Hope and Dread in Psychoanalysis

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What Does the Analyst Know?
A Revolution in Metatheory

Pay no attention to that man behind the curtain.
—The Wizard to Dorothy, The Wizard of Oz

The participation of the knower in shaping his knowledge, which had hitherto been tolerated only as a flaw—a shortcoming to be eliminated from perfect knowledge—is now recognized as the true guide and master of our cognitive powers.

—Michael Polanyi, The Study of Man

The psychoanalytic situation is a breeding ground of convictions. As the analyst and analysand explore the details, contours, and textures of the latter's experience, ideas are generated about what is basic and formative, and those ideas often have a very powerful impact on the life of the analysand. The opportunity to be a central part of the analytic process offers the analyst a very rare and privileged position for witnessing the often dramatic role self-understanding can play in transforming human experience.

Psychoanalysis does not always work. Some would-be analysands can never quite be engaged; some analysands find help for problems of various sorts but remain frightened of or lacking in curiosity about the deeper process of self-discovery. But when it takes, psychoanalysis is a very powerful experience for both participants, and a central feature of that experience is the ideas and beliefs the analyst and the analysand generate about the latter's life, present and past. Both participants come to believe they know a great deal about the way the analysand is put together: the role of temperament and particular constitutional resources and deficits; the significant features of early years; major life-shaping events; characteristic patterns of organizing experience; conscious and unconscious fantasies and beliefs, forming a continuity from the past, into the present, and pointing to the future.

When the process is going well, the analyst is able to witness the power of his own ideas as they are taken up by the analysand. Useful interpretations can have an extraordinary impact, sometimes suddenly, sometimes slowly evolving. They can make a profound difference in the analysand's sense of who she is, what she is about, how she came to be the way she is. Perhaps most important, analytically generated understanding can significantly affect her sense of previously untapped possibilities that life offers.

Is it any wonder then that psychoanalysts have traditionally been confident, even sometimes complacent, about the truth of their own theoretical convictions? Sterba's self-assured tone is characteristic of the general attitude in psychoanalytic literature up until fairly recently. Freud, Sterba, and their contemporaries regarded psychoanalytic theory as providing a map of the underlying structure of mind. They believed it was an accurate map because they had been there, in their daily clinical work with many analysands. That map provides analysts with knowledge about the key dimensions and processes of patients' experience, past and present. As Charles Brenner (1987, p. 169), one of the staunchest defenders of classical theory in our times, has put it, "Obviously the person who has the best opportunity to understand a patient's conflicts correctly is the patient's analyst." (It is certainly not the patient!) The analyst delivers these truths to the patient, and the latter, if he is able to consider them openly and unresistantly, is transformed by them. And it works, more often than not.

Therefore, the traditional psychoanalytic literature is filled with claims to 'Truths. These Truths are there (as Sterba suggests) for anyone with an open and courageous mind to see. The convictions accrued from daily analytic practice take on an obviousness in the mind of the psychoanalytic practitioner and author. As the clinician (of any theoretical persuasion) becomes more skilled at her craft, the data seem to organize themselves automatically into clear and unmistakable patterns. These Truths are often unpleasing and anxiety-provoking; if they are missed, surely it is because the faint-hearted reader must be blinded by her own anxieties, her unwillingness to face the unpleasant Truth about human nature. Some theorists believe that "primitive" instinctual sexu-
ality and aggression are at the center of human experience; others believe the core is a profound dependency and helplessness; still others assume a delicate, easily bruised creativity. Whatever the content one assigns to the bottom line, great courage is generally invoked to accept its implications. Thus, the tone of psychoanalytic literature often reflects a kind of chest-thumping, ideological pride: my view of human nature is the toughest to bear; those who do not see it my way are naive or fearful, resistant or cowardly. The deep conviction that the world corresponds to psychoanalytic understanding, that human nature has been uncovered by the analytic method, was the centerpiece of the hopefulness traditional analysts could derive from their profession and their system of beliefs.

A CRISIS IN CONFIDENCE

The passionate conviction with which analysts have traditionally held their own theories makes particularly astonishing the growing revolution in thinking about what the analyst knows that has emerged in the past ten to fifteen years. This shift in thinking has taken place not on the level of theory but on the level of metatheory: theory about theory. It does not concern questions about what motivates the analysand, the structure of mind, the development of emotional life. Rather, it concerns the question of what the analyst can know about any of these things. This realm of current psychoanalytic debate entails a fundamental redefinition of the very nature of psychoanalytic thought and of psychoanalysis as a discipline.

Whereas earlier generations of psychoanalysts prided themselves on knowing and being brave enough to know, the current generation of psychoanalytic authors tends increasingly to stress the value of not knowing and the courage that requires. A growing chorus of voices from quite different psychoanalytic traditions stresses the enormous complexity and fundamental ambiguity of experience. Consider the following excerpts from three contemporary psychoanalytic authors with very divergent points of view. One of the few things they have in common is their emphasis on how little the analyst can really know, and how anxiety-provoking that is.

The very breakdown of narrative order, the temporary chaos which is provoked, may, in itself, be vital to a creative process: a reorganization of experience into far more complex and flexible patterns.

I am claiming that the real task in therapy is not so much making sense of the data as it is, but resisting the temptation to make sense of the data! (Levenson, 1992, p. 189)

One reason that psychoanalysts cling to rules and heroes is the realization that without them they would be set adrift... To suggest that we need neither rules nor heroes nor neurology is perhaps the scarcest position of all... We walk through life uncertain and unsure and, yes, a little frightened. The fear is of living in the open without the sense of security that comes from closure. (Goldberg, 1990, pp. 68–69)

When approaching the unconscious—that is, what we do not know, not what we do know—we, patient and analyst alike, are certain to be disturbed. Anyone who is going to see a patient tomorrow should, at some point, experience fear. In every consulting room there ought to be two rather frightened people: the patient and the psycho-analyst. If they are not, one wonders why they are bothering to find out what everyone knows. (Bion, 1990, pp. 4–5)

Donald Spence (1987b, chap. 5) has noted the similarity between the self-portrait of the analyst in Freud’s case histories and Sherlock Holmes in Conan Doyle’s detective stories. In both, the brilliant and discerning detective/analyst finds the singular solution to a bizarre and totally confusing quagmire of apparently unrelated details. In more recent psychoanalytic literature the analyst (more like the plodding, seemingly confused television detective Columbo than Holmes) is portrayed less as presenting the patient with the Truth about experience than as challenging the false and overly simplistic truths that the patient brought into the analysis. Other authors and practitioners who still believe they know things are often portrayed as fainthearted worshipers of illusions. In a reversal of traditional psychoanalytic machismo, it now sometimes appears that the capacity to contain the dread of not knowing is a measure of analytic virtue; the fewer convictions, the better and the braver!

