{th}\}} \longrightarrow \text{Object}^{\{1,2,\ldots N^{th}\}}$$

When dealing with any one individual patient, one part of a person's history is relevant most of the time. For purposes of illustration only, we could form a picture of this one unique element:

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[1] Another example that could be so analyzed is the Kleinian 'memory of satisfaction.' The unconscious memory of satisfaction, the opposite of frustration, would presumably lead to a lessening of inhibition.

One Element of the Person's Background ——————> One Object, e.g., The Analyst

The arrow indicates 'directed towards' some object. The type of 'directed towards' would be an emotional attitude a patient has towards an analyst. However, usually it would just be one aspect of the background resulting in one emotional attitude directed towards one object. To make it more accurate, it is important to point out that *an element in the background* can become an object. With reference to the pattern of discovery in psychoanalysis, Bion uses the notion of the 'selected fact.'

> The **selected fact** then is an essential element in the process of **discovery**. The interpretation—employing definitory hypotheses, such as breast, which have many resemblances to, and in some respects are identical with, the selected fact—is concerned not with discovery so much as with **repair**.[1]

The selected facts that Freud and Klein noticed, but did not fully understand at that time contributed to the formation of modern psychoanalysis. The therapeutic applications related to the repair of the patient, and are therefore different from the initial observation. Establishing the more general link is coextensive with building a modest theory of psychoanalysis. Bion thought a modest theory did not yet exist. For this reason our ambitions are quite restricted in this chapter. Let us try another example.

The 'selected fact' was observed in the case of bizarre objects. The bizarre object has an element of the personality which is split off and is experienced as persecuting. If it is experienced as persecuting it is feared. The patient may not interpret the experience as fear. It may be disguised by an attitude or emotion, e.g., hate. This attitude is directed towards a portion of the background. That portion of the background would be taken from the parts of the person that have remained intact after expelling an undesir-

[1] Bion, 1992, p. 252-3. [emphasis added.]

able element. The expelling is accomplished by projective identification. We could give a picture of the bizarre object in the following way:

The Patient's State Before Bizarre Object is Formed

Patient is Intact Ego is whole	——————Experiences Fear——————>	External Reality Is not Confused

After Bizarre Object is Formed

Patient no longer intact Part of Ego is Lost Ability to be Sane is Outside of Patient	——————Experiences Hate——————>	Lost part of patient + External Reality

This illustration shows how the psychotic comes to hate the external world. Originally he was merely afraid, and therefore feared the external world. If he can rid himself of his fear by placing it in the external world, the external world is felt to contain his fear. In the process the external world has been transformed into something incomprehensible to the patient. For this reason, Bion calls the world of the psychotic patient 'bizarre'. It is bizarre because it consists of a series of bizarre objects. The lost part of the patient includes his sanity, or the sane parts of his ego. Prior to these observations, many psychoanalysts shared the view that psychotic communication could *not* be understood. Bion has shown that it is intelligible. Psychosis can be understood without the listener also becoming psychotic. A different kind of listening is achieved by employing containment. If raw psychosis is not contained, the listener will become too disturbed to continue the analysis.

Now that we have before us an account of both the objects and the background, what is needed is an account of how they are linked. Even at this level of abstraction, it is quite clear that persons could not be richly described in terms of background condi-

tions and objects alone. For there is a relation between the background and the objects. It is the relation which is often more accessible, since the relation is sometimes made manifest by the emotions, cognition, and conscious experiences.

§ 5 Links between Selected Facts, Patients and Analysts: The term which has come into usage in psychoanalysis to express the general relation between background and object is 'link.' In general, but not exclusively, these links are cognitive and emotional, or both. This term has many uses, including psychoanalytic ones supplied by Bion. Outside psychoanalysis the term is often used to bring the relation between two sets of political events into focus. Analyzing event X without taking into account its relation to event Y will result in shoddy or uninsightful analysis. There is an analogy in psychoanalysis, since interpretations, constructions,[1] symptoms, emotions, the avoidance of emotion, and the cognitive lack of capacity to see a relationship between one object choice and another all are related to links. Positively, a link may be made and negatively, a link may be avoided, attacked, or broken. Therefore 'link' is the most appropriate word for psychoanalytic theorizing about these matters. It follows that there are many types of links, both in the context of any individual and across the population of individuals.

There are two processes going on in the analysis. One is going on in the patient; another is going on in the analyst. The processes going on in the patient do not always reach the analyst via the same mechanism. The analyst does not understand the processes using the same psychoanalytic resource. The analyst flexibly moves from one to

[1] Bion once remarked that if Freud had hit on the concept of *construction* earlier he may have used it *instead* of the expression 'interpretation.' If Bion was right, this little accident had rather far-reaching consequences for psychoanalysis.

another. The analyst must automatically change to the appropriate resource, based on the stimulus the patient provides. In this way, he establishes a link with the patient. Such links may take the form of suddenly hating the patient. If the analyst can attend to this hatred, he can learn something about the patient. In the older model of psychoanalysis, he may have become ashamed at such an unprofessional reaction. In the newer model, the analyst makes more use of his own material, and thus can be of greater benefit to the patient. No benefit can obtain unless a link can be established. It may be an emotional link, a cognitive link, or it can even be experienced as a bodily sensation. In other words, the analyst must allow the patient to *affect* him, and to make psychoanalytic use of this affect.

Patient ———	**Link** ———	> **Analyst**
Associations	Interpretations	Free Floating Attention
Transference	Countertransference	Reacts to Transference
Expels Feelings	Projective Identification	Contains Expelled Material
History	Constructions	Selected Facts In The Analysis

Expanding this we can take into account other links.[1] This is not so far removed from what the psychoanalysts think about the metatheory of psychoanalysis. Bion said:

> What is to be abstracted? Its quality as a **link**.[2] [and]
> **'Splitting'** is the name of an **interpretation**: the interpretation has affinities with a constant conjunction hypothesis, a statistical hypothesis, an α-element.[3]

I will now say that each of the objects we have identified earlier in the chapter re-

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[1] "It would be useful to take a leaf out of the mathematical logician's book and consider concepts such as, 'breast', 'penis'. etc., as conjunctions, or the emotions as connectives, or whatever else was thought to be most accurate." Bion, 1992, p. 256.

[2] Bion, 1992, p. 256. [emphasis added.]

[3] Bion, 1992, p. 254. [emphasis added.]

sulted from interpretations. Each interpretation was made possible by means of the analyst making a link. These links were suggested by the patients' material. This material was accessed by the analyst's unconscious making the link. One way of making this link is using countertransference. This requires a self-interpretation by the analyst of his accessible reaction to the patients' material. The analyst does not directly reach his unconscious. He, too, reaches it by a link.

Moreover, and although it may initially seem inconsistent with the six-part diagram I have used, each object-type identified above is itself a link. This is because we are repairing our lack of understanding and this can be understood further as repairing a broken link. Simply because objects fall under the category of 'object' does not mean that they cannot also fill the role of a link when a type is noticed. The patient directs attention to an object; noticing a general pattern to this type of directing enables us to make a link. The theory of splitting enabled us to see that the patient may not stay intact. Understanding and interpreting the bizarre object first required that we understood that the ego could be split. Splitting is a far more primordial defense than repression. When an interpretation is made concerning repression, the patient responds by saying 'I knew that all along.' When an interpretation is made concerning a split, the patient responds by saying 'I never would have imagined.' The difference between splitting and repression is more than a matter of degree. They are different in kind. When either are interpreted, a link is made.

When the patient resorts to splitting, the resultant symptoms exhibit a relationship between the parts of the patient that are split. This relationship itself can be understood as a link. When the analyst understands that they are linked, his interpretation offers the patient the possibility of repairing the split.

