Hope and Dread in Psychoanalysis

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What Does the Patient Need?
A Revolution in Theory

[The ideal termination of analysis has been reached when] the analyst has had such a far-reaching influence on the patient that no further change could be expected to take place in him if his analysis were continued. It is as though it were possible by means of analysis to attain a level of absolute psychological normality—a level, moreover, which we could feel confident would be able to remain stable, as though, perhaps, we had succeeded in resolving every one of the patient's repressions and in filling in all the gaps in his memory.

—Sigmund Freud, "Analysis Terrible and Interminable"

We are poor indeed if we are only sane.

—D. W. Winnicott, "Primitive Emotional Development"

Freud developed the psychoanalytic method in the context of a particular intellectual and cultural milieu, which looked to science and its twin beacons of rationality and objectivity to provide the truest and most meaningful perspective on human experience and the world around us. In prior centuries, religion had been the dominant source of orientation and meaning. For those who lived in the nineteenth century, however, "God," as Nietzsche put it, "is dead," and the demise of religion as a reliable, credible perspective brought humankind face to face with the problem of nihilism, the depletion of meaning. Science provided the most powerful and compelling hedge against nihilism. God may not inhabit the universe, but science provides us with the tools to know its se-
crets, its underlying structure. In the dazzling explosion of technological proficiency in the nineteenth century, the belief was nearly inescapable that the sure knowledge provided by science, and the control it granted us over the world around us and in us, would lead to deeper understanding, wisdom, and a better life.

Copernicus's heliocentric model began to locate us more accurately in deep space; advances in geology placed us in the deep time of the earth's history; and the Darwinian revolution positioned the advent of the human species in the gradual evolution of animal life. Scientific truth had replaced the religious egocentricity that had located humans at the beginning and in the middle of things. We may be latecomers and on the periphery, science told us, but we can see into the underlying structure of things and thereby discern their functions.

Freud, as one of the foremost progressive intellectuals of his day, was very much steeped in this scientific vision. He regarded religion as emotionally compelling, but an infantile, regressive, divisive force.

Our best hope for the future is that intellect—the scientific spirit, reason—may in the process of time establish a dictatorship in the mental life of man. The nature of reason is a guarantee that afterwards it will not fail to give man's emotional impulses and what is determined by them the position they deserve. But the common compulsion exercised by such a dominance of reason will prove to be the strongest uniting bond among men and lead the way to further unions. Whatever, like religion's prohibition against thought, opposes such a development, is a danger for the future of mankind. (Freud, 1933, pp. 171–72)

In many respects, Freud's genius transcended the limits of his time. He was interested in all aspects of culture, intrigued by the dimensions of human experience that Bettelheim and others have described as "spiritual," and his case descriptions are moving literary portraits and adventures. Nevertheless, the authority that Freud attributed to the knowledge and the interpretations of the analyst clearly derived from his conviction that psychoanalysis was a subsystem within the larger scientific enterprise of his day.

Freud's understanding of virtually every feature of the analytic process was informed by this vision. Underneath the surface of experience is a hidden world of unconscious impulses and fantasies, vestiges from our bestial, prehuman, deep past. Psychoanalysis is a "depth-psychology," its instrument, the psychoanalytic method: "The intellect and the mind are objects for scientific research in exactly the same way as any non-human things." Psychoanalysis is a "specialty science," and "its contribution to science lies precisely in having extended research to the mental field" (Freud, 1933, p. 139). The psychoanalytic method allows us to see beneath the appearance of things and the surface of the mind; by uncovering unconscious thoughts, through the generation of insight, psychoanalysis can transform the mind's unconscious underlying structures. As Freud wrote to Wilhelm Fliess at the beginning of his work with Dora, she was "slowly opening for the available collection of passkeys" (quoted in Gay, 1988, p. 246).

In contrast to Jung, whose religiosity informed his emphasis on psychosynthesis, Freud felt that no synthesis was necessary. (In fact, Freud launched a full-scale attack on religion as a form of infantilism in The Future of an Illusion [1927].) To Freud, analysis meant breaking things up into their constitutive elements, taking them apart, grasping their hidden structure. The ego automatically re-integrates itself on a less conflictual, more rational basis: "Where id was, there ego shall be." And rationality does not just integrate the individual but draws humanity together, overcoming the isolating effects of infantilism and primary process mentation.

Through analysis, both the hopes and dreads that the patient brings into the analytic situation are revealed to be based on unconscious infantile fantasies, on illusions of one sort or another. Hopes derive from infantile impulses for oral, anal, and oedipal gratifications and triumphs. Dreads derive from fantasied punishment (particularly castration) for forbidden wishes. Hopes and dreads are transformed, through the analytic process, into rational understanding.

Freud's notion that the ego automatically re-integrates newly analyzed material on a higher, more rational basis was an important component in his basic vision of the analytic process. It made it possible for him to regard the personal participation of the analyst—the analyst's own values, feelings, and beliefs—as unrelated to the analysis. The patient's libidinal energy is released, through the analyst's interpretations, from its entrapment in infantile conflicts. The ego, which operates in terms of rationality ("secondary process"), is now free to employ that energy in more pragmatic, realistic endeavors. The idiosyncratic features—the personality—of the analyst have no influence on the process. This issue of the analyst's personal influence is one of the key features of the analytic process that has been reconceptualized and struggled with in contemporary analytic literature.

Freud was not a particularly cheerful fellow, and his version of the rational, scientific person is not an especially happy person. But that
person is stronger, more grounded, more aligned with reality, even if it is a somber reality. "But you will be able to convince yourself," Freud assures us in 1895, "that much will be gained if we succeed in transforming your hysterical misery into common unhappiness. With a mental life that has been restored to health you will be better armed against that unhappiness" (p. 305).

The ambiance of the analytic situation in its classical phase and in some versions of its current "orthodox" practice is, consistent with Freud's sober rationalism, one of abstinence and renunciation. The process of analytic change is often compared with prototypical renunciations such as weaning and mourning, with the patient as the dieter or reformed smoker who, after a period of self-denial, may lose the craving. This renunciatory vision underlies Freud's technical emphasis on the analyst's need to "persuade" the patient to "abandon" particular instinctual strivings (Aron, 1988, p. 10). Freud repeatedly warns the analyst to induce the patient to "adopt our conviction . . . of the impossibility of conducting life on the pleasure principle" (1919, p. 159).

To Freud, renunciation and insight go hand in hand. Renunciation is the price the patient pays for the release analysis provides from the isolating, frustrating, conflictual clutches of the remnants of infantile mental life. The scientific worldview demands, as Freud sees it, a submission to the truth and rejection of illusions. Donald Kaplan has vividly captured this stoical, hard edge to Freud's vision of the analytic process and life in general.