The reasons for this very different attitude about theory can be found both outside of psychoanalysis in the culture at large and also within psychoanalysis and its maturation as a discipline in its own right.

I noted in the previous chapter the diminution in the claims contemporary science makes for itself in comparison to the apparently limitless horizons of a century or two earlier. But the radical change in attitude toward what human beings can know from Freud’s day to ours is evi-
dent not just in science and philosophy of science but in virtually all intellectual domains. The central message of the past fifty years of philosophy in general, and a central tenet of our postmodern worldview, is the impossibility of the clear and certain knowledge of ourselves and the world around us sought by every major western philosopher from the pre-Socratics to Freud’s day.

Richard Rorty has been a central figure in establishing the radical discontinuity between earlier philosophy and current thinking. For traditional philosophers, Rorty suggests, to know is to see into the nature of things, and good thinking gives us unmediated access into nature itself. From this perspective, reality is unambiguous, and theories can be adjudicated on the basis of their correspondence to that reality. We “want to get behind reasons to causes, beyond argument to compulsion from the object known, to a situation in which argument would be not just silly but impossible, for anyone gripped by the object in the required way will be unable to doubt or to see an alternative” (Rorty, 1979, p. 159).

These are the assumptions that underlay the Weltanschauung of Freud and other major thinkers of his day. According to Rorty and, in their individual own ways, according to a large proportion of contemporary philosophers, these assumptions are no longer feasible. Knowledge in our day is considered—can only be considered—pluralistic, not singular; contextual, not absolute; constructed, not uncovered; changing and dynamic, not static and eternal. “We shall no longer be tempted,” as Rorty puts it, “by the notion that knowledge is made possible by a special Glassy Essence which enables human beings to mirror nature” (1979, p. 37).

Isaiah Berlin, surveying the history of political and social philosophy, provides another angle on the radical shift in assumptions about human knowledge from Freud’s day to ours. He identifies what he characterizes as the “Platonic ideal” that “lay at the basis of all progressive thought in the nineteenth century”:

in the first place, that . . . all genuine questions must have one true answer and one only, all the rest being necessarily errors; in the second place, that there must be a dependable path towards the discovery of these truths; in the third place, that the true answers, when found, must necessarily be compatible with one another and form a single whole, for one truth cannot be incompatible with another—that we knew a priori. This kind of omniscience was the solution of the cosmic jigsaw puzzle. (1991, pp. 5–6)

Berlin writes of the compelling power and profound attraction of this ideal, in comparison with the pluralism that he argues is now our only conceptually coherent possibility. One can easily imagine Freud voicing Berlin’s mock plea for the now-anachronistic ideal of rationalism (psychoanalytically informed) leading from primary process to secondary process, from the chaos of nature to a singular and inevitable rationalist progress:

For if this was not so, do the ideas of progress, of history, have any meaning? Is there not a movement, however tortuous, from ignorance to knowledge, from mythical thought and childish fantasies to perception of reality face to face, to knowledge of true goals, true values as well as truths of fact? (1991, p. 7)

**PSYCHOANALYTIC HETEROGENEITY**

If we narrow our focus from the culture at large to the discipline of psychoanalysis itself, we find more immediate, equally compelling reasons for the current crisis of confidence within psychoanalytic theorizing.

For most of Freud’s life, there was one, and only one, psychoanalysis; it was easy to regard defections as splinter movements, a falling away from an objectively greater, more scientific truth that would ultimately prevail. Now there are many psychoanalytic schools, each with claims to an exclusive possession of objective truth. And that heterogeneity is a constant, looming, often troublesome presence for all psychoanalysts who participate in the analytic community outside their own offices. It is hard to imagine a time when any one theoretical perspective will demonstrate such compelling reasonableness and truth that proponents of the others will change ranks, and psychoanalysis will once again be whole.

Imagine Sterba presenting his clinical material at a case conference set in contemporary times with analysts of different persuasions. He could no longer assume that his conclusions are obvious and almost not worth stating. Sterba’s understanding of this material is based on the classical Freudian premise that early childhood impulses and conflicts concerning sexuality and aggression are the formative and ongoing motivational basis of all experience. His interpretation of his patient’s initial experience in treatment follows naturally from that premise: Her personality is organized around masochistic sexual longings in relation to her father; the experience with the physician was traumatic largely because it served and serves as a dramatic representation of those oedi-
pal longings and fantasies; she seeks to act out the central oedipal constellation in the transference with the analyst because she still seeks gratification for her masochistic longings. Thus, this patient experiences the analytic situation as a setting for seduction about which she has intense conflicts and ambivalence.

This is a compelling interpretive understanding, but, in today's analytic world, it is certainly not the only one. What other hypotheses would begin to churn in the minds of analysts of other persuasions?

Analysts who tend to think along the lines of object relations theory (for example, Fairbairnians) begin with the assumption that it is not the pursuit of gratification that is the basic underlying motivation in human experience but the pursuit of contact. They would be inclined to assume that this patient's apparent sexualization of the analytic situation represents the mode of object-seeking and connection to others that was available to her as a child. It is likely that she experienced her parents as unavailable to her in other ways, that masochistic surrender, of a quasi-sexual nature, seemed to be the most exciting and intense form of contact available. It is difficult for her to imagine that she can be loved or found valuable in any way other than sexual surrender; she maintains the hope that through masochistic submission, a more genuine connection will emerge. What she seeks, according to this interpretive line, is love and caring.