To more fully understand the concept it is helpful to extend the concept of link to

include broken or unmade links. If there were no broken links there would be no need for interpretation or constructions. Moreover, there would not be certain kinds of symptom clusters, such as the emergence of encapsulated objects spoken of above. If links are broken, then they can be mended, repaired, or remade.

One of the sources of increased knowledge in psychoanalysis was the attention given to sleeping. For most people there is little conscious link between sleeping and waking life. Some psychoanalysts strive for more links between them.[1] More links result in our being more awake. We are able to experience more of what is before us. We experience the consequences of a link being repaired.[2] One example is when a successful interpretation is offered.

To show further how broadly applicable this concept of linkage is, we should consider the constructions sometimes offered in clinical psychoanalysis.[3] Constructions are not quite the same as interpretations; but are often confused with them. Freud distinguished between them. He put it this way:

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[1] Scott put it this condensed way: "I am asking you to mend the broken links between sleeping and the unconscious, and waking and the conscious and to sort out, while awake, dream residues to which you have not awakened and sort out how remembered dreams contain day residues not easily distinguished from the rest of the dream.

"...The contrast [by] is to break the link and forget that we simply wake and begin to use Latin and say: "We are conscious," as if something new had happened that the foreigners told us." In: "The Broken Links between Sleep and the Unconscious and Waking and the Conscious," Canadian Institute of Psychoanalysis, Montreal, English Branch, August, 1986, p. 6 & 14.

[2] I am taking the concept of 'repair' beyond its original Kleinian application. If I am right, the concept of 'repair' applies to psychoanalysis as a whole.

Rey remarked, "Psychoanalytic treatment is reparative or it is nothing. The mechanisms of reparation have given rise to a large contribution,..." In: Henri Rey, "Review of: Current and Historical Perspectives on the Borderline Patient. Ed. by Ruben Fine, New Jersey: Jason Aronson, 1986, pp. 434." *International Journal of Psycho-Analysis*, vol. 72, pt. 1, 1991, p. 180.

[3] S. Freud, "Constructions in Analysis," [1937], *S.E.*, vol. XXIII, pp. 257-269.

> But I think that 'construction' is by far the more appropriate description. 'Interpretation' applies to something that one does to some single element of the material, such as an association or a parapraxis. But it is a 'construction' when one lays before the subject of the analysis a piece of his early history that he has forgotten, in some such way as this: 'up to your n^{th} year you regarded yourself as the sole and unlimited possessor of your mother; etc.'...[1]

In the first place, constructions are longer than simple interpretations. From the remains or residue of the background, the past is reconstructed.

> Both of them [the archaeologist and the psychoanalyst] have an undisputed right to reconstruct by means of supplementing and combining the surviving remains.[2]

This reconstruction of the past is no longer seen as the central purpose of psychoanalysis; rather, the more central purpose is to concentrate on what is present at some specific time [time[1] or 'the here and now']. The interpretations and constructions are based on what is immediately present. Usually this is an emotionally significant and accessible bit of material. To illustrate, let us reconsider the Kleinian view that "memories in feelings" are present in analysis.

The persistence of the feeling shows that a link has been sustained but in a psychologically less useful way than that available by making it more fully conscious. It can become more fully conscious when an interpretation is offered based on the raw mate-

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[1] S. Freud, [1937], p. 261.

[2] S. Freud, [1937], p. 259. The archaeological analogy is slightly misleading. The purpose of an interpretation is to supply a link in the "here and now." The principle purpose is not to engage in a fact finding mission to discover the true events which occurred in the past. Since the criterion for offering an interpretation is closely tied to taking due note of the factual material presented to the analyst, and this does not include privileged access to the real past events, but does include privileged access to the present events manifest in the interpretations, the archaeological analogy is misleading.

rial supplied in the "memories in feelings," Thus the raw material is both a partially sustained link and a broken link. The purpose of construction (or interpretation) is to replace the partially sustained link with a link more usable for the patient. The net result is a change in the persistently present set of emotions or feelings *and*, therefore, a change in the background conditions for the reaction to future events and objects.

§ 5.1 A Note on the Intentionality of Links: The topic of intentionality comes up frequently in psychoanalytic theorizing and we are now in a position to make a slight clarification about its relation to the concept of link. To link two elements together is to draw a relationship between them. The first is related to the second. If only the first is presented to the analyst, then no such relationship or link can be made. Linking them successfully shows that the first and the second elements belong together. The link makes clear that the first element points to the second. I use the word 'intentionality' to mean "directed towards." I have said, in Chapter One, that Freud implicitly used the notion of intentionality in his work. Others implicitly have employed this relationship in their theoretical work in psychoanalysis. Bion, in writings intended to clarify his own thoughts about such matters, wrote:

> 'Knowledge' has no meaning unless it means that someone knows something...['Knowledge'] is an assertion of a relationship or some part of a relationship.[1]

Links have a direction, they are about something. Since links have a direction we could say that intentionality is the direction of a link. I think that it is more accurate to say that links have the *property or characteristic* of intentionality in a relationship between elements. That is, links are not made in isolation, they have both background conditions

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[1] Bion [in the section entitled "I know X = relationship" undated], 1992, p. 271.

and objects, i.e.:

The Right Background Conditions	The Experienced Link	The Object of the Link

If the link made is an interpretation, it is about something or it is off the mark, i.e., an inexact interpretation. Philosophers have worked on intentionality, and some have made quite understandable empirical mistakes if what I have said about object types is plausible. The above object types point to these types of understandable errors. For example, John Searle wrote that anxiety, nervousness, depression, and the like are not about anything and are not directed towards objects.[1] This is a respectable philosophical intuition, but it is inconsistent with some of the results of contemporary psychoanalysis.[2] If we understand the intentionality of links as that of a property of a relational direction, which can be seen as directed to *both* internal and external objects, then we should easily be able to preserve our sense of internal and external reality *without* conflict.

On the other side, some psychoanalytic theorists have argued, falsely, that by virtue of absorbing Brentano's views about intentionality Freud was led away from external real events, e.g., actual seduction, towards excessive focus on *internal* psychological processes.[3] In the first place, it is not clear that Freud absorbed *Brentano's own no-*

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[1] John R. Searle, *Intentionality: An Essay in the Philosophy of Mind*, Cambridge: Cambridge University Press, Cambridge Paperback Library, 1983, pp. 1-2.

[2] I had the chance to hear Searle's opinions on this at McGill, and talked to him about it. He said that psychoanalysts see meaning everywhere, even where it does not exist. I would argue that some philosophers cannot see meaning where it does in fact exist and the psychoanalysts are slowly expanding the range of psychological events that can be understood. The early psychoanalysts may have thought that they understood the meaning of virtually all psychological events; but, we can see now that they were simply naïve.

[3] Frampton is another person who was confused by the work of Ricoeur, and Heidegger.

tions about intentionality even if he did absorb a sensitization to the issue of intentionality, in part, as a result of studying under Brentano. The whole debate is a red herring since Freud was not confused about the importance of external events. For our use of intentionality herein, we can preserve a sense of both internal and external direction of links, no matter what Freud or Brentano respectively thought, since all we are claiming is that intentionality is a feature exhibited by the direction of a link.

Simply because mental events exhibit intentionality does not mean that they are exclusively internal. Frampton confused intentional inexistence with Freud's struggle to come to appreciate fantasy.[1] The fact is that attitudes and links are also directed towards real whole objects; by this I mean real, usually living, whole persons. Flight from relating psychological states to real events also exhibits intentionality; that is, fear of the memory of a real event can be quite understandable, and often *involuntary* motivation to direct the attitude towards another part of the psyche. The example of encapsulated objects illustrates this psychodynamic. On this point, it really does not matter how much Freud absorbed from Brentano. Contemporary psychoanalysis uses the intentionality component of the links between object and background.