If people must suffer the loss of their infantile hopes and fantasies, then they should suffer for the fact of this loss rather than for distortions of it in aesthetic bonuses, the empty promises of religion, and the negligible protections of social orders. Unremitting toll in the service of science—naked means toward real ends—was Freud's alternative in Civilization and Its Discontents, at least for himself. Any other kind of life was ensnared by illusion, which was but a small step up from neurosis. (1985, p. 291)

In many respects, Sophie's fear of psychoanalysis as a threat to her romantic enthusiasm is appropriate and discerning. If she had read about Freud's treatment of the Wolfman, Sophie would have known that Freud felt free to dispense advice and manage the Wolfman's courtship of his fiancée (1918). If Sophie had read Freud's paper "On Narcissism" (1914), she would have been even more concerned, because Freud viewed romantic love, in particular, as a condition shot through with illusion and irrationality. Romantic love draws on the original pool of primary narcissism, "overvaluing" its objects, in a manner akin to the madman's megalomaniacal overvaluation of self, thereby placing the lover in considerable psychological danger. In this framework, the cold, clear rational light of psychoanalysis is as much of a threat to the narcissistic and oedipal embellishments of Sophie's love as is the striking of midnight to Cinderella's finery. Sophie too could end up in the company of a pumpkin.

Is this a caricature of classical psychoanalysis? Is Freud's somber rationalism merely a personal characteristic, extraneous and irrelevant to the traditional theory of analytic technique? Unquestionably, the emotional tone in which an analysis takes place is a highly personal matter, and there is an enormous variability in the way in which different clinicians conduct an analysis.

However, I am not talking just about emotional tone here but about fundamental beliefs—the premise that the analyst knows better, sees more maturely and deeply into the patient's difficulties and into the very nature of life—the premise that the analyst's vision is a rational antidote to the chaotic, infantile, illusion-bound hopes and dreads of the patient's emotional inner world. The analyst has privileged access into the patient's experience; the analyst knows what is real and what is not. To disengage from the compelling clutches of infantile experience and to haul himself toward maturity, the patient needs an infusion of reality in the form of insight.

The belief in the greater objectivity and maturity of the analyst's perspective was necessitated by Freud's deep faith in science and is inextricably bound up with his basic understanding of the nature of the analytic method. The patient, driven by unconscious fantasies to which, by definition, she has no access, is in no position to understand or deal constructively with what is troubling her. The analyst's interpretations provide access into and a blueprint of the patient's unconscious experience. Infantile fantasies are exposed, reexamined, and processed through mature, rational thought: "Where id was, there ego shall be." Darkness is transformed into light; infantilism into a more rational, more mature vision; and the patient gives up and puts away childish things.

The deep conviction that it is the content of the analyst's interpretations that opens the doors of repression—the objective naming, the rational surveillance of the unconscious—is nowhere more evident than in what is to us today the ghastly practice of Freud and other early analysts analyzing their own children. (See Gay, 1988; Grosskurth, 1988.)
In our current psychoanalytic milieu, such an action would border on the criminal, but it would be unfair for us to measure this practice in terms of our times. Rather, this practice dramatically reveals the sharp differences in the meaning of the analytic process in Freud's world and in our own. In the early decades of analytic practice, the message itself was thought to be powerful and transformative. The patient's experience was shot through with the distorting lenses of subjectivity; only the analytic method provided "correct" understanding; it did not matter much who delivered the message.

Contemporary critics sometimes accuse classical psychoanalysis of an inherent authoritarianism. This accusation is unfair. The principle that the patient's difficulties stem from unconscious fantasies leading to irrationality and distortions that are subjected to the correcting influence of the analyst's more objective knowledge was both reasonable and humane within the cultural and historical context of Freud's world. In that context it made sense to consider the patient's difficulties in living as deriving from the impossible hopes and fictitious dreads of childhood, which had, for various reasons, remained intact and embedded within a chronological maturity. It was compelling and humane to feel that what the patient needed was an expansion of the capacity to reason clearly, to dispel illusory hopes and dreads through rational thought. Only as our faith in reason as a singular and linear, inexorable and progressive force has been shaken by contemporary experience has the analyst's claim to greater clarity and objectivity been reconsidered on conceptual, moral, and political grounds.3

FROM FREUD'S WORLD TO OUR WORLD

The cultural and intellectual context within which the psychoanalytic method is practiced has changed dramatically since Freud's day. While we are still living in a time of extraordinary and awe-inspiring scientific discoveries, our era is postscientific—we no longer can maintain a deep confidence that science, objectivity, and technological competence themselves can serve as an orienting framework providing meaning and understanding. Some of the successes of science have come to haunt us, from the awesome destructive power of nuclear arms, to the massive spawning of toxic waste as a by-product of the industrial revolution, to the tangled problems associated with overpopulation and longer life in the age of modern medicine. The key role of science in generating the threats of extinction and self-contamination, the shadow under which we all now live, makes the fully sanguine faith in science held by progressive thinkers of Freud's day a psychological impossibility. Freud could speak, with perfectly defensible optimism, of mankind's "progressive control over the forces of Nature" (1933, p. 177). To those of us living today, with ozone depletion, the greenhouse effect, and other features of the ecological crisis, nature seems a more formidable, less yielding, potentially retaliatory adversary. Our aspirations to control the forces of nature now seem less optimism than a possibly fatal hubris. The problem of nihilism has returned.

Most people of our day still believe in rationality, but the rationalism of Freud and his contemporaries, the faith that rationality places us in a powerful, unique, and irresistible position vis-à-vis the rest of the universe, is no longer possible. Compare Freud's vision of scientific progress discussed earlier with that of a more contemporary scientist, Andrei Sakharov, who, to be sure, also believed in reason, but could make much less ambitious claims for the power and scope of our rationality. Interestingly, Sakharov evokes the "sacred," although not in a strictly religious sense.