Analysts who tend to think along the lines of interpersonal psychoanalysis begin with the assumption that people learn patterns of integrating relationships with each other in childhood, and these patterns are repeated throughout life. They would be impressed with the deceptiveness and hypocrisy of the parents as well as the physician in the patient's story. Was this characteristic of the way people in this family acted? Perhaps the story became important because it seemed to be emblematic of the way the world works. From this perspective, the patient has become very good at giving important people what they seem to want. What does she believe about the analyst's intentions and interests? Does the analyst expect her to produce sexual material and childhood memories? What does it mean to him? Is the friend who would suspect her of sexual activity a stand-in for the analyst whom she knows suspects her of sexual fantasies and longings? Does she produce material for his interpretive scalpel, which seems to make him excited and gives him a sense of great certainty and mastery, because this is the manner in which she has learned to interact with other important people? What she seeks, according to this interpretive line, is neither gratification nor caring, but familiarity and interpersonal mastery.

Analysts who tend to think along the lines of self psychology begin with the assumption that the most fundamental motivational thrust in human experience is the maintenance of self-cohesion. They would be impressed with the patient's self-protectiveness at the beginning of treatment and see it as an indication of an endangered sense of self. Here is someone who apparently has learned that the world is not a terribly safe place for her and her needs. People play tricks on you, think negative things about you, invade you, both physically and psychologically. Her initial resistance is a rational response to a real sense of endangerment. She is likely to experience the analyst's formulations not as helpful but as a repetition of the initially assaultive, uncaring parenting she received. What she seeks, according to this interpretive line, is not gratification, caring, or interactional competence but empathic understanding of her deeply felt need for self-protection.

No competent analyst would fix upon any of these formulations with so little data. However, any competent analyst does start associating to clinical data and formulating loose interpretive hypotheses from the start, both consciously and preconsciously. Those associations and formulations begin from assumptions the clinician brings to the material; the data start to organize themselves around those assumptions; and the beliefs and conclusions arrived at are an interactive product of the analyst's manner of listening and thinking and the patient's manner of presenting himself in the analytic situation.

These are all good theories. (Others could have been added as well.) They are all interesting, complex, and work within their own terms. It is precisely this rich heterogeneity of our psychoanalytic world that makes it no longer compelling to think of psychoanalysis as a method for uncovering a singular truth. Rather, this rich heterogeneity that has evolved from Freud's monolithic system makes it much more compelling to view psychoanalytic theory as a group of interpretive systems, each with its own principles, laws, and criteria of verifiability. Object relations theory, self psychology, interpersonal psychoanalysis, Kleinian theory: Each of these fully psychoanalytic systems is a monolith unto itself. But our community of many orthoadoxies is a different world from Freud's community of one orthodoxy and several splinter movements (such as Adlerian or Jungian theory).

The shift from the view that the analyst knows the Truth to the view that the analyst knows one (or more) among various possible truths about the patient's experience has created a crisis of confidence in psychoanalytic theorizing and a crisis of authority in the psychoanalyst's self-image. The certainty and its consequent hopefulness that pervaded
traditional psychoanalytic theorizing have become inaccessible to contemporary analytic theorists or clinicians. Is this a problem? Is uncertainty a cause for nihilism and dread, or the basis for a different sort of knowledge? If the content of what analysts know is not the Truth, is the authority that analysts can claim diminished?

Among those who have struggled directly with the implications of this proliferation, there have been essentially three strategies (cutting across theoretical traditions): an appeal to empiricism, an appeal to phenomenology, and the hermeneutics/constructivism approach. The first strategy looks outside the analytic process itself for a firmer soil in which to ground psychoanalytic theory; the second strategy tends to diminish the importance of the analyst's theory in the analytic process. The third strategy continues to grant an important role to the analyst's knowledge but calls for a rethinking of the very nature of that knowledge.

RESPONSES TO THE CRISIS: EMPIRICISM

There has been a long-standing tradition of empirical research both on concepts drawn from psychoanalytic theory and on the analytic process itself. An account of this research could fill several volumes. Like most important research traditions, it has generated useful data, new ideas, challenges to existing theory, and many false leads. One popular response to the current heterogeneity of psychoanalytic theories and the crisis of confidence it generates is the hope that one day empirical research will provide a solution, serving as a framework for testing and evaluating psychoanalytic theories, substantiating some, discarding others.

Freud thought that the analytic method itself was an empirical method, with the analyst as observer uncovering and cataloging data. Today a dwindling number of authors still think this way. For most, the proliferation of different interpretive systems and the inevitable participation of the analyst in what he is observing make the analytic process not an unimpeachable platform from which to determine truths about the patient's experience and life. In our day, in contrast to Freud's, it is difficult to see how the analytic method itself can be employed to adjudicate among the different claims to truth because analysts of different persuasions employing the analytic method are discovering different truths.

Many authors look to empirical research apart from the analytic process itself for the grounding of psychoanalytic knowledge. Such researchers claim that Freud was right to regard psychoanalysis as a science. The problem is that theories have proliferated far beyond our success in testing them to decide which are true and which are false. This very serious problem is solvable only through some sort of extra-analytic empirical methodology and a comprehensive research program to test psychoanalytic ideas and establish their validity. So, many people look to the various extra-analytic methodological strategies for determining the truth value and utility of competing analytic theories and concepts. Their hopes for the yield from empirical studies are extremely high.

Some pin their hopes on the accumulation of data from the comparative study of the course of different treatments. Some look to the study of the analytic process through an analysis of transcripts. Others look to outcome studies. Some regard the analytic situation itself as too messy and prefer experimental laboratory conditions. Still others put great weight on closely related fields, such as infant research, as a testing ground for analytic concepts. These various empirical studies have generated valuable and thought-provoking data about a lot of different things. Yet they do not really help us with the crisis in confidence concerning what it is that the analyst knows.