Intentionality, in the current sense, clearly does not entail volition or purpose. Intentionality can be exhibited in a passive sense. Thus, Grünbaum manifests a lack of comprehension of what is usually meant by intentionality in analytic and psychoanalytic circles when he writes:

Frampton writes: "And for psychoanalysis, 'absence [of the object] is not a secondary aspect of behavior, but the very place in which psychoanalysis dwells' Ricoeur, 1970, p. 369." [The absence of Being is supposed to explain all anxiety, according to Heidegger.] See: Michael F. Frampton, "Considerations on the Role of Brentano's Concept of Intentionality in Freud's Repudiation of the Seduction Theory," *International Review of Psycho-Analysis*, vol. 18, part 1, 1991, p. 34.

[1] Frampton, 1991, p. 34.

> It emerges that, in psychoanalysis, the notion of *intentionality* appropriate to the explanation of premeditated actions—intended because of the agent's belief in their conduciveness to his goals—typically applies at best in only a *Pickwickian or metaphorical sense*, if at all.[1]

Intentionality in the way it is used in my work has little relation to the will, to deliberation, or to the accomplishment of desired goals. We can take due note of intentionality without committing ourselves to hermeneutics, Brentano, Husserl, or any other system of views. The concept can be used on an ad hoc basis if it helps clarify an aspect of psychoanalytic theory.

Furthermore, we need not assume that intentionality is of one type. Just as there are different types of links, there are corresponding different types of implicit intentionality for each of them. Husserl mentioned this when he wrote the early Investigations.[2] Although Husserl was interested in psychoanalysis, he did not make any direct contribution to it.[3]

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[1] A. Grünbaum, 1984, p. 79-80. [The emphasis is Grünbaum's.]

[2] "All intentions have corresponding possibilities of fulfillment (or of opposed frustration) ... *Such transitional experience is not always the same in character.*

...It is clear accordingly, to stick to our example, that even if the **fulfillment of a wish** [emphasis mine] is founded on an identification, and perhaps on an act of intuitive recognition, this latter act never exhausts the fulfillment of the wish, but merely provides its basis. The self-satisfaction of the specific wish-quality is a peculiar, act-character, different in kind. It is by a mere analogy that we extend talk of satisfaction, and even of fulfillment, beyond the sphere of emotional intentionality." E. Husserl, *Logical Investigations*. 2 vols. Trans. J. N. Findlay, 2nd German edition of Logische Untersuchungen. International Library of Philosophy and Scientific Method. London and Henley: Routledge and Kegan Paul; New York: Humanities Press, 1970, p. 707-708.

[3] He mentions psychoanalysis in: Edmund Husserl, *Collected Works* vol., III, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*. Second Book: Studies in the Phenomenology of Constitution. Trans. R. Rojcewicz & A. Schuwer, Boston: Kluwer Academic Publishers, 1989, Section II: RE: Psychic Reality, pp. 128-168.

For purposes of uncovering the types of links relevant to psychoanalysis, and the types of background conditions and objects related by means of a link; a general understanding of intentionality is not that helpful. Those following intentionality did not make the discoveries about object types currently being uncovered by psychoanalysis. For clinical purposes, the emotions directed towards the analyst is an important modal variant. From the perspective of the other side of the analytic dyad, each type of countertransference reaction is a modal variant directed towards the patient's unconscious material.

§ 6 A New Perspective on the Early Concepts: Almost all of the early concepts are *occasionally* useful with respect to some systematic problem within psychoanalysis.[1,2] For the most part, the recent literature does not use the majority of the terminology found in the classical points of view. This disuse reflects the inaccuracies and unsatisfying elements in some of the metapsychological positions. For example, forces and psychic energy are removed from the principal clinical concerns.[3]

He also talks about getting through "the obscure background by psychoanalysis," adding that frequently such things remain unnoticeable or unconscious. p. 234.

[1] H. Anderson papers are telling exceptions. He used a metapsychological formulation to keep track of his own self-analysis. Indeed, he attributes his success to the use of this aspect of his method. There are also other exceptions in the literature. See: Anderson, 1987, 119 pp. and Anderson, 39 pp. forthcoming in *Free Associations*: London.

[2] Meissner is another exception. Anderson writes "Like Meissner ["Metapsychology—Who Needs It?" *Journal of the American Psychoanalytic Association*, vol. 29, 1981, pp. 921-938.] (p. 936), I consider Metapsychology to be the "Basic Theory" of Psychoanalysis and I think all of the theoretical concepts embodied in the five theories of Freud, Ego Psychology, Object Relations Theory and Self Psychology [meaning Kohut] as metapsychology." Anderson, 1987, p. 3-4.

[3] The history of this set of problems will be touched on incidentally. However, David Rapaport's analysis in: *The Structure of Psychoanalytic Theory: A Systematizing Attempt*, Psychological Issues, vol. II, no. 2., New York: International Universities Press, 1960, will serve as a touchstone.

The *structural conception* of id, ego and superego was Freud's last point of view. It has had the greatest influence on psychoanalysis. The concept of the id was no doubt derived from the tradition of romantic medicine.[1,2] Among other things, this highly condensed concept was used by Freud to reflect his view that the composition of the id was not consistent across individuals, cultures, or races.[3,4] It is still useful, with conceptual adjustments, as a name for the innate instincts[5] the organism is born with. Thus, the id falls under the category of background. But when defenses fail, id impulses may be manifest in overt behavior and experienced directly. The id itself is an object of attitudes from both the ego and the superego, the id is not a purely background phenomenon. It is also in the category of objects and the category of experience.

Bion says about the superego, it is neither "super" nor is it "above" the ego. If

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[1] Georg Groddeck, *The Book of The It*, trans. V.E.M. Collins, intro. L. Durrell, New York: Random House 1949. [The source of Freud's notion of the Id and a source for "The Ego and the Id" and consequently for ego psychology.] Groddeck was a naturopath who ran a health spa. His work was read by Freud who immediately adopted the notion. Freud decided that Goddeck should be officially made a psychoanalyst without much training.

[2] Marc Lagneau, "Groddeck et Freud: le Paradise et le Nirvana," *Critique*, vol. 32, no. 346, 1976, pp. 333-361. Goddeck first contacted Freud by letter on May 27, 1917.

[3] "Some portion of the cultural acquisitions have undoubtedly left a precipitate behind them in the id; much of what is contributed by the super-ego will awaken an echo in the id; not a few of the child's new experiences will be intensified because they are repetitions of some primeval phylogenetic experience." Freud, *An Outline of Psychoanalysis*, [1938] *S.E.*, vol. XXIII, p. 206-7.

[4] For Freud's Lamarckian tendencies and a view that the concept of the 'id' came from Fliess, see: Frank J. Sulloway's *Freud, Biologist of the Mind: Beyond the Psychoanalytic Legend*, New York: Basic Books, Colophon Books, 1983, p. 171 ff., & 496 ff. esp. p. 186 where Sulloway says that Fliess' ideas constitute an important anticipation of Freud's notion of the id.

[5] I use this term here in the way the ethologists use it when applying their methods to observing newborns. See: John Bowlby, "Psychoanalysis as a Natural Science," *International Review of Psycho-Analysis*, vol. 8, 1981, pp. 243-256.

anything it is under the ego. For Freud, the superego is in an intermediate position between the id and the external world.[1] Since the ego has a relationship with the external world that the id does not have, the superego unites the present with the past.[2] In Chapter Two, following Strachey, I outlined the relationship between the superego and transference interpretations. For Freud the goal of clinical analysis is to increase the 'area' occupied by the ego. As he put it, where id was ego shall be. For those who have a different view of transference, the goal is to modify the superego.[3]

The superego is again part of the background. While the superego may be unduly harsh or severe and as a result the ego may fear it, in this sense the superego becomes an object, i.e., an object of fear. Similarly, the superego may exhibit attitudes of hatred towards the ego. We can talk of unconscious superego experience and attitudes. The superego does not fit smoothly into the background as our first intuition might have it. Some of its characteristics are still made more perspicuous by considering its properties in terms of background object and experience.