Other civilizations, perhaps more successful ones, may exist an infinite number of times on the preceding and following pages of the Book of the Universe. Yet we should not minimize our sacred endeavors in the world, where, like faint glimmers in the dark, we have emerged for a moment from the nothingness of unconsciousness into material experience. We must make good the demands of reason and create a life worthy of ourselves and of the goals we only dimly perceive. (quoted in Remnick, 1990, pp. 3–4)

The very advances in scientific knowledge themselves have led us to an appreciation of the profound limits of human understanding. First, we have begun to comprehend the enormity of the universe. As the astronomer Timothy Ferris has put it:

We will never understand the universe in detail; it is just too big and varied for that. If we possessed an atlas of our galaxy that devoted but a single page to each star system in the Milky Way (so that the sun and all its planets were crammed on one page), that atlas would run to more than 10 million volumes of ten thousand pages each. It would take a library the size of Harvard's to house the atlas, and merely to flip through it, at the rate of a page per second, would require over ten thousand years. Add the details of planetary cartography, potential extraterrestrial biology, the subtleties of the scientific principles
involved, and the historical dimensions of change, and it becomes clear that we are never going to learn more than a tiny fraction of the story of our galaxy alone—and there are a hundred billion more galaxies. (1988, p. 383)

Second, we have begun to recognize the embeddedness of human understanding in the very phenomena we are trying to understand. We have become clear that the impossibility of ever standing outside of nature so as to grasp and describe objectively its underlying structure. Concepts such as quantum indeterminacy, the “incompleteness theorem,” the “uncertainty principle,” the mystery and inaccessibility of time prior to the big bang—all these suggest that the universe itself does not behave in the accessible, predictable, controllable way Freud and his contemporaries assumed.

Third, the highly abstract, abstrusely mathematical nature of the key concepts of modern physics, impossible to grasp in any direct, intuitive fashion—concepts such as curved space/time continua, antimatter, and hyperdimensionality—removes modern science from the direct, experiential grasp of the average person, making it much more like the religion than the science of Freud's day.

Only a couple of decades ago, it was easy to contrast the religious worldview, embracing and enshrining the mysterious and the unknown, with the scientific worldview, illuminating dark corners and solemnly and relentlessly sweeping away the cobwebs of primitive ignorance. Today's physicists spend much time revering the mysterious, and the modern scientific sensibility is less hard and sober than abstract and aesthetic. If today's science is a solution to the problem of nihilism, it is a solution not aimed at full, clear understanding and control but one of appreciation and awe.

As our understanding of the nature and limitations of scientific investigation changed, so has the place of science within western culture in general been transformed. Human knowledge is no longer regarded as an incremental march toward a singular, complete understanding. In the “postmodernism” revolution in thought that has pervaded all the major intellectual disciplines, all knowledge, including scientific knowledge, is regarded as perspectival, not incremental; constructed, not discovered; inevitably rooted in a particular historical and cultural setting, not singular and additive; thoroughly contextual, not universal and absolute.

What does all this have to do with psychoanalysis? Because of these profound changes in the world around us and in us, today we experience the psychoanalytic process in a fashion very different from Freud and his contemporaries, even though we often describe it in the same language. For Freud, psychoanalysis was embedded in the broad, invigorating, reassuring scaffolding of the scientific worldview. He could draw clear and compelling parallels between the analytic process and the child's movement from infantilism to maturity and, ultimately, mankind's gradual evolution from ignorance and primitivism to reason and enlightenment. That scaffolding does not sustain us in the same way it did for Freud and his contemporaries, cannot sustain us; this fact has, in some sense, stranded psychoanalysis, unmoored it from the context that gave it its original meaning. Those who think of analysis in ways similar to our analytic ancestors seem to most of us today more like cultists than scientists.

What is inspiring about psychoanalysis today is not the renunciation of illusion in the hope of joining a common, progressively realistic knowledge and control, but rather the hope of fashioning a personal reality that feels authentic and enriching. This goal does not suggest that contemporary psychoanalysis is individualistic and narcissistic, valuing only private meaning and concerns at the expense of connections to others and society at large. (Many currents within contemporary psychoanalytic thought—object relations theories, ego psychology, interpersonal psychoanalysis—place great emphasis on the importance of relationships with others and the embeddedness of the individual in a social context.) However, whereas Freud could look to rationality as a natural bridge among individuals, reason itself can no longer serve that function. The hope inspired by psychoanalysis in our time is grounded in personal meaning, not rational consensus. The bridge supporting connections with others is not built out of a rationality superseding fantasy and the imagination, but out of feelings experienced as real, authentic, generated from the inside, rather than imposed externally, in close relationship with fantasy and the imagination.

FROM RENUNCIATION TO PERSONAL MEANING

Freud's typical patient was the man or woman otherwise adapted to his or her culture and historical time except for the intrusion of unwanted, often bizarre, symptomatology, such as the Ratman's obsessive fantasies and Dora's hysterical cough. The typical patient in today's psychoanalytic case descriptions is a man or woman, often without bizarre symptoms, whose very adaptation to his or her culture and historical time is regarded as the problem, not the solution.
The type of character pathology most modern analysts are concerned with is seen in people who may be very well adapted to their society, but who are missing something fundamental in their experience of living. They lack something in the very way in which they generate and assign meaning to their experience; these are patients whose subjectivity itself is understood to be basically awry.

Consider Freud’s discussion, late in his life, of the goals of analysis in relation to termination. He establishes two conditions that should have been generally fulfilled:

first, that the patient shall no longer be suffering from his symptoms and shall have overcome his anxieties and his inhibitions; and secondly, that the analyst shall judge that so much repressed material has been made conscious, so much that was unintelligible has been explained, and so much internal resistance conquered, that there is no need to fear a repetition of the pathological processes concerned. (1937, p. 219)

Freud then comments that “external difficulties” may preclude reaching this goal, in which case the analysis would be considered “incomplete.” He goes on, in the passage serving as the first epigraph to this chapter, to suggest a much more “ambitious” goal for analysis, a goal that every analyst has likely been able to attain in a few cases: “It is as though it were possible by means of analysis to attain a level of absolute psychical normality” (1937, p. 219; emphasis added). For Freud, the goals of analysis are the removal of symptoms by making the unconscious conscious and the attainment of a degree of rational “control over instinct” (1937, p. 229) that makes the formation of future symptoms unlikely. “Absolute psychical normality” is an ideal defined by complete understanding, absence of all repressions and amnesias.