Those who hope that science will solve the crisis in metatheory seem not to appreciate the difference between science in our time and science in the time of Freud and his contemporaries. Freud could believe that anyone using the psychoanalytic method would gain access to indisputable and clear phenomena, just as the first telescope enabled Galileo and his contemporaries to see, in a clear and unmistakable way, that the apparent smudges in the Milky Way were composed of countless stars. All one had to do was employ the instrument and look.

For Freud, the data that the psychoanalytic instrument yields also speak that directly. The relationship between scientific explanations and actuality seemed simple—Freud felt that what he was seeing had a clear and direct correspondence to reality.

Its endeavour [scientific thinking] is to arrive at correspondence with reality—that is to say, with what exists outside us and independently of us and, as experience has taught us, is decisive for the fulfillment or disappointment of our wishes. This correspondence with the real external world we call 'truth.' (1933, p. 170)

Our relationship to reality, both physical and psychical, can no longer be regarded in so uncomplicated a fashion, and this modern sensibility affects our experience of doing psychoanalysis no matter what
words we use to characterize it. We may still want to consider psychoanalysis a science, to be empirically tested both within and outside the analytic situation itself. But psychoanalysis can no longer be a science in the way Freud thought about science. It is now a science that yields multiple truths, changing truths, truths that are embedded in the particular interactive context of the analytic relationship.

Empirical testing of various psychoanalytic concepts and psychoanalytic treatments may shed some light on many interesting questions: What sorts of hypotheses are most useful for predicting what will happen next in the analytic process? What sorts of interventions are most useful with certain kinds of patients? How do different metaphors from adjacent fields (child development, artificial intelligence) lend themselves differently to the shaping of psychoanalytic data? And so on. These questions all have to do with utility, not singular explanation; effectiveness, not Truth. These kinds of studies can contribute to the analyst's authority, but they can never resuscitate the belief, possible for Freud and his contemporaries, that the analyst could offer the patient an exclusively correct explanation for and blueprint of his experience and development. Establishing effectiveness does nothing to allay the anxiety of the psychoanalyst of today who may want to believe, as Freud and Sterba justifiably believed, that she has access to the Truth.7

Empirical data sometimes have had an important impact on the shaping of analytic knowledge. Karl Popper's oft-cited concept of "falsifiability" operates in an informal but important way in the sorting out of theories within the analytic community. The empirical finding in outcome studies of psychotherapy and psychoanalysis that the analytic relationship is more important than the analyst's theory has played a part in the growing prominence of the concern with that relationship in psychoanalytic theorizing. The disconfirmation of the motivational primacy of tension reduction in experimental research on animals and infants (Lichtenberg, 1983) surely has played a part in the abandonment or radical reshaping of the concept of "drive" in psychoanalytic theorizing. And other lines of empirical research have made important contributions as well to the psychoanalytic community and its ongoing generation of analytic concepts.

However, empirical studies have never served as an ultimate test of analytic concepts, nor is it likely that the crisis in metatheory will be resolved by such studies. No experiment or series of experiments will ever be able to serve as a final and conclusive arbiter of the truth of something as complex and elastic as a psychoanalytic theory.8 Any of the major psychoanalytic theories can account for all the data. They change not because they are disproven, but because they are no longer as compelling or persuasive, because their clinical utility has diminished, or because they have lost their inspirational value.

The hope that empiricism will solve the crisis of metatheory represents a misuse of the contribution of empirical studies. They can never restore the singular Truth that Freud and his contemporaries could believe psychoanalytic theory provided for them. Empirical data make an important contribution to the shape that theorizing takes, but they cannot provide an ultimate standard for choices among theories.

RESPONSES TO THE CRISIS: PHENOMENOLOGY

An alternative response points to the centrality of the patient's own subjective experience in the analytic process as reason to believe that the crisis concerning the analyst's knowledge is really no problem at all. According to this line of reasoning, what is central to the analytic process is inquiry into the analysand's experience, the analysand's own subjective point of view. The analyst's beliefs are of secondary importance and often operate as a contaminant. The analyst's job is to conduct an inquiry into the patient's experience and what the patient knows, to enable the patient to discover, express, and capture her own experience.

The turn toward phenomenology represents an important dimension of the revolutionary movements we charted in chapter 1. In their debunking of theory, the phenomenologists have helped shift the focus to the patient's perceptions and ideas, to the importance of attempting to envision the world from the patient's vantage point and the centrality of the patient's personal subjectivity. Their contribution also has served as a corrective for the common abuse of theory, for the tendency of analysts to use their own conceptual categories and presuppositions as Procrustean categories into which they neatly distribute the patient's experience. However, the use of a phenomenological emphasis specifically to solve the crisis in metatheory is something else and needs to be considered in its own terms. This strategy has been developed most fully and explicitly by Evelyn Schwaber; we will consider her approach as representative.

Schwaber has developed Kohut's original contributions on empathy and resistance into a critical perspective on the way psychoanalysts listen and the assumptions they make about what is real. She argues that in most analytic work, there is a separation of "two realities, hierarchically arranged... the one the patient experiences, and the one the ana-
lyst “knows” (1983, p. 386). Like many other contemporary authors, Schwaber asks us to rethink the traditional assumptions granting truth value to what the analyst knows and assuming that what the patient experiences is a distortion of reality shaped by his inner conflicts. Schwaber argues that what the patient needs is not a renunciation of his hopes but a recognition and transformative development of them.

It is not the relinquishment or renunciation of childhood wishes that makes treatment effective, but their discovery and elucidation, the search for their meaning, and the reestablishment of their historical continuity... Analysis is mutative in sustaining that hope, however tentative and defended it may have been, that led the patient to seek help in the first place; for it is ultimately a hope for recognition—of one’s feelings, wishes, defences, perceptions, of one’s own truth—linked from past to present, articulated by another and by oneself. (1990b, p. 237)

Schwaber argues that reality is relative and perspectival. The analyst’s viewpoint, derived from his own theoretical assumptions, is only one among many possible perspectives. The essence of good analytic work is not the superimposition of that perspective on the patient but a listening process that allows the patient’s own perspective to emerge and develop. The analyst should be continually alert to the intrusion of his own reality so as to resonate with the “patient’s subjective point of view.”