On this model the ego fits under the experienced attitudes. Freud said that much of the ego is unconscious and therefore outside of direct experience. This is where the majority of the ego falls. If we consider the case of anxiety we would say that the ego is the agency of consciousness and it experiences the anxiety. If anxiety is the fear of an unwanted and unknown idea, this idea would rest either in the background or in a split-

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[1] Freud, *An Outline of Psychoanalysis*, [1938] *S.E.*, vol. XXIII, p. 207.

[2] Freud, [1938] *S.E.*, vol. XXIII, p. 207.

[3] See also, A.A. Mason, "The Suffocating Super-Ego: Psychotic Break and Claustrophobia," In: James S. Grotstein, (ed.), *Do I Dare Disturb the Universe? A Memorial to Wilfred R. Bion*, Beverly Hills: Caesura Press, 1981, pp. 140-166. Over a series of 11 patients, Mason saw that the superego may be presenting immediate data in the analysis. The first patient was supervised by Bion himself. Claustrophobia may be manifest in breathing difficulties; this is the reason why he calls it "suffocating."

off part of the ego. Thus, it would seem that the ego must be both unified and split at the same time. One way to make sense of the unconscious ego here is to say that there are two parts of the ego, a conscious part and an unconscious part. The majority is unconscious. When we discuss the ego, consciousness is the exception and not the rule.

The ego falls under both conscious and unconscious experience. Each experience entails some background conditions, i.e., the developmental history of the individual and the physical properties with which they are endowed. Each experience of the ego is directed towards an object. The purported conscious object may be serving to stand in for an unconscious object, e.g., hate for fear. The unconscious background will shape the choice of object towards which the attitude is directed. In every instance such directedness could be understood as exhibiting intentionality. However, *on its own*, this model of id, ego and superego cannot yield a general theory of psychoanalysis. It cannot encompass some of the systematic aspects of psychoanalytic knowledge that have been discussed in Chapter Two. Nevertheless, it is a part of psychoanalysis and merits examination in terms of the model just proposed. A skeletal and partial scheme would look like this:

Conscious background	**Experience(d) / attitudes**	**Conscious objects**
The ego	In the Ego, including anxiety	Both real & unconscious
Selected parts of life history	Usual Cognitive & Emotional	Secondary objects
Unconscious background	**Unconscious experiences**	**Unconscious objects**
Id, Superego	Drive stemming from the Id	Fear of the Superego
Unconscious part of Ego	Satisfaction of unconscious	Awareness of Id impulses
	Desires	Primary object: Mother

The general thesis is that all behavior and emotions are determined and under-

stood in terms of the structural divisions in the mind.[1] When the consciously experienced ego achieves mastery over the anxieties, then it assumes the role of a manager over the rest of the personality. The clinicians who have treated cases where psychosis was in evidence have added to the picture we have of psychoanalysis in general, and contributed a modification to the model. They have shown that the id may assume the role of the ego-manager and be placed on the surface of consciousness. In such cases we have abnormal consciousness which is different from normal ego consciousness. For this reason, when the id surfaces it does not function well as an ego replacement. As per the above discussion of bizarre objects, the surfaced id attacks all perceptions of external objects. It also attacks all links the analyst or the patient may try to make. For these reasons, we could call psychotic consciousness "the seat of unconsciousness." The name Freud gave to the ego was the "seat of consciousness."

The superego can also overwhelm the ego and surface. When this happens it too, does not function as an ego does. It presents its contradictory demands on the patient and pushes ego functions outside of useable awareness. This too is a different type of psychosis and is therefore difficult for any sane person to understand, including those who treat less severely ill patients as a career.[2]

Our understanding of more normal people is provided by our earlier discussions of Strachey. Free associations are inhibited because of non-psychotic superego injunctions. The analyst replaces these injunctions by serving as a less harsh auxiliary superego, then the association can continue and be interpreted. When this particular aspect of clinical psychoanalysis is practiced, we could say that "where superego was ego

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[1] Rapaport, 1960, p. 52 ff.

[2] An example of someone who did treat psychotics is: A.A. Mason, 1981, pp. 140-166.

shall emerge."

The *topographical point* of view can be understood as a systems account. The system consists of Unconscious, Preconscious, and Conscious. Each component of the system interacts. Unlike the structural point of view where we see three interacting sub-agencies within the person, the one being transformed into the other when psychoanalytic therapy is successful; here, there are three sub-systems that dynamically interact.[1,2] In Freud's later thought it is assumed that the structural point of view replaced the topographical. The first general thesis is that "the crucial determinants of behavior are unconscious."[3] The emergence of an ego that is capable of autonomous functioning on the model of an executive manager, plays less of a role in determining behavior than does the unconscious. From this point of view, the unconscious is the majority of the mind. Even where ego functions play a role, it is still assumed that the majority of the ego is still unconscious.

The preconscious is what can be noticed whereas the unconscious is what is unno-

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[1] In the often-quoted note of August 3, 1938, Freud writes: "Space may be the projection of the extension of the psychical apparatus. No other derivation is probable. Instead of Kant's *a priori* determinants of our psychical apparatus. Psyche is extended; knows nothing about it." Freud, [1938] *S.E.*, vol. XXIII, p. 300.

Freud's use of the word 'topography' was a casual extrapolation from the Greek theory of 'places.' Thus there are different places in the "apparatus." The analogically derived term "apparatus," as though the mind was like a chemistry laboratory table with different pieces of equipment placed in various locations on that table, is subject to the same objections as we raised against psychic energy in Chapter One. That Freud conceived it as "extended" in space adds to this conviction.

[2] See also, J. Laplanche & J.B. Pontalis, 1973, pp. 449-453. The authors say there are two topographical points of view, the id, ego and super-ego and the unconscious, preconscious and conscious. This interpretation reflects Lacan's opposition to ego-psychology, which has been absorbed into their book.

[3] Rapaport, 1960, p. 46 ff.

ticeable.[1] Following Rapaport we can translate this into the language of the old metapsychology. In terms of the energy language of cathexis, the preconscious is without *hypercathexis* since only the conscious arena has hypercathexis or attention-cathexis. It is also not *countercathected* since that applies only to the unconscious. It would have *anticathexis* since it represents a resistance, but one which is weakening and thus partially entering consciousness.

Relating the preconscious to the clinical situation as characterized in Chapter Two helps to clarify its relative importance. Interpretations would be directed to the preconscious content of the patient's material (free associations). Consistent with this is the technical recommendation emphasized by some schools of clinical thought that the analyst should focus on the patient's surface material. If this was consistently followed, then the countertransference elements present in the analysis would be underutilized.[2] Moreover, if transference is unconsciously presented and not preconsciously presented, then transference interpretations would also be underutilized. This would equally apply to material reaching the analyst by means of projective identification. Taken together, a consistent and comprehensive application of the topographical point of view would render the practicing clinician in a position of introducing non-analytic parameters into the clinical situation.[3] As I have argued above, these are useful for psychotherapy but are less applicable for contemporary clinical psychoanalysis proper.[4] In terms

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[1] Julius Laffal, "Freud's Theory of Language," *The Psychoanalytic Quarterly*, vol. 33, 1964, pp. 157-175. Laffal is developing and analyzing Rapaport's work in this article.

[2] See my Chapter Two, § 8, entitled "The Role of Countertransference in Modern Practice."

[3] See my Chapter Two, § 6, entitled "Parameters: Psychotherapy versus Psychoanalysis."