Erich Fromm anticipated the current, strikingly different kind of concern with character and normality more than fifty years ago in his concept of the “marketing personality” (1947). In Fromm’s perspective, a blend of psychoanalysis and Marxism, the modern personality is shaped by the necessity for advanced industrial society to generate perpetually changing consumer tastes and fashions; personal meaning and value are determined by social status and material worth.5

The most influential recent psychoanalytic account of the pathology of subjectivity has been D. W. Winnicott’s concept of the “false self” personality. Although working purely from psychoanalytic data and the observation of mothers and babies, Winnicott arrived at a depiction of

the false self personality that is remarkably similar to Fromm’s more sociologically derived marketing personality. Winnicott, like Fromm, sees the key problem as the generation of meaning and the organization of experience around compliance and adaptation to externality, what is presented or suggested from the outside, rather than from genuine internal desire or need. Freud’s basic conceptual building block, the instinc
tual impulse, is replaced in Winnicott’s theorizing with the “personal impulse,” which may or may not be expressed through bodily needs and events. (We consider some further implications of this difference in chapter 5.) Psychoanalysis, for Winnicott, is a treatment aimed at the texture of experience, its richness, its felt reality, rather than at functional capacity. Sanity alone provides a shadowy, empty existence. The well-adjusted person may be missing the central features of experience that mark one’s life as a personal life, felt as real, valuable, meaningful. “The false self,” Winnicott argues, “however well set up, lacks something and that something is the essential central element of creative originality” (1960, p. 152).

Authors from many different theoretical traditions have become interested in the problem of pseudonormality as, perhaps, the central clinical issue of our time. Some have coined new diagnostic tags: the “normopath” (McDougall, 1985, p. 156) and the “normative personality” (Bollas, 1987, p. 137). Many authors, especially those influenced by object relations theories and self psychology, discuss what they understand to be disturbances in the development, structuralization, and exercise of authentic, personal subjectivity. What all these perspectives on pseudonormality have in common is a shift from Freud’s view of humans as drive-regulating animals to a more contemporary view of humans as meaning-generating animals.6

Consider Sophie’s difficulties in living. She had a variety of symptoms, including sexual inhibitions, anxiety attacks, and depression. She had a host of conflicts related to sexual and aggressive impulses traceable back to early childhood. However, we came to understand her struggles as involving something more central and pervasive than her symptoms or her conflicts over impulses. In some fundamental way, she had never viewed her life as her own, to be shaped and valued according to her own interests, desires, and goals. Her own experience was hostage to her mother’s vision of the world; the mother’s image of the most desirable model of adaptation had become Sophie’s own vision because there were no safe alternatives. Although Sophie had many specific conflicts, the central problem seemed to be the more pervasive fashion in which she generated all her experiences, always with a focus
on caution, remaining her mother's daughter, rather than freely and spontaneously expressing and exploring her own experiences.

Psychopathology, in the contemporary psychoanalytic literature, is often defined not in terms of pieces of conflictual, unwanted fragments intruding into experience; psychopathology is defined by a missing center or lack of richness throughout experience. What the patient needs is not a rational reworking of unconscious infantile fantasies; what the patient needs is a revitalization and expansion of his own capacity to generate experience that feels real, meaningful, and valuable. Although this shift has evolved within psychoanalysis and is generally described simply as a development within the field, it clearly reflects the changing cultural and intellectual context within which we are living. It is part of a search for a new context of meanings to house the psychoanalytic process.

Freud's clinical activity involved interpreting and thereby encouraging the clarification and renunciation of the patient's subjectively embedded, conflictually rent psychic reality. A richer experience of personal subjectivity was the goal, but it was arrived at through what was assumed to be the objective interpretation of unconscious processes.

Analysts today speak less frequently of clarification and renunciation and more often about the importance of accepting, "containing," "mirroring," "holding," embalming the patient's subjectively embedded psychic reality. Now the psychoanalytic process is described less in terms of correction, illumination, or renunciation of infantile thought and more in terms of confirmation, evocation, expansion, and reconciliation. If the goal of psychoanalysis in Freud's day was rational understanding and control (secondary process) over fantasy-driven, conflictual impulses (primary process), the goal of psychoanalysis in our day is most often thought about in terms of the establishment of a richer, more authentic sense of identity. Although painful symptoms may be the first sign of deeper troubles, the patient's most fundamental difficulties concern the overall quality and texture of experience. There is less interest in discrete unconscious fantasies of early childhood and more interest in such questions as: How does life come to feel real? significant? valuable? What are the processes through which one develops a sense of self as vital and authentic? How are these processes derailed, resulting in a sense of self as depleted, false, shallow?

If Freud's analytic situation consists of a patient caught up in the push and pull of emotions encountering the objective scrutiny of a more rational observer, the contemporary analytic situation is generally depicted as consisting of a patient with a collapsed, weakened, or absent center of personal experience encountering a more receptive, more facilitating human environment. Many patients are now understood to be suffering not from conflictual infantile passions that can be tamed and transformed through reason and understanding but from stunted personal development. Deficiencies in caregiving in the earliest years are understood to have contributed to interfering with the emergence of a fully centered, integrated sense of self, of the patient's own subjectivity. What the patient needs is not clarification or insight so much as a sustained experience of being seen, personally engaged, and, basically, valued and cared about. The "objective" interpretation, the very curative agent in the classical model, can in this view become the instrument for a repetition of the original trauma. Rather, what today's analysis provides is the opportunity to freely discover and playfully explore one's own subjectivity, one's own imagination.

Freud was very suspicious of the imagination, which he linked with the illusion of neurosis, religion, primitive cultures, immaturity, and infantilism. According to Freud, "experience teaches us that the world is no nursery." (1933, p. 168). For many contemporary authors, however, psychopathology results from a premature expulsion from the nursery, not a futile effort to extend it, and psychoanalysis provides a sheltered return, a "new beginning" (Balint, 1968).

Freud's analytic method was aimed toward the rational experience of the capacity "to love and to work." Contemporary authors write over and over again about the capacity to play, about creativity and authentic personal expression. Peter Gay has noted that despite his deep love of culture, Freud felt disdain toward and suspiciousness of creative artists: "Shouting out society's secrets, they are little better than necessary licensed gossips, fit only to reduce the tensions that have accumulated in the public's mind" (Gay, 1988, 322). Many contemporary authors glorify the artistic process; creativity, not normality, has become the paradigm of mental health.

"IN ORDER TO LULL HER INTO SECURITY . . .

The literature of psychoanalysis is vast, and to substantiate fully broad changes in the discussion of clinical cases would require a volume in its own right. Nevertheless, case material provides the most vivid demonstration of the kind of shift in sensibility we are exploring. So, selectivity is inevitable.

Consider a piece of clinical material from a well-known paper, writ-
ten by Richard Sterba in 1934 and entitled “The Fate of the Ego in Analytic Therapy.” Sterba made important contributions to the classical literature. I have chosen this example because his paper was considered modern for its time and a forerunner of the technical developments in Freudian ego psychology in the 1940s and 1950s. Also, Sterba presented this example of his analytic work precisely because of what he felt was its very ordinariness.