According to this approach, the crisis in metatheory is really no crisis because theory is unimportant; in fact, theory is essentially an impediment. What is important for the analytic process is the patient’s experience, and that experience is accessible outside of, or unmediated through, the analyst’s theory. It does not matter what the analyst believes, or that different analysts may believe different things.9

This use of phenomenology to solve the crisis in metatheory is problematic, because it posits, in one form or another, an ideal that is impossible. The notion that the patient’s experience can somehow serve as the ultimate standard of truth, independent of the analyst’s own ideas and beliefs, rests on several questionable premises.10

First, the patient’s own experience is assumed to be singular and unambiguous, waiting in the patient for the opportunity to express itself. Second, the patient is assumed to have privileged access to that simple, unambiguous experience, if only unimpeded by the analyst’s participation. Third, it is assumed that the analyst can know what the patient’s singular subjective point of view really is: “The closer we can stay to their experience of the moment (the closer we stay to the data), the less we are tempted to teach another truth, the more deeply our patients will be able to observe and to face their own” (Schwaber, 1990b, p. 238).

These assumptions fly in the face of some of the most important and enduring discoveries of psychoanalysis over decades of practice: All of us have multiple, conflictual perspectives, many of which are unconscious or preconscious; one’s perspective on past and present is always context-dependent and changes according to motivational and affective state; and one’s perspective varies a great deal depending on the other to whom it is being spoken and the purpose for which it is being expressed.

Schwaber’s assumptions also are contradicted by a great deal of current thinking about how the mind works that has been generated in the field of cognitive psychology and related areas; this research has enormous and exciting implications for psychoanalytic theorizing. Daniel Dennett (1991), for example, points to the “tempting mistake of supposing that there must be a single narrative (the ‘final’ or ‘published’ draft, you might say) that is canonical—that is the actual stream of consciousness of the subject, whether or not the experimenter (or even the subject) can gain access to it” (p. 113).

Consciousness itself is fragmentary, discontinuous, and much too complex and inaccessible to be captured in a singular, true report. Unconscious experience is, of course, even more problematic in these regards. Further, establishing the patient as the final, unquestioned arbiter of what goes on even in her conscious experience grants her powers she does not have and minimizes the potential contribution of the analyst. Dennett’s description of the researcher (“heterophenomenologist”) into the conscious experience of another person, and his account of the issues involved in such research, are remarkably similar to accounts from those involved in psychoanalytic inquiry.

If you want us to believe everything you say about your phenomenology [Dennett’s heterophenomenologist says to his subject], you are asking not just to be taken seriously but to be granted papal infallibility and that is asking too much. You are not authoritative about what is happening in you, but only about what seems to be happening in you, and we are giving you total, dictatorial authority over the account of how it seems to you, about what it is like to be you. And if you complain that some parts of how it seems to you are ineffable, we heterophenomenologists will grant that too... Later, perhaps, you will come to be able to describe it, but of course at that time it will be
something different, something describable. (Dennett, 1991, pp. 96-97)

The phenomenological solution, while decrying objectivism in any form, ironically represents the return of a form of the naive realism of Freud's day. Although the analyst as scientific observer has no privileged vantage point from which to discover the truth, it is assumed that the patient does, and the analyst has the power to know what the patient knows, even if the patient is not aware of it herself. This reinstatement of the assumption of a singular, unmediated reality is at odds not just with contemporary philosophy but also with what psychoanalysis teaches us about the inevitably personal, subjective organization of all experience, including (alas) the analyst's.

There is something profoundly alluring in the longing to contact reality in an immediate fashion. Freud thought his theory gave him access. Those who debunk the pretentions of theory think that by shedding it they gain access. The reality they hope to connect with more immediately is the patient's subjectivity itself. The analyst becomes a kind of portrait painter of the patient's experience, revealing the inner structure of that experience. The problem is that in painting their subjects, portrait painters also are expressing their own sensibility, their own subjectivity, and what they capture on canvas is partly the impact of their own personalities. A personal experience with portraiture recently impressed this point upon me in an irresistible way.

Several years ago, my wife and I decided to contract for a drawing of ourselves by an artist whose work we had admired for a long time. He had done wonderful drawings (I had purchased several prints) and seemed to capture the essence of his subjects. Indeed, he prided himself on just this capacity. He was pleased to take on the assignment and informed us that he would require us to spend some time sitting and talking with him as he sketched us so that he could get to know us better. He felt that to capture the essence of people visually, he had to know something about them: their history, their passions, their beliefs, and so on. This made great sense to two psychoanalysts, so we began enthusiastically.

I can no longer remember exactly how many hours we spent at this project, but I remember it as one of the most tedious and irritating experiences of my life. The artist's idea of getting to know us was to tell us all about himself and what an extraordinary person he was in every respect. I kept reassuring myself that it would all be worthwhile, because I would be able to enjoy his rendering of me for many years to come.

Too many days later, when he showed us the finished portrait, I was absolutely horrified. I could see the resemblance, but it was certainly not what I took to be my inner essence. I looked vacant, devoid of any emotional depth or intelligence. If the artist had, in fact, "caught" anything important about me, I wished it could be thrown back! Out of deference to the money spent, and assuming that, perhaps, his vision was deeper than mine, I tried hanging it up in my dining room. I felt justified in taking it down and burying it in the back of a closet, however, when my three-year-old daughter asked, when she saw it, "What happened to Daddy?"

My initial notion was that the artist had just done a poor job. This judgment changed in a way I found quite fascinating when my wife suddenly realized that, although the portrait seemed not at all representative of me, it did capture something familiar to her. She realized that she had seen the look on my face before; it was my characteristic reaction when trapped in a room with someone I find insufferably boring and offensive. Since in recent years I have become adept at avoiding such situations, she had not seen that vacant, depersonalized stare for a long time—but there it was!