[4] For a comparison, see: Heinz Hartmann, "Technical Implications of Ego Psychology," [1951] In *Essays on Ego Psychology*. New York: International Universities Press, 1964, pp. 142-154.

of research results, this model cannot take into account the new objects psychoanalytic research has uncovered. It would preclude treating psychotic and borderline cases on grounds of non-analyzability. We have already used the results of successfully treating some cases falling into these diagnostic categories. For example, if projective identification is used to expel a split-off part of the personality, the unified system of conscious-preconscious-unconscious breaks down. In terms of the notion of 'link' it would provide the analyst with the possibility of linking the patient's preconscious with his conscious mind, alone. This would preclude linking the patient's unconscious processes to the analysts' and thus would not be consistent with the representation of psychoanalysis as a dyadic process. That is, both the patient and the analyst are involved.

The *economic* point of view is one of the major aspects of metapsychology originally conceived by Freud. Least charitably, it can be conceived in terms of the quantifiable distribution of energy conceived of as instinctual psychic energy. Before I continue with my critical analysis, let me first make part of the case of why psychic energy has enjoyed such a long life within psychoanalysis, lest I be guilty of critiquing a straw man. Laplanche and Pontalis define the psychoanalytic use of the term 'economic' this way:

> Qualifies everything having to do with the hypothesis that the psychical process consist in the circulation and distribution of an energy (instinctual energy) that can be quantified, i.e. that is capable of increase, decrease and equivalence.[1]

A symptom thus must have some economic advantage for the patient. This economic advantage must serve as some substitute satisfaction. The ego has less energy left over if energy is being used up in unconscious conflict. Frequently throughout the *Standard Edition*, Freud will ask questions such as: what is the major economic advan-

[1] Laplanche & Pontalis, 1973, pp. 127-130. The concept originates in Freud during his 1895 to 1920 period.

tage of masochism? When he considers any psychological issue, he will ask how pleasure is gained and how unpleasure is removed when employing this point of view.[1] Considered analytically, if all available energy to engage in any task of work or love is originally unconscious and from this available store consciousness emerges with some portion of the original available energy, then the economic point of view reflects this sketch of splitting the mental into primary and secondary processes. If it is postulated that the organism wishes to discharge all tensions, both physical and psychological and aims towards a Nirvana state of no tension whatsoever, then the consideration of the quantity of energy expenditure which consistently surfaces in the early formulations of psychoanalysis *would* be acceptable now.

It makes intuitive sense to speak of the available energy a person has. We all experience tiredness and there are finite limits to what any one person can do. When considered in this way, we are removing the analogical borrowing from physics that Freud employed. Thus, we do not need the postulate of quantifiable psychic energy to think in a modified sense about the 'economic aspects of mental life.' Fatigue is one of the chronic and consistent complaints of people suffering from neurotic conflicts and symptoms. On the other hand, excessive *tirelessness* is found among those who have psychotic conflicts, which lends credence to the view that the unconscious stores a well of real psychic energy. With 'normal neurotics,' if some component of the personality is busy with a task, especially an unconscious task, there is less available personality to engage in work, play or the pursuit of relationships. Fatigue is to be expected because there is psychological work going on. Faulty psychological work does require the expenditure of resources making less resources available for the ego. The temptation to

[1] S. Freud, *S.E.*, vol. VI, p. 270, footnote. [footnote added in 1924].

think in terms of psychic energy has a very broad phenomenological and experiential basis.

I have now presented part of the case for the use of psychic energy; now I will indicate why I do not think it stands up to examination. In my view, it interferes with the more detailed and systematic progress of psychoanalytic knowledge. Within psychoanalysis, psychic energy is not taken to be only a *metaphor* that is useful for making descriptions, but rather it is frequently taken to be *part of the necessary ontology of the world* given a sufficiently rich consideration such that the mental aspects are also taken into account. There is no way to bypass the required decision about the usefulness of psychic energy as a concept for psychoanalysis by treating all of psychoanalytic knowledge as though it had metaphors and only metaphors to work with.[1] If we consider internal object relations for a moment, conflicts between various internalized objects[2] populating either the superego or the ego may result in various inhibitions and a general inability to avoid complex time-wasting activities. Involvement with life activities is restricted because the personality is occupied with internal tasks.

The economic point of view can be understood in terms proposed above. The unconscious background condition that is emphasized by the economic point of view is that the internal conflicts are expending the finite amount of energy that is available. This in turn diminishes the links to external objects. Within contemporary psychoanalysis, there is no doubt but that there remains a controversy concerning internal objects. There are those who dispute that this type of introjective development of internal mental space makes any more sense than psychic energy.[3] They would argue that we

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[1] See § 4.2 of Chapter One above for my critique of Ricoeur's attempts in this regard.

[2] See § 13.1 of Chapter Two above for part of my earlier treatment of internal objects.

[3] For an alternative point of view see: Hopper, 1991, p. 610b.

should dispense with the notion of internal objects and retain psychic energy. I think arguing that internal objects populate either the superego or the ego gives us a better picture of mental functioning. Such a population may result in various inhibitions and a general inability. Again, the personality is occupied with an internal activity, the internal task of maintaining the internalized objects.[1] The linking attitudes are directed towards the internal objects.

Rey points out that the maintenance of an internal object which is constantly in the process of dying, but in fact never dies, would clearly take up much of a person's resources. Similarly, in Freud's original conception which is no doubt correct in spirit, repression requires the constant expenditure of energy.[2] The repressed idea or impression or emotion returns again and again; and therefore some activity of the mind is required to maintain the repression. Hence there is a temptation to postulate this concept of psychic energy.

As Freud put it in 1926, "It was anxiety which produced repression and not, as I formally believed, repression which produced anxiety."[3] Each type of anxiety and indeed each and every affective state has its own specific background conditions and objects. Repression may be set in motion to avoid experienced anxiety. The gradual building up of the capacity to tolerate anxiety may lead to the removal of repression.[4]

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[1] Rey says that some patients even maintain fantasies of feeding some of their internal objects. Why do they not die, if they have a quasi-independent existence? Those internal objects that are representations of people are often *dying*, but they do not actually *die*. If they died then they could not serve the psychic function that the patient demands of them.

[2] Anticathexis is used as a term for resistance. Repression is an instance of resistance. *S.E.*, vol. XXIII, p. 165.

[3] S. Freud, "Inhibitions, Symptoms and Anxiety," *S.E.*, vol. XX, p. 108-9.

[4] Cf. § 11 Chapter Two on working-through, pain, and suffering; and, § 12 on depression.

The *dynamic* point of view holds that all behavior and experience is determined by "the drives."[1] Drives are understood as instincts. When the drives are modified, then new behaviors can emerge. Sublimated drives could be directed to new aims; these would be ego aims consistent with the demands of civilized society.

Freud was greatly influenced by Darwin. The relation between emotional adaptation and pathology runs throughout his work. It continues in psychoanalysis today. There are multiple versions of adaptation, they are *not consistent*. We have already used some elements of the more recent incorporation of adaptation in our work. The psychosis are a *maladaptation* to hatred of internal life and/or reality. This was also Bion's view. The bizarre object is an example. Less severely, neurotic symptoms are a positive adaptation where they prevent psychosis. Work, play, and many of our activities help mitigate our earliest infantile anxieties. This is adaptation in the best sense. Klein posed a distinction between constructive omnipotence and destructive omnipotence.[2] Constructive omnipotence is found in the play of children. They play at being omnipotent. This helps them grow into healthy people. This is what we want. From the above analysis we can see that psychosis is not an adaptation to reality. This was Bion's view but the understanding of adaptations still varies within psychoanalysis.[3,4,5]

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[1] Rapaport, 1960, p. 47.

[2] Melanie Klein, "The Significance of Early Anxiety-Situations in the Development of the Ego," In: *The Writings of Melanie Klein, vol. II, The Psycho-Analysis of Children.* [1932], London: The Hogarth Press, 1980, Chapter X, pp. 191-192. She predicts tellingly, "...then, whether he will do great things in life and whether the development of his ego and of his sexual life will be successful, or whether he will fall a victim to severe inhibition, will depend upon the strength of his ego and the degree of adaptation to reality which regulates those imaginary demands." p. 192.