Sterba presents the material as a sketch of a “fairly typical transference-situation such as arose at the beginning of one of my analyses” (p. 363). A woman begins her analysis with a resistant attitude: She was “obstinately silent,” had a strongly negative attitude toward the analyst, and constantly threatened to end the treatment. We are told nothing of why this woman is seeking treatment, what she wants or how she sees her difficulties. While this may be a function of the highly selective purpose for which Sterba is using the material, it seems consistent somehow with his attitude toward the patient. Clearly, her own hopes and dreads on entering treatment are not very important; the analyst very quickly determines the reasons for her initial resistance, her central problems, and the course of her subsequent analysis.

The patient spent the first two hours supplying “meagre associations” in “obvious ill-humour” (p. 367). At the end of the second hour, she asked if the analyst had a “cloakroom where she could change her clothes as they were all crumpled after she had lain on the sofa for an hour” (p. 367). She explained in her third session that she had been going to meet a woman friend who would surely wonder whether the wrinkled condition of the patient’s dress indicated that she had been rushing from a sexual liaison.

With this revelation, Sterba has all the information he needs to understand this patient’s initial hesitance about treatment and to begin to help her understand it as well. “The next thing to do was to explain to the patient the meaning of her defence” (p. 367). Her meager associations and ill humor were a defense, Sterba explains, against her underlying sexual interest in him, the negative feelings and actions shielding her against the positive feelings and erotic intentions. The patient apparently did not immediately accept this interpretation, and it had to be repeated several times. Even then she could grasp it only intermittently, and there was backsliding into efforts to “act out” her instinctual impulses. However, with repeated explanations, “it gradually became possible to enlarge these islands of intellectual contemplation or observation at the expense of the process of acting the unconscious impulses out” (p. 368).

Some time afterward, Sterba reports, an extraordinary memory was revealed. I provide his full account, because of the striking contrast between the dramatic content and the dry tone of the presentation. The memory concerns her love for a physician to whom she was frequently taken during her fifth year on account of enlarged tonsils. On each occasion he looked into her mouth, without touching the tonsils, afterwards giving her some sweets and always being kind and friendly. Her parents had instituted these visits in order to lull her into security for the operation to come. One day, when she trustfully let the doctor look into her mouth again, he inserted a gag and, without giving any narcotic or local anaesthetic, removed the unsuspecting child’s tonsils. For her this was a bitter disillusionment and never again could she be persuaded to go to see him. (p. 363)

With this memory, Sterba has all the material he needs to chart the basic course of this woman’s subsequent analysis. He knows what she needs, and he has total conviction concerning his knowledge. The conclusions, which he presents as if they were mundane and obvious (although to us they may seem remarkable), are as follows. Although this actual experience with the doctor probably had some impact, its meaning was determined by unconscious sexual fantasies from early childhood in relation to the patient’s father. “It is hardly necessary for me to point out that the discovery of this infantile experience of the patient with the physician was merely a preliminary to the real task of the analyst, which was to bring into consciousness her experiences with her father and especially her masochistic fantasies relating to him” (p. 368).

The subsequent course of this analysis consists of Sterba persuading the patient of the truth of his conclusion, which is almost too obvious to mention to his readers. Sterba regards the emotional importance of the experience with the physician as deriving from the double use to which the patient was able to put the memory: both as a way of representing her unconscious and conflicted erotic fantasies toward her father and as a rationale for avoiding the threat of revealing those fantasies that the analysis represented. 9

Sterba describes his interpretations of these processes so that the ego can be brought into harmony with, corrected by reference to, “reality,” as represented by his own understanding:

dissociation had to be induced in the ego, as to separate out of the processes of dramatic enactment an island of intellectual contempla-
tion, from which the patient could perceive that her behavior was determined by her infantile experiences in relation to her father. This, naturally, only proved possible after prolonged therapeutic work. (pp. 368–99)

From Sterba's point of view, the patient's perception of the underlying, infantile fantasies and longings in relation to her father is the heart of the therapeutic action of the analysis. The discovery of these wishes and a rational working through and eventual renunciation of them will set her free.

The clarity of the presentation and the dramatic nature of Sterba's clinical tale highlight the difference between the meaning of the analytic process for the analyst of the 1930s and for many analysts today. One of the most interesting features of Sterba's case is that it raises many of the same questions that have been voiced in relation to that important psychoanalytic classic, Freud's Dora case (1905), without some of the confounding variables. Dora was a teenager who was used by her father as currency in sexual barter for another man's wife. The core of the problem for Freud was Dora's unconscious sexual fantasies and impulses toward her father, not the profound betrayal perpetuated upon her by those she trusted most deeply. Freud spent several months accumulating evidence and trying to convince Dora of her unconscious fantasies, at which point she precipitously left treatment.

Freud has been accused of poor technique and bad timing. Some have faulted him for not acknowledging the reality of Dora's experience of betrayal at the hands of her parents. Others regard the treatment as illustrating and perpetuating the victimization of women at the hands of men, including Freud. Still others have argued that Freud acted out the countertransference in his own exploitation of the patient in pursuit of confirmation for his theories.

Sterba's case offers us an identical clinical approach to material, which is uncomplicated by some of the features of the Dora case. There is no reason to think the patient's gender was a factor at all, at least as far as the initial trauma goes. It could just as easily have been a boy taken to the physician for enlarged tonsils. There is no evidence of the kind of countertransference Freud may have been caught up in—the analyst as detective looking for confirmation of his own brand-new and controversial theories. On the contrary, Sterba presents himself as a workmanlike analytic practitioner processing unexceptional clinical material. (Of course, Sterba's personal investment in demonstrating the correctness of the theories he inherited from Freud must be taken into account.) Finally, there is no clear evidence of actual betrayal on the part of the parents. This approach to surgery with children was not uncommon around the turn of the century, when Sterba's patient was operated upon. Let us assume that the physician, with great authority, instructed the parents not to forewarn the child of the operation, and that all the adults involved genuinely believed that such an approach would minimize the trauma and was truly in the best interests of the child. (Certainly parents who have had to decide where to position themselves when some horrifying medical procedure is performed on their child can identify with the dilemma of the parents of Sterba's patient.)

The Dora case is easy to criticize through the lens of modern sensibilities. However, to wrench this treatment from its own conceptual context is to misunderstand it. When the two cases are taken together, it becomes clearer that Freud and Sterba were operating out of an internally consistent model of the analytic process and, on a broader level, a set of premises concerning human knowledge and subjectivity. The problem with these cases is not faulty treatment, but a model of the process that made sense in their day but no longer works in ours.