So I was forced to admit that the artist had, in fact, caught something characteristic about me, but what he had caught was me in interaction with someone like him. Would a less intrusive artist have been able to discover and capture something more genuine? Undoubtedly, a version of myself I like better would have emerged, but it is difficult to say whether that version would have been any more genuine. And no version of me would have been separable from the impact of the artist himself. Artists, like psychoanalysts, have a great impact on what it is they are trying to understand, and there seems to be no way to factor out or analyze away that impact. There is no "me," waiting to be captured, either by an artist or an analyst or even by myself. (Problems with the concept of a True Self will be taken up in chapter 5.)

Changes in thinking about what the analyst knows generate a crisis not just in terms of the analyst's knowledge but in terms of the analyst's broader authority. What is it that the analyst can, in good faith, offer the patient, if not a singular explanation for the workings of the patient's mind? Even though empirical and phenomenological approaches can neither reverse nor bypass the crisis in metatheory, they can help us with the problem of the analyst's authority.

Empirical data may eventually make it possible for the analyst to know which kinds of hypotheses are most useful with particular kinds
of patients and which theoretical concepts are likely to affect the analytic process in particular sorts of ways. Phenomenological approaches help develop the analyst's expertise in conducting an inquiry, in teaching the enormously complex craft of listening to and experiencing the patient as he presents himself and the personal world he shapes and operates in. These are rich gifts indeed. But they do not alter the fact that today's analyst cannot feel he offers the patient a singular, exclusive explanation in the way that was possible for the analyst of Freud's day. The implications of this difference have been addressed most directly and fruitfully by the authors to be considered next.

Responses to the Crisis: Hermeneutics, Constructivism

The third solution to the metatheoretical crisis has been designated differently by different authors: hermeneutics, constructivism, constructionism, perspectivism. There are many differences among the positions taken, many different forms of these "isms"; they do not, in any way, constitute a consensus. They represent an extended, complex conversation. Entry into the conversation requires a shared sense of the inadequacy of the traditional premise that psychoanalytic ideas correspond, in a direct and immediate fashion, to the structure of the mind. This traditional premise has been designated variously by different authors as positivism, realism, objectivism, foundationalism, and fundamentalism.

Authors struggling with this problem seem to agree that whatever it is that the analyst knows, it is not simply discovered or revealed through the analytic method—it is organized, constructed, fitted together by the analyst herself or, collectively, by the analytic community in its repertoire of theoretical concepts. The analytic method is not archaeological and reconstructive; it does not simply expose what is there. Rather, it is constructive and synthetic; it organizes whatever is there into patterns it itself supplies.

The fundamental assumption in this line of thought is that the patient's experience—the basic data of psychoanalysis, that which is to be understood or "analyzed"—is fundamentally ambiguous. This is an easily misunderstood concept. It does not mean that the patient's experience is necessarily opaque or mysterious (although at times it might be). It does mean that understanding human experience, including one's own, is never simply a process of seeing it, grasping it, or reading it (depending on whether one likes one's metaphors ocular, physical, or linguistic). The elements of human experience are understood only through a process that organizes those elements, puts them together, assigns them meaning, and prioritizes them. The organization that seems most compelling may seem quite accessible and unambiguously; it is still constructed, through an active organizing process, in the person who is doing the understanding.

To say that human experience is fundamentally ambiguous is not the same thing as saying it is complex. (See Sass and Wolf, 1988, p. 447.) Freud and his contemporaries regarded experience as very complex indeed, and, as psychoanalytic theory developed and expanded, so did the complexities of understanding. Thus, concepts such as "overdetermination" (Freud), "multiple function" (Waelder, 1936), and "compromise formation" (Brenner, 1982) have been used, quite correctly, to defend the complexity with which the mind is understood within the classical psychoanalytic framework. Any piece of experience may have many different latent meanings and different functions with respect to different psychological agencies. But complexity is not the same as ambiguity.

Within the classical system, any given piece of experience is understood to be determined (no matter how complexly) by a specific and finite collection of motives. There is one correct and comprehensive way to understand that piece of experience. Of course, one analyst may pick up on one meaning, another analyst on another meaning. And both can be correct (because of overdetermination, multiple function, and compromise formation). But each explanation, even though correct, is incomplete. Because all mental events are determined ultimately by a finite set of causes, there is a singular, even if multidimensional, correct and complete answer to the question: What does this piece of experience mean? All the partial answers fit together like pieces of a jigsaw puzzle. (This is a psychological counterpart to Berlin's cosmic puzzle referred to earlier.) Even if we do not completely know what the picture is, the traditional assumption has been (and, according to traditional epistemological principles, has to be) that there is a singular solution to the puzzle. Thus, Freud defined truth in terms of correspondence with what is "out there."

From the hermeneutic/constructivist perspective, we come to know reality outside of us only through our experience of it, which is, inevitably, organized in terms of our ideas, our assumptions, our wishes. In this approach, it is impossible to envision a singular correct and complete understanding of any piece of human experience even as an ideal, because human experience is fundamentally ambiguous. To understand something means to organize it. Since the organization is not solely in the experience to be understood but also in the activity of the under-
standing, different organizations are possible, different understandings. To say that experience is fundamentally ambiguous is to say that its meaning is not inherent or apparent in it but that it lends itself to multiple understandings, multiple interpretations.13

For Freud, the patient’s dynamics are in the patient’s mind, and the true meaning of those dynamics is inherent within them. The analyst’s task is to uncover the fragments of the patient’s latent dynamics embedded in the associations and to reconstruct their original configurations, very much as the archaeologists of Freud’s time, whom he so admired and envied, uncovered actual remnants of ancient civilization and reconstructed long-buried cities.14

Contemporary authors influenced by hermeneutics borrowed from philosophy and literary theory (Paul Ricoeur, Donald Spence, Roy Schafer) have challenged this traditional understanding of the analytic method. They believe that, unlike physical objects, the patient’s productions do not constitute a single organizational scheme.