[3] R.E. Money-Kyrle, "Cognitive Development," In: James S. Grotstein, (ed.), *Do I Dare Disturb the Universe? A Memorial to Wilfred R. Bion*, Beverly Hills: Caesura Press, 1981, [postscript] p. 550.

[4] A contrasting view is expressed in, for example, "Clearly an outcome of this is the way in

§ 7 Bion's α and ß-Elements: I will now restrict the discussion of Bion to the α and ß-elements of thought and the function these have for the personality. One intuition is that Bion is proposing an alternative to the primary/secondary process distinction. In the simplest formulation a direct substitution of α and ß-processes for primary and secondary processes would be employed. This could be represented in the following way using a two column diagram.

Secondary processes	=	Alpha processes
Primary processes	=	Beta processes

This substitution can be expanded into the three column diagram used earlier. It would result in the following representation.

Anna Freud (1936) approaches and deals with conflict with reality which she constitutes as a field of concern to analysis equal to the conflict of the ego with the id and with the super etc. Thus the way was open to a better understanding of **adaptation** and its role in the neurotic as well as in the so-called normal individual." [emphasis added] Heinz Hartmann, "Technical Implications of Ego Psychology," [1951] In *Essays on Ego Psychology*. New York: International Universities Press, 1964, pp. 144-5.

Rapaport's poor version of this important part of psychoanalysis. Stated in a succinct manner, "the adaptive point of view would analyse psychological states and behaviors almost exclusively from the perspective of external reality."

[5] Rapaport's problem here is the assumption that the organism has been constructed to adapt to any external stress. This is not consistent with the literature of clinical neuroscience. In Chapter One I outlined why, see also, see Marshall Edelson's, "The Convergence of Psychoanalysis and Neuroscience: Illusion and Reality," *Contemporary Psychoanalysis*, vol. 22, no. 4, 1986, pp. 479-519.

In our view the Rapaport view of adaptation does not represent Freud or current psychoanalysis. It is inconsistent with observed ties between mothers and children. John Bowlby, "Psychoanalysis as a Natural Science," *International Review of Psycho-Analysis*, vol. 8, 1981, pp. 243-256.

Conscious background	Experience(d) / attitudes	Conscious objects
Secondary processes = Alpha	Normal life events	Thinking & Contact with reality
Unconscious background	**Unconscious experience**	**Unconscious objects**
Primary processes = Beta	Aware of defences & Id	Thinking & Reality Fragmented to Bits

This substitution does not work. While Bion finds the theory of primary and secondary processes to be unsatisfactory for purposes of accounting for his clinical experience with more deeply disturbed patients and for the psychotic core which may emerge in less severely disturbed patients, his postulate of the α and ß-elements is not an alternative. On the very skeletal model that Freud proposed, the primary process would be the unconscious in general and the secondary process would be that very small portion of the personality that is accessible to awareness. With respect to speech for example, little direct expression of the unconscious and instinctual processes would be possible. Bion postulates ß-elements to describe concrete, nonsymbolic, and frequently bizarre disturbances in the ability to think. The model is undigested thought.

The purpose of psychoanalytic interpretation is to transform ß-elements into α-elements. As he puts it[1] if the α-function is disturbed then the patient cannot sleep. If they cannot "sleep" they cannot be "awake." What Bion means by these two terms is only partly consistent with their common sense use. He is saying that his psychotic patients only seemed to be awake when they came for analysis. They were actually sleep walking. They were doing what his neurotic patients did when they were home in bed dreaming. Their talk was not coherent because it was talk we do not hear from people

[1] Bion, *Learning from Experience*, [1962], P. 6-7.

who are awake. Since these psychotic patients never slept in the proper ordinary sense, their speech was not like that of a tired, non-psychotic person. It was directly in the psychotic's dream language. This is *not* the same as the neurotic's dream language. The neurotic can sleep and dream. He can form symbols. The psychotic cannot. So the language of the awake psychotic is non-symbolic-sleep talk. It is in this sense that Bion uses the expressions "sleep" and "awake." It changed his technique with them and it changed him to work with them. He had to adjust his way of thinking so that he could understand this strange way of talking. I went through this when I outlined what he meant by achieving a state of being "without memory, desire, or understanding." This way he could listen to psychotics without becoming insane himself. If psychotics cannot sleep, no emotional progress is possible. They are frozen, as it were. Bion calls this a kind of 'mental indigestion' or 'living a waking nightmare'. With analysis, they can but only if the analyst can understand them. This required the development of α-functioning that keeps functioning in the presence of psychotics.

The α-function relates to thinking in a way that is similar to but more extreme than the obsessional's disassociation of the cognitive and the emotional content. As Sandford once put it, "the insight of today becomes the obsession of tomorrow [which makes progress difficult]."[1] In the absence of the α-function, thinking remains presymbolic, archaic, and no experience can be processed emotionally.

The key point about the distinction Bion proposes is that it is not a general model of the mind and it does not apply to all personality types. It is invaluable for understanding borderlines, psychotics, and the psychotic core of the personality; but it is not comprehensive. It reduces to the deflationary skeletal scheme which I have proposed in

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[1] Beryl Sandford, "An Obsessional Man's Need to be "Kept"," In: Klein, Heimann, & Money-Kyrle, eds., 1985, p. 281.

the following manner: If the background condition is such that the α-function is disturbed then the conscious experience will be similar to the unconscious experience of dreaming but without its emotional advantages. The objects of such experience will not be real whole objects but rather bizarre bits, i.e., split off, disassociated and persecutory elements of the personality. The conscious experience will be very concrete and presymbolic. For example, in case histories illustrating such absences, verbal interpretations may be experienced as physical attacks which are not comprehended but rather are eliminated by means of the excretory function.

We could represent the α and the ß-functions in terms of our diagram, but each must be represented separately: For α-functions:

Conscious background	**The experience(d) / attitudes**	**Conscious objects**
Ego intact, dependable α-functions	Tolerance, Ability to Think & Learn	Love, Reality, People, Experience
Unconscious background	**Unconscious experiences**	**Unconscious objects**
containing & α-functions	Unconscious understanding	Whole objects

You will notice that α-functions are also in the unconscious background. This is because there must be sane parts of the ego in the unconscious in order for α-functions to be available in conscious experience.

Whereas for ß-functions:

Conscious background Background is denied & Broken	**The experience(d) / attitudes** Attacks on Thinking & Experience	**Conscious objects** Hate, Fears, Bizarre objects
Unconscious background ß derivatives attack α	**Unconscious experiences** Attacks on the α-functions of other people	**Unconscious objects** Split off parts of self, superego, ego

We can see from this that Bion's α and the ß-functions do not constitute a separate point of view. They are specific to one sub-set of exotic mental operations which may or may not come into conspicuous play in any given analysis. The advantage we have emphasized is the link between the patient and the analyst. Bion has helped clarify this. We have already provided an analysis of the concept of 'link.' deBianchedi points out that:

> ...the amount and intensity of anxiety, envy or of projective identification [is the Kleinian concern which leads these theorists to be]
>
> ...fundamentally concerned with how all this affects the quality of the link with the object and with the self and its consequences for mental functioning.[1]

Instead of psychic energy, they are concerned with the quality of *linkages*. Therefore, the economic policy view looks like this:

Conscious background Amount of anxiety, envy	**The experience(d) / attitudes** 'bad policies' to others, Suffering	**Conscious objects** Difficulties with self & objects
Unconscious background Persecutors & Depression	**Unconscious experiences** Use of projective identification	**Unconscious objects** Broken links with self & objects

[1] de Bianchedi, et. al., 1984, p. 394. [emphasis added.]