The approach common to Freud and Sterba's is completely consistent with what they believed the patient really needs. In their framework, psychopathology is generated by the repression of unconscious infantile fantasy; health is attained by the uncovering of these repressed fantasies and, as Sterba puts it, correcting them "by reference to reality" (1934, p. 367). Surely, Dora and Sterba's patient were mistreated, the former avoidably and, perhaps, criminally, the latter perhaps unavoidably and only according to customary medical practice at that time. Neither Freud nor Sterba missed the mistreatment; they did not think it mattered as far as the analytic process was concerned. In the traditional psychoanalytic view, what really matters most deeply, what will determine the patient's chance for subsequent mental health, what is most crucial in terms of both practical as well as humane considerations, is that the patient becomes aware of her infantile sexual and aggressive fantasies and subjects them to rational, realistic control.

Yet, for us, there is something wrong with this picture. Viewed from a contemporary analytic perspective, Sterba's assumptions about both his patient's needs and his own knowledge seem questionable.

To Sterba, his patient's horror of the actual event of surgery without anesthesia by a physician she had been "lulled" by her parents into trusting is less significant for her than her unconscious sexual fantasies toward her father. What seems missing to our contemporary ear is any
concern for the patient’s relation to her own experience, the meaning of the event to her. She surely needs, we would assume, to be able to relate to her own experience as real, as meaningful, as valued and valuable. Hence we would want to know: How did the patient come to understand and process this extraordinary event of her childhood? What is her understanding of why there was no anesthesia? Where were her parents during all this? Did they lull her into other similar situations? She certainly seems to have come by her wariness honestly! Was her cautiousness in relation to her analyst an unusual, discrete displacement from the past, or a general character style? What was she doing in analysis? Was this treatment for her, or was she being lulled once again? Did she experience the analyst’s aggressively interpretive approach, his conviction and certainty, his efforts to remove her diseased infantile thoughts as a reenactment of her childhood experience with the physician? How did she organize this experience into the longings and fears, hopes and dreads of her childhood and subsequent adulthood? These questions, so obvious and important to the contemporary reader, for whom the meaning of experience to the patient is central, do not seem important to Sterba or to Freud before him, with their faith in the transformative power of reason, supplied by the analyst’s interpretations. This difference highlights the broad shift in understanding what the patient needs from Freud’s day to ours.

Those who do not regard classical psychoanalysis as undergoing or needing to undergo a revolutionary change argue that the problem with Freud’s approach (for example, in the Dora case) is not in his understanding of the patient and what she needs but in the whole area of tact and timing of interpretations. One could certainly make the same argument about Sterba. Perhaps the key to his patient’s mental health did lie in her gaining access to and rational control over her unconscious masochistic fantasies in relation to her father; but today’s analyst practicing good analytic technique would empathize with her plight, the trauma of her experience with the physician, and break the news slowly to her.

Defenders of the classical approach, one very different from the perspective I develop here, offer an alternative understanding of the apparent misfit between much of the classical literature and the clinical problems and sensibilities of our time. In their view, the problem is not in the theory per se, not in the understanding of what the patient needs, but rather in the way that understanding is presented to the patient, a failure to consider “the art of analysis” (Grossman, 1982, p. 931).

According to this perspective, the theory employed by Freud and Sterba (based on the premise that what the patient needs is a rational reworking and renunciation of infantile wishes and fantasies) is still wholly suitable to contemporary psychoanalytic practice. What needs modernization is the delivery. Freud and Sterba rightly regarded the patient’s subjective experience, her sense of meaning and value, as illusory and unimportant, to be replaced by the analyst’s rational perspective; what they did not understand was that the patient can be persuaded of this only gradually and artfully.

In my view, psychoanalysis has been undergoing not merely a modernization of its delivery system but a fundamental shift in focus. Freud and Sterba were not clumsy; rather they did not believe that attention to the patient’s sense of meaning and value mattered. But in psychoanalysis as practiced in our world, the patient’s sense of meaning and value does matter. The articulation of unconscious fantasies is still important but no longer sufficient; what has become central is the emergence, development, and enrichment of the patient’s sense of subjective meaning. The problem is not just in the artistry through which psychoanalysis is applied; psychoanalysis is a method whose meanings have changed radically.

**Views of Authentic Subjectivity**

Indications of the revolution in theorizing about what the patient needs can be found in many areas and in many forms throughout the contemporary psychoanalytic literature. Its clearest manifestation is in the work of those authors who have had the most dramatic impact on contemporary psychoanalytic thought, those whose work seems to have been most inspirational for current theorists and clinicians: D. W. Winnicott, Wilfred Bion, Heinz Kohut, and Jacques Lacan, and, in recent years, such writers as Hans Loewald, Thomas Ogden, Jessica Benjamin, and Christopher Bollas. Each of these authors has, in one form or another, radically reconceptualized the essence of psychoanalysis from Freud’s remedy of exposing, mastering, and renouncing infantile longings to a more broadly conceived project involving a reclamation and revitalization of the patient’s experience of self, the healing of disordered subjectivity. The contemporary psychoanalytic project would not be possible without the revolutionary contribution of Freud and the tools he bequeathed to us for exploring personal experience. However, analysts today are using his tools in a way Freud himself could not have imagined, with the goal of not merely making the unconscious con-
conscious, but making personal experience more real and deeply meaningful.12

While there is no uniformity among psychoanalysts practicing today, there are common threads in the visions of the most innovative recent theorists. Because all these authors are concerned, in their own ways, with preserving a sense of continuity with the prior classical tradition, it is easy to miss just how radically different is the way they envision the psychoanalytic process from the psychoanalysis practiced by Freud and his contemporaries.

Whereas Freud was after clarity, explanation, and insight, contemporary analytic authors stress ambiguity, enrichment, and meaning. The goal is not clear understanding, but the ability to generate experience felt as real, important, and distinctively one’s own. It is not that classical rationalism has been replaced by an irrationalism. Rational thought and the clarification of conflicts are still very much part of contemporary analytic work. But they are no longer at the heart of it. Confusion is now equally valued, the sort of creative disorganization and ambiguity that results from the ability to suspend judgment, premature understanding, and forced clarity. A sampling of the writers who have had the greatest impact on current analytic sensibilities reveals this common shift in vision.

Winnicott’s notion of “transitional experiencing” is a description of the way in which a naturally good-enough parent provides a crucial sort of experience for the young child. The child invests an object—the traditional teddy bear, for example—with special significance. The child experiences the teddy bear not as a toy like other toys, but as an extension of the child himself and, at the same time, a part of the mother as well. The child feels he has actually created the teddy bear and controls it completely.