Schafer, for example, argues against what he calls the “official psychoanalytic conception of reality,” traditionally positivistic, in which reality is seen as “out there” or “in there,” “in the inner world, existing as a knowable, certifiable essence [to be] encountered and recognized innocently.” He argues, by contrast, for a view that limits “us always to dealing only with versions of reality.... One defines situations and invests events with multiple meanings.... In this account, reality is always mediated by narration. Far from being innocently encountered or discovered, it is created in a regulated fashion” (1983, p. 234). The patient’s experiences, associations, and memories can be integrated or organized in innumerable ways. The organizational scheme arrived at is a dual creation, shaped partly by the patient’s material but also inevitably shaped by the analyst’s patterns of thought, or theory. The “meaning” of clinical material does not exist until it is named—it is not uncovered but created.

In this view, the analyst’s theory has an enormous impact on what he sees in the clinical material, not because it is a sure guide to uncovering structure but because the theory itself shapes and organizes the material. The patient’s dynamics and life history do not have an independent reality that can be uncovered or grasped from the outside—they exist in a state of complex potentiality and are actually co-created by the observer’s participation. This is a profoundly different view of the analytic process. Frank Kermode, the literary critic, has vividly described some of the implications of this shift from historical truth to narrative truth, from correct understanding to narrative intelligibility.

Past events, indeed, are not reconstructed; they are constructed here and now. Moreover, since the analyst inserts fictions into the discourse, he might be more usefully thought of as a kind of poet rather than as a kind of archaeologist. What psychoanalysis does is construct “truths in the service of self-coherence... it offers no veridical picture of the past.” Like the poet, the novelist and the historian, the analyst creates under his specific conditions a past that is really here and now, a fiction appropriate to the present. Any interpretation is true “only in its own analytic space” (Spence). Moreover, it is pointless to call an interpretation erroneous; it works by contributing to narrative intelligibility, and is neither true or false but only a means to an end. (1985, p. 9)

Social constructivism is the term employed by Irwin Hoffman in an important series of articles focusing on the participation of the analyst in the analytic process (1983, 1987a, 1991a, 1991b, 1992). Whereas authors drawing on hermeneutics in philosophy and literature, such as Spence and Schafer, emphasize the impact of the analyst’s theory on the process, Hoffman focuses on the analyst’s unintended (and often unconscious) participation. The position he has been developing includes some of the following arguments: The patient’s experience is co-determined both by the patient’s own characteristic organizational patterns and by the patient’s perception of the analyst’s participation and experience. (See also Gill, 1982.) The patient’s interpretations of the analyst’s actions and experience are constructions that are usefully assumed to be plausible and anchored in real events in their here-and-now interaction. The analyst’s understanding of the patient is also a construction, one among many possible ways of organizing the material generated in interaction between analysand and analyst. The analyst’s understanding of her own actions and feelings is a construction as well rather than an accurate rendering, one among many possible (but not unlimited) ways of organizing her experience. The analyst’s understanding of both analysand and self is always embedded in the complex interactive matrix that they constitute.15 Therefore, the analyst’s self-understanding is always incomplete and constantly evolving, since it can never free itself from its own current immersion, which, if grasped at all, can be seen only retrospectively, from yet another vantage point.16

Traditionalists claim that the analyst, through his theory, has privileged access to the patient’s experience. Phenomenologists claim that the patient has privileged access to his own experience. Traditionalists and phenomenologists share the assumption that there is a stream of
experience that actually exists in a pristine form, to which either analyst or patient has unmediated access, like the viewer of a film on an interior screen. (Daniel Dennett [1991] describes this anachronistic although pervasive view as predicated upon the assumption of what he terms the "Cartesian Theater.") A central tenet of the hermeneutic/constructivist approach is that there is no stream of experience separable from experience as accessed by someone (either oneself or someone else) at a specific time, for a particular purpose, in a specific context. Thus, experience is constructed on a moment-to-moment basis. At any given point, the patient can only report a particular construction of his experience, which may overlook or obliterate many other important constructions of his experience (which the analyst might be more in touch with). At any given point, the analyst can offer only his own construction of some aspects of a patient's experience, a construction of a construction.

The "only" in the preceding sentence should not be taken as a minimization of the importance of interpersonal understanding. Our constructions of each other's constructions make possible mutual growth and the reciprocally facilitating use of imagination. (How this works in the analytic relationship will be taken up in chapter 8.)

Where does the analyst's knowledge about the patient come from? If the analyst does not have unmediated access to the structure of the patient's experience, if everything that the analyst knows about the patient is mediated through the analyst's own experience, how is it possible for the analyst to feel confident that she knows anything about the patient at all? How can the analyst's beliefs about the patient become relevant and useful to the analysand?

This question is approached in different ways by various authors across the broad spectrum of the hermeneutic/constructivist approach. Let us sample a few representative strategies.

Authors (such as Jurgen Habermas) drawing on hermeneutics in philosophy and literature point to the shared cultural and linguistic categories through which individuals in the same community structure their experience. It is true that I can never grasp your experience directly, but only in terms of my experience, and that, therefore, misunderstandings are common and always a possibility. Nevertheless, the accomplishments of social living and culture are testimony to the likelihood that we do seem to understand each other a large portion of the time. We live in the same physical world, share the same language, enjoy the same cultural traditions, and this communality makes it possible for my understand-

ing of you, formalized in my analytic theories, to be relevant to one or more of your understandings of you or, alternatively, to be a potentially useful and meaningful understanding for you. The analyst's beliefs are likely to be useful to the analysand because the two share, in many respects, a common world.

Schafer grounds the analyst's knowledge in a community more narrowly defined—the narrative tradition developed within each of the major psychoanalytic schools. From this perspective, psychoanalytic theories provide narrative strategies or storylines. They may have relevance to narrative themes within the culture at large (for example, Freud's late nineteenth-century storylines of person as beast and person as machine). However, the analyst's beliefs are rooted most securely in the history of the application of narrative strategies within the analytic discipline. In collaboration with the patient, the analyst provides storylines that have proved useful and powerful in other analytic dyads in terms of generating rich and liberating forms of experience. The analyst's beliefs are likely to be useful to the analysand because she knows ways of organizing and looking into experience that are compelling and freeing.