The spatial ideas were used when clinical uses of projective identification were analyzed.[1] It says that if projective identification is used, parts of the self are felt to be located elsewhere, rather than firmly in the patient's inner world. If the self can be split into parts, and then expelled, it makes some sense to use this spatial analogy.[2]

§ 8 Keeping Theory to a Minimum: Originally, metapsychology was reserved to refer to conceptualization and model constructions, using such notions as psychical apparatus, agencies, and all formulations involving dynamic, topographical and economic theoretical formulations. This conception of metapsychology is insufficient to accommodate recent debates in psychoanalytic theorizing.[3] We already have part of the solution contained in the above analysis. For example, the concept of the unconscious requires elaboration. If we consider the above analysis of object types found in psychoanalysis, we see a refinement and elaboration of the initial concept of the unconscious. For example, encapsulated objects are unconscious. They are formed in a specific way. We can now say more about them. We are not restricted to saying only 'they are unconscious.' Similarly, bizarre objects, internal objects in general, and indeed most of the new object-types fill in the notion of the unconscious. They do not take its place. They simply provide more information. This can be used by clinicians. Its usefulness is that

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[1] Chapter Two, § 9, above.

[2] "...forces appear, through the dramatic point of view, as links and conflicts, privileging the interaction between the characters involved in the drama." de Bianchedi, et. al., 1984, p. 396. de Bianchedi is drawing an analogy between the dynamic and the dramatic points of view. [emphasis added.]

[3] C.f.: J.O. Wisdom, "Metapsychology After Forty Years," In: *Do I Dare Disturb the Universe? A Memorial to Wilfred R. Bion*, Edited by James S. Grotstein, Beverly Hills: Caesura Press, 1981, pp. 602-624.

it helps them notice the significant aspects of the patient's behavior.

It is now possible to specify conditions any higher-order theorizing in psychoanalysis should try to meet. The *over-riding concern is flexibility.* If the higher-order theorizing is rigidly constructed, its use for analysts will be limited.

They are:

1) Theorizing should be consistent with observations forthcoming from the clinical situation. I have tried to meet this by supplying clinical examples. The theorist too must exercise his imagination and think in terms of 'clinical responsibility.' By this I mean that the theory must have something to do with people. If it does not refer to the subject matter it is not a good theory. Poor theory has resulted in limiting the applicability of psychoanalysis to many diagnostic categories. Theorizing can hurt people. It is unusual to put it this way, but it is the nature of the task. The theory of today does get applied by the clinicians of tomorrow.

2) Theorizing should augment the ability to make clinical observations and augment the ability to organize them into a coherent explanatory framework. If the general model of background, attitude, and object type is helpful for analyzing a specific clinical report or for making clinical observations, then it is useful. In the abstract, this chapter has met that requirement insofar as it clarifies the appropriate ad hoc use of metapsychological points of view and points towards the micro-analytic conceptual study of specific concepts that clinicians use.

3) Theorizing should add some greater degree of precision to concepts used in theory formulation. An example is found in Chapter Two, where a distinction is drawn

between projective identification and countertransference. There is also a relation between them. Countertransference fantasies are used by the analyst as an indicator that he is dealing with transference at some stages and projective identification at others. These concepts are used in theorizing. These are the concepts about which we now theorize. From this we can proceed with other core concepts. These core concepts are the ones we find the analysts using. 'Containment' is one such concept that is used, whereas 'cathexis' is one concept that is not.

4) Theorizing gives us something more than Freud's postulated split between primary-secondary mental functioning. This is a general goal. The way it is met herein is two fold. The first is by virtue of the six part diagram, which aids our analysis since we can further divide it between: a) conscious and unconscious objects, b) conscious and unconscious background conditions, and c) conscious and unconscious attitudes and links. Moreover, some of the details of the nature of unconscious processes are filled in by virtue of the analysis of objects in Chapter Three. At this metatheoretical level, the concept of 'link' is found useful. This concept is also found to be used by working psychoanalysts.

5) Theorizing should be progressively developmentally correct. The psychoanalysts *themselves* have concluded this. They have also contributed some direct observations of neonates and children which have helped us see what this might be. This requirement cannot be met all at once.

I have taken into account some elements known about the nature of the infant and

psychosis.[1] The concept of 'background' is intentionally plastic to accommodate future changes in our knowledge. With respect to clinical situation, developmentally primitive material which emerges in some clinical cases has been analyzed in Chapter Two, especially where non-verbal material in analysis is considered.

6) Theorizing should take into account object choice and psychoanalytic discoveries. The way I have addressed this is to identify some samples of the core new discoveries of object types in Chapter Three. Core aspects of clinical psychoanalysis are identified in Chapter Two.

In short, I have tried not to simply state objections to existing theory or echo objections made by others. I have also tried to provide some conceptual solutions which are tied to a reading of the newer clinical literature.

[1] For example, the work of Scott, Bion, Boulanger; and also Alessandra Piontelli's 1992 study. Some additional material discussed with Boulanger is not included herein.

FINAL REMARKS

OVERALL GENERAL CONCLUSION

> The academic philosophic background and the realistic foreground of psychoanalytic experience approach each other; but recognition of one by the other does not occur as often or as fruitfully as one might expect.[1] Bion

> I felt as unwilling to stick my neck out on technical questions of psychology as I feel unwilling to stick my neck out over technical questions of, oh, for example, radar, astronomy,...I said only one thing about Freud—I remember describing him as psychology's one man of genius, which I still think to be true.[2] Ryle

> If one looks at the old text-books on the use of the microscope, one is astonished to find the extraordinary demands which were made on the personality of those who made observations with that instrument while its technique was still young—of all of which there is no question today.[3] Freud

Philosophy and psychoanalysis meet in my work herein. Both areas have evolved considerably in the twentieth century, especially since the 1950's. Although a sense of the original concerns remains, each addresses certain technical questions. Those technical questions found in psychoanalysis can be taken into account within a philosophical analysis.

Psychoanalysis has attracted the attention of some philosophers since it first appeared with Freud. We are now more familiar with psychoanalysis in general. Psychoanalysis has evolved in the mean time. The work of Klein, Bion and their descendents has expanded the applicability of clinical psychoanalysis to the psychoses. Lessons learned from this have changed modern clinical practice. Some of the terms psycho-

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[1] Bion, 1967, p. 152.

[2] Gilbert Ryle to Bryan Magee, In: *Modern British Philosophy*, Herts: Granada Publishing Limited, 1973, p. 131.

[3] S. Freud, *An Outline of Psychoanalysis*, [1938] *S.E.*, vol. XXIII, p. 197.

analysis now uses in its theoretical work also reflect these changes.

Each of the three preceding chapters included conclusions specific to the topics addressed therein. These I will not repeat in detail. Psychoanalysis does not reduce to the tally argument. Psychoanalysis employs many arguments. It cannot resort exclusively to using the canons of eliminative inductivism. Psychoanalysis does not reduce to hermeneutics and cannot use hermeneutics while remaining true to itself.

Giving an account of contemporary psychoanalysis is complicated by the rapid evolution of the field. Still, there are some core features, although our understanding of these features is changing. While countertransference and projective identification have been with psychoanalysis for some time, our knowledge of these core features has increased.

The question 'What is psychoanalysis today?' is tied to the question 'How are psychoanalysts practicing today?'[1] I give an account in Chapter Two. I use some current case examples, since Freud's cases do not reflect today's practice. As the understanding of the unconscious has evolved, psychoanalysis has evolved. Analysts manifest the evolution both in their manner of practice and in the types of patients they treat. I concentrate on the analyst side of the analytic dyad and show some of the invariant features of psychoanalysis.

This leads to a different set of concepts which are flexibly used to theorize. This *flexibility* reflects the *link* between the content and the method of psychoanalysis. The older theorizing has been criticized for failing to reflect this link. I propose a theorizing be kept to a minimum. This avoids being subject to the same dissatisfactions that philosophers and psychoanalysts have expressed about the rigid use such concepts as

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[1] Cf. "I ask in return: what is "psychoanalysis itself"? Is it the theory of unconscious motivations, or the psychoanalytic method of investigation?" Grünbaum, 1984, p. 281-2.