Winnicott points to the crucial importance of the parent not challenging the specialness of the teddy bear (by a forced washing, for example). The very ambiguity of the status of the toy (part of the child, part of the mother; an extension of the child’s mind, an object in the real world) allows the child an enriched form of experience that is neither omnipotent, autistic fantasy nor objective reality, but rather in a transitional realm in between.

Winnicott came to realize that his depiction of transitional space pertained not only to small children but to the form of experience underlying creativity and cultural phenomena in general. The ability to suspend concern with consensual reality and fully explore one’s own fantasies is crucial to personal expression that makes originality possible. It is nec-

essary for artists to be able to forget about the outside world, what other artists have done before them, what value the market will place on their productions. Artists work by playing, trying things out without knowing where they will go, as if they are actually inventing not only their own creations but the entire medium as well.

Winnicott’s concept of transitional space has provided a powerful vision of the analytic experience. (See Aron, 1992.) Thus Ogden speaks of the “potential space” provided by the analytic situation, in which the patient discovers and explores her subjectivity, which Ogden defines as the capacity for degrees of self-awareness ranging from intentional self-reflection (a very late achievement) to the most subtle, unobtrusive sense of “I-ness” by which experience is subtly endowed with the quality that one is thinking one’s thoughts and feeling one’s feelings as opposed to living in a state of reflexive reactivity. The experience of consciousness (and unconsciousness) follows from the achievement of subjectivity. (1986, p. 209)

Ogden’s distinction between subjectivity and consciousness is crucial. Freud took subjectivity for granted. The goal of classical analysis was the lifting of repressions, making the unconscious conscious, filling in amnesias. Contemporary analysts are concerned with psychic processes prior to and underlying conscious and unconscious experience, the creation of personal meaning.

It is the task of the therapist, through the management of the framework of therapy and through his interpretations, to provide conditions wherein the patient might dare to create personal meanings in a form that he can experience and play with. The therapist working with borderline patients is forever attempting to “pry open” the space between symbol and symbolized, thus creating a field in which meanings exist. (Ogden, 1986, p. 241)

Ogden generally writes about borderline and psychotic patients, those for whom the experience of subjectivity is shattered or missing, and where the analytic process gives birth to the possibility of truly subjective experience for the first time.13 But his concerns reflect a more general emphasis running throughout innovative contemporary psychoanalytic writing, with patients who are relatively well integrated as well as those who are more disturbed. The analytic process generates a unique form of subjectivity in the interaction between its two parti-

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pants, "I view the analytic process as one in which the analysand is created through an intersubjective process... Analysis is not simply a method of uncovering the hidden; it is more importantly a process of creating an analytic subject who had not previously existed" (Ogden, 1992b, p. 619).

Benjamin, in her integration of psychoanalysis with feminist thinking and critical social theory, has expanded psychoanalytic concepts of subjectivity in a different way. She argues that recent psychoanalytic thought has become increasingly concerned with the complexities of self-reflection, "the issue of the self's attitude to itself (self-love, self-cohesion, self-esteem)... [the] focus was no longer on just the wish that is gratified or repressed, but on the self that is affected by the other's denial or fulfillment of that wish" (1988, p. 19). The expanded sense of subjectivity that Benjamin regards as the goal of the analytic process includes a full sense of the self as agent and an experience of the self as the subject of desire as well as sexual object. Because the experience of self as subject can be arrived at only through recognition by an other (who is experienced as a subject in his or her own right), the development of subjectivity is inextricably bound up with the appreciation of the subjectivity of others. Thus, in Benjamin's vision of the analytic process, intrapsychic and interpersonal processes are intertwined, and the enrichment of the analysand's subjectivity is arrived at through the establishment of a "shared reality" (Benjamin, 1992b, p. 53).

Bollas, also drawing on Winnicott's seminal contributions, vividly portrays psychoanalysis as a process through which the latent structure of subjectivity itself is exposed through re-creations and enactments in the analytic relationship. He argues that the distinctive features of our personalities are laid down in the earliest interactions between baby and caregivers, and that these constitute the "idiom," the personal grid, through which all subsequent experience is registered and generated. The psychoanalytic process is uniquely constituted so that these deepest, nonverbal foundations of personal experience, which Bollas terms "the unthought known," can become known, recognized, and more fully developed.

This is the "grammar" of the ego, and this deep structure generates the forms of the self's existence-structure, or what we might call the character of the subject. The structure of the ego is the self's shadow, a silent speech that is unheard by the subject until he enters the echo chamber of psychoanalysis. (1987, p. 72)

Kohut's contribution, with its focus on the empathic immersion in the patient's experience, is another way of redefining the analytic experience, from the generation of insight to the development of personal meaning. Clarification, explanation, control over instincts are no longer the goal. Kohut's contributions on "empathy" involve a redefinition of the analyst's role in terms of the creation of a safe domain within which personal experience can be expressed, expanded, and enriched rather than corrected with reference to a rational, objective standard.14

Loewald is one of the most interesting contemporary psychoanalytic authors because he has both one of the most radically innovative visions of the analytic process and an abiding concern with anchoring that vision in Freud's own work.15 Loewald portrays mind as a complexly textured weaving-together of different levels of psychic organization, primary process and secondary process, fantasy and rationality. The problem in Freud that Loewald returned to over and over was the concept of "sublimation," which concerns the relationship between Freud's instinct theory and the realm of culture and the arts. I have noted that Freud, despite his love for culture, locates and explains it vis-à-vis the science of psychoanalysis; he ultimately reduces cultural productions to instinctual derivatives. For Loewald, a theorist in many ways ahead of our time, this approach to the meaning of culture could not possibly work. As our existential center of gravity has shifted from the values generated by the rationalism of science to the values anchored in rational but, necessarily, deeply personal meaning, the arts take on a very different significance. The goal of psychoanalysis is not a renunciation of infantile experience but a reconciliation of different organizations of experience throughout the life cycle.

Nowadays we seem to acknowledge and yield most readily to the magic of a great work of art. May we assume that this magic is connected with the achievement of a reconciliation—with the return, on a higher level of organization, to the early magic of thought, gesture, word, image, emotion, fantasy, as they become united again with what in ordinary nonmagical experience they only reflect, recollect, represent, or symbolize? Could sublimation be both a mourning of lost original oneness and a celebration of oneness regained? (1988, pp. 80–81)

In contrast to Loewald's straightforward although scholarly style, Bion often writes and speaks provocatively, almost in the manner of the
Zen koan, to jolt both reader and analyst into a more immediate relationship to their own experience. Rationality and "understanding," the hallmarks of classical psychoanalysis, are, for Bion, defensive diversions. Consider this vivid portrait of Bion the analyst in action.

On one occasion he [Bion] gave me a lengthy but cogent interpretation, to which I unsuspectingly answered, "I think I follow you." His reply was as follows: "Yes, I was afraid of that!" On another interpretive occasion, I replied, "Yes, I understand." To this he retorted, "I don't doubt that you understand, but why didn't you overstand, or, for that matter, understand?" I slowly began to realize that to Bion, "understanding" was akin to possessive idolatry (Grotstein, 1987, p. 61).

Although delineating the features and development of a full, authentic subjectivity has been the common project of the major visionaries within contemporary psychoanalytic thought, there has been no consensus about the best way to achieve that goal. There are striking differences both about what the most authentic personal experience looks like and about how one might best arrive there, either in childhood or in analysis. We will consider some of the implications of these differences in chapter 5. What I am interested in emphasizing here is not the differences, however, but the similarities. We have been tracing a climate of opinion, a shared sensibility underlying contemporary psychoanalytic theorizing. Because all authors write in their own language, from their own tradition, with their own idiosyncratic formulations, it is sometimes difficult to grasp the common elements in their vision. More often the differences among them have been emphasized and argued about.

The revolution in thinking about what the patient needs sheds some light on Sophie's fear of and longing for the "concise paragraph" of analytic understanding. Within a more traditional psychoanalytic context, Sophie would be understood as needing precisely such a paragraph, an exploration and understanding of unconscious features of her current romance and its triangular (oedipal) implications with respect to her relationship with her analyst. Is she seeking in this relationship gratification for or a flight from oedipal conflicts? Are there neurotic features that need to be brought to light and subjected to a more rational control?

Within a more contemporary psychoanalytic context, the central focus would be on the quality of Sophie's passion. Is she anxiously con-

celing a relationship of a different sort, felt as more deeply genuine, more freely chosen? Is Sophie concerned with the embellishment of an expansiveness and generativity, felt as fragile and risky? Or is she concerned with the perpetuation, in a new form, of an illusion, fantasied protection, as a dutiful daughter of her mother or a mother substitute? In this perspective, rational inquiry and understanding are not unimportant, but they are not the central project. The goal is not the establishment of a rational normality but the capacity to generate a sense of self and relationships felt as important, meaningful, and deeply one's own.

THE PROBLEM OF ANALYZABILITY

Authors who prefer an evolutionary view of psychoanalytic ideas generally portray the clinical revolution I have been describing as simply an extension of classical theory into work with more difficult patients, reflecting the "broadened scope" of modern psychoanalytic practice. From this perspective, the entire emphasis in modern psychoanalytic theorizing on the development of the self concerns nonanalyzable patients who require a form of treatment different from psychoanalysis in its pure form, as a prelude to real analysis. It is claimed that some patients, those who are "analyzable" in a traditional sense, are able to hear interpretations "as interpretations." More disturbed patients are not ready for this and experience interpretations not in terms of content but in terms of some sort of relational event—an attack, a feeding, a seduction, and so on. These patients require some sort of nonclassical stance, such as mirroring or holding.

This argument is very misleading. These diagnostic distinctions are much more elusive than may appear, often masking a basic shift in clinical practice covered over by a surface loyalty to tradition. Thus, as it has been claimed that traditional analysis is the treatment of choice for "classical neurotics" in contrast to technique informed by object relations theories and self psychology for more disturbed patients, one hears the constant lament that "classical neurotics" are harder and harder to find. In my view, no patient hears interpretations fundamentally as interpretations; interpretations are always most basically relational events, and the meanings of the interpretations are determined by the patient's characteristic patterns of integrating relationships with others.

Consider this description by Betty Joseph, who writes about "difficult to reach" patients who seem to be cooperating with the analyst but who, on a much deeper level, remain untouched.
I am stressing how often the pseudocooperative part of the patient prevents the really needy part from getting into contact with the analyst, and that if we are taken in by this we cannot effect a change in our patients because we do not make contact with the part that needs the experience of being understood, as opposed to “getting” understanding. (1989, p. 79)

The patient, well trained in pseudonormality, seems to be taking in and working with the analyst’s interpretations; yet the patient’s deeper hopes and dreads are never engaged.

The broader question is whether there really are any patients who are “easy” to reach, or whether the ones that seem easy, such as Joseph’s patients, are more deeply hidden. Joseph stresses the importance of the immediacy of the interaction:

Except very near a reasonably successful termination, if I find myself giving an interpretation based on events other than those occurring at the moment during the session, I usually assume that I am not in proper contact with the part of the patient that needs to be understood, or that I am talking more to myself than to the patient. (1989, p. 87)

Freud and Sterba could comfortably assume that in talking to themselves they were also talking to the patient, because the analyst and patient shared, or needed to share, the same world, the same reality, the same system of meaning and values. For Joseph and other modern analysts, a chasm has opened between the analyst’s world and reality and the patient’s world and reality. We can no longer simply assume that the analyst’s interpretive rationality serves as an effective bridge over that chasm. In our world of multiple meaning and value systems, of a heterogeneity of realities, the analyst’s interpretations can no longer claim an exclusive objectivity and rationality, and the patient’s hopes and dreads can no longer be assumed to be merely subjective and illusory. The analyst who demands deference to her own “rationality” is, as Joseph suggests, truly talking to herself. In order to talk to the patient, the analyst must find herself on the patient’s side of the chasm that divides their worlds; analysts must bridge that gulf with the patient, from the patient’s side, from inside out.

The central challenge of each analysis is to find a way out of the paradoxical impasse in which the potentially transformative is translated into the familiar and static. The analysand and analyst grapple togeth

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The leading revolutionary voices in theorizing about what the patient needs are sometimes understood as advocating a shift in understanding the therapeutic action of psychoanalysis from an emphasis on insight as curative to an emphasis on the analytic relationship as curative. This understanding of recent contributions presumes that our idea of cure is the same as that of earlier generations of analysts, that the innovations concern merely the routes for getting there. But the revolution charted here entails a change that is both more subtle and more encompassing, a change in the very way we have come to think about what cure or a successful analysis might mean. In Freud’s world, rationality—the capacity to think clearly and without illusion—was humanity’s best hope for knowledge, progress, and happiness. In our world, rationality still may be our best hope, but its ambitions have been humbled, its luster somewhat tarnished. The search for a safe domain within which the analysand can pursue an authentic, personal experience has taken its place.