'psychic energy.' The concept 'link' is extensively drawn upon to form part of a less objectionable alternative.

§ 1 Conclusion About the General Goals: In the First Chapter, I said that the philosophy of psychoanalysis had certain *general goals*. The synthesis contained in the first three chapters incorporates these goals. Since they are very general goals, it would be unrealistic to expect that they could be completely met in any one work. I will now state how they have partially been met.

Among the most general of these goals are:

> 1) to engage in a clarifying analysis of psychoanalytic results and controversies in a clinically informed manner which is not restricted to one narrow clinical focus. Since many believe that "the appropriate career goal of a psychoanalyst is one that emphasizes clinical psychoanalysis *only*..."[1] there remains much other work to be done. When clinicians write they extrapolate from a relatively limited number of cases they have personally conducted. I extrapolate from a number of their extrapolations.

This goal has been met in Chapter Two. Taking a representative sample of the clinical literature, we can extrapolate a coherent view of such topics as projective identification, transference, and countertransference. This helps provide a way of reading the clinical literature. The capacity to make differential judgements about the merit of one clinical study over another is augmented. This can be learned by others, thus we have both a result and a conclusion. We can go beyond a cluster of one individual's clinical experience.

> 2) to determine what the appropriate approach to psychoanalysis should be, if it is no longer satisfactory to simply ask 'is psychoanalysis a science?'

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[1] Lieberson, Jan. 1985, p. 28.

It is not satisfactory to simply ask this question because it can be replaced by much more detailed questions. The philosophers of science working on psychoanalysis do ask, for example, if Kohut's theories are scientifically better than those of others. They have also shown how to write case studies in a way that communicates to non-psychoanalysts their hypotheses. Philosophers of science have also helped design better longitudinal studies.

The philosophers of psychoanalysis ask different questions. We ask if some specific proposition emerging within psychoanalytic thought is consistent with previous results. These results include scientific studies suggested by psychoanalytic investigation. An example of a specific set of propositions is seen in the analysis of bizarre objects. O'Shaughnessy's intuition is that Bion's contribution qualifies as a new scientific idea. It sheds light on previously obscure territory.[1] Perhaps some future experimentalists will find this idea sufficiently unconfused as to merit their attention. The idea itself was not noticed by the experimentalists, but by the psychoanalytic method of investigation.

Both psychoanalysts and philosophers of psychoanalysis have moved to what are called 'micro-analytic' studies. These concern matters such as the difference between projective identification and identification. Do each function differently when in the depressive and paranoid-schizoid positions? There are many such detailed questions. These are very different from asking the more general question 'Is psychoanalysis a science?'

We learn from such studies by keeping before us two compatible questions. The first is: What is intrinsic to psychoanalysis itself? The second is: Are there any new views emerging from other areas which are incompatible with what has been taken as

[1] O'Shaughnessy, 1992, p. 101.

intrinsic to psychoanalysis? An analytic approach provides a way of examining psychoanalysis as a separate and systematic field of knowledge, which has its own problems and its own dignity.

> 3) to account for the success of psychoanalysis in contributing to our knowledge of mental processes and consequently, to human culture...

Psychoanalysis has influenced culture in a way that is out of all proportion to the number of practicing psychoanalysts. The mis-interpretations of psychoanalysis influenced our picture of mental functioning just as much or perhaps more than psychoanalysis itself. Psychoanalysis was seriously endorsed by a few, some of whom devoted their lives to it or used it throughout the rest of their careers.[1] Psychoanalysis had impact because there was something of value in it.

The net positive impact on our relationships with children has been relatively limited or diffuse, at least in comparison with the knowledge available. Hanly recently wrote that "...it would be unrealistically sanguine to expect that the availability or use of psychoanalysis would ever be sufficient to bring about any significant improvement in general moral enlightenment."[2]

Psychoanalysis is hardly the only source of knowledge about ourselves. Bion refused to make recommendations to people about how to live. He thought were many ways of life that might have possibly suited him. At the end of his life, Bion said that by the time someone understands why they became a psychoanalyst, it is too late to do

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[1] Hampshire is an example of a philosopher who made use of psychoanalytic thought in his work.

[2] C. Hanly, *The Problem of Truth in Applied Psychoanalysis*, Foreword by Peter Gay, New York & London: The Guilford Press, 1992, p. 216.

anything else. His view was that others should find out for themselves what suits them. Still, we should cautiously aspire towards the gradual introduction of some limited aspects of psychoanalytic knowledge.

> 4) to determine how we can both recognize specific flaws and specific accomplishments in psychoanalytic theory and by virtue of this be slightly more free to facilitate further progress...

The way of doing this is exemplified in the second and third chapters. We can assume that there are deeply entrenched flaws with specific psychoanalytic problems. Listing flaws is only a first step; offering solutions or alternatives is the next. There are problems such as how projective identification may be used and why it should be used. The inappropriate use of the concept psychic energy makes for difficulties where none need be. Showing that there are alternative ways of theorizing facilitates progress.

Clinical results are reported to improve when advances in understanding stemming from the treatment of very ill patients are absorbed. Bion's written work was devoted to giving an account of such advances in understanding.

> 5) to contribute towards the formulation of a systematic research program for future generations of psychoanalytic researchers...[1]

Attempted programmatic recommendations are bound to reflect the state of our knowledge. We cannot anticipate all future developments and creative efforts. Nevertheless, the effort expended in formulating them can yield some stimulus for others. Edelson suggested that the next generation of analysts minimize the inadvertent use of

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[1] Edelson, 1984, in Chapter 12, pp. 157-160.

suggestion in their technique. This can be better accomplished with an awareness of other sources of suggestion, which have not been emphasized by Edelson. For example, without comprehending transference and countertransference, suggestion can play an unfortunate role. This supports my general conclusion that we must move towards more and more specific topics. Edelson also recommended that the next generation should use the canons of eliminative inductivism. This can be done; but more can be accomplished using that which is specific to psychoanalysis proper. The future research program will move forward if it absorbs the knowledge and leads supplied by Bion and Klein. We can anticipate that more detailed knowledge of objects will emerge. In turn, this will help make more observations possible.

> **6) to isolate some of the central features of current psychoanalytic theories. This is inspired by Bion's programmatic recommendation that we should attempt to isolate some of the invariant features of psychoanalysis.**

I have used this to supply a differential reading of some of the clinical techniques suggested by other schools of clinical thought. A case in point is that the working alliance is not part of psychoanalysis proper. Yet again, the interpretation of resistance alone does not represent current psychoanalytic practice. On the positive side, psychoanalysis does make links. It makes them in the form of interpretations, constructions, and when the analyst makes contact with a patient's unconscious by means of countertransference fantasies. Invariably the psychoanalyst now encounters projective identification and splitting. They meet with presence or absence of α-elements and functions.

> **7) to help make current psychoanalysis views more publicly accessible but in a manner that takes into account, as far as is currently possible, the special subject matter of psychoanalysis.**

One way to do this is simply to show some of the specific propositional content of psychoanalysis. This is part of the purpose of both theoretical psychoanalysis and the philosophy of psychoanalysis. While formulating specific examples helps, it alone does not suffice. The elements common to modern clinical practice yield understanding applicable to other areas. This is being done in medicine. General discussions about psychoanalysis are frequently less satisfying. When a specific sub-debate is addressed, the accessibility of the relevant arguments increases. People have come to accept that some parts of psychoanalysis are difficult. This is equally true for those working in the field.

Psychoanalysis has made some discoveries of enormous importance. Some of these discoveries could not be assessed by earlier philosophers, simply because they were not before us to be assessed.

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