Yet another approach to the sources of the analyst's knowledge of the patient looks to the more deeply personal experience of the analyst, as reflected in the analyst's own inner life and dynamics. What the patient is experiencing and what the analyst is experiencing are deeply and inevitably intertwined and form a single although very complex dyadic unit. This approach is based on the presupposition that affective experience tends to be highly contagious and that people continually shape each other's experiences in their interactions with each other. Someone who is depressed is likely to "bring one down"; someone who is anxious makes other people anxious; sexual excitement begets sexual excitement; rage and belligerence tend to put others on edge and incite reciprocal hostility; and so on. Affects often work (not always, of course) like tuning forks of the same pitch; vibration in one sets off a resonance in the others.

In classical theory of technique, the analyst's personal, idiosyncratic feelings ("countertransference") are regarded as a contaminant to be eliminated as much as possible. In more current theory of technique, a great deal of value is attributed to the analyst's reactions, to what the analyst feels like when in the presence of the particular patient. In this approach, it is crucial that the analyst not be a neutral observer. It is precisely the analyst's mood, feelings, fantasies, stray thoughts that provide a route to the patient's issues.
Heinrich Racker (1968) was a pioneer in this tradition, and his kind of approach is illustrative.

Let us say that a patient acts in a clinging and accusatory fashion, trying greedily to grasp as much of the analyst's time and/or ideas as he can. The analyst finds himself, despite his best professional intentions, holding onto both his time and/or ideas, protecting them, and, out of anger at the patient's implicit reproaches, finding some satisfaction in the patient's inevitable deprivation.

In the classical analytic model, these feelings on the part of the analyst—countertransference as a response to the patient's transference—would be considered inappropriate. Yet in some areas of contemporary analytic thought, such countertransference can become a powerful vehicle for the analyst's understanding of the patient's experience. As the analyst becomes aware of and reflective about his own retentiveness and sadism, he explores the interaction with the patient for some of its possible sources. His own experience may alert him to ways in which the patient has been clinging and/or implicitly accusatory. He may become aware of the way in which his sense of hoarding and withholding protect him from his own experience of dependency and longing.

In this approach, the analyst makes his way through his own experience to an understanding of the patient's experience and the complementarity of the interpersonal situation they have collaborated in shaping. It is of course crucial that the analyst not use his own experience as if it were oracular, leading to certain knowledge of the patient's experience. When used in a nonoracular fashion, the analyst's personal experience with the patient generates beliefs that are likely to be deeply relevant to the patient's experience or potential experiences.

Viewing the analyst's experience as deeply personal but not idiosyncratic makes possible a grounding of the analyst's beliefs about the patient in the analyst's own subjective experience. Some authors (such as Schaefer) see the analyst's organizing role largely in terms of the narrative strategies inherent in their theories. Other authors (such as Hoffman and Stern) regard theory as reflecting (often added on post hoc) something much more personal and spontaneous in the analyst's participation. What these approaches have in common is that they regard the analyst's personal participation in the data, the analyst's personal impact on the patient's experience that both are struggling to grasp and understand, no longer as a contamination of a purer knowledge. Rather, the analyst's participation is understood to be an inevitable element in the subject matter under study and a powerful tool for understanding.

Contemporary psychoanalytic writers in the area of metatheory must necessarily steer a course between twin dangers that are so narrow that it makes Ulysses' route seem comfortably lazy and meandering. The Charybdis of modern psychoanalysis is the preservation of the traditional assumption that there is a singular, unambiguous reality "out there," an assumption that is so compelling and powerful that it operates as a conceptual whirlpool from which it is difficult to steer clear. The multiheaded Scylla of modern psychoanalysis is the specter of relativism. In avoiding the assumption of a singular reality, one is confronted by the bewildering possibility of many realities, with no standard or stable framework as a guide.20

Does a hermeneutic/constructivist view of psychoanalytic theorizing imply that all theories are equally relative and therefore equally valid? Does the belief that human experience is fundamentally ambiguous suggest that there is no compelling way to evaluate competing interpretations of that experience? Does it leave us, in Levenson's (1992) frightening description, stuck in the "tarpits of constructivism"? Does the abandonment of the belief that psychoanalytic theories correspond, in a direct and linear fashion, to the Truth open the door to the claim that anything goes, that there are no constraints?

Fortunately, psychoanalysis is not on its own in struggling with these questions. Freud's rationalism pervaded the culture in which he lived. Similarly, the postrationalistic, postmodern world within which psychoanalysts must struggle for understanding pervades every intellectual discipline in our time, including the natural and social sciences.

The title of Richard Bernstein's treatise, Beyond Objectivism and Relativism (1983), is representative of the direction in which philosophers of science and postempiricist philosophy are moving.21 The untenability of the belief in a one-to-one correspondence between our theories and Reality has led not to irrationalism but to a different kind of disciplined reason, which Bernstein calls "practical rationality." The critique of traditional objectivism has not left advocates of different theories helplessly out of touch with each other. The critique of objectivism, Bernstein argues, has nothing to do with "relativism, or at least that form of relativism which wants to claim that there can be no rational comparisons among the plurality of theories, paradigms, and language games—that we are prisoners locked in our own framework and cannot get out of it" (p. 92). Practical rationality, as Bernstein describes it, involves rational comparison of theories in terms of their use value, their consen-
ual appeal, their economy of explanation. Practical rationality is essentially dialogic and intersubjective, implying the notion of community. Competing theories are not chosen purely on subjective, relativistic grounds. There is an emphasis on “the role of choice, deliberation, conflicting variable opinions, and the judgmental quality of rationality” (p. 74).

Bernstein argues that his notion of a practical rationality (beyond objectivism and relativism) reflects an emerging consensus in modern philosophy and philosophy of science. In many respects, psychoanalysis of the past several decades—in which theories have emerged, been sorted out, integrated, and discarded—provides some of the best evidence for his claim that rationalism has been replaced not by irrationalism but by a more pragmatic rationality.22

The development of psychoanalytic ideas, despite their heterogeneity, has actually been quite orderly. A proliferation of wildly idiosyncratic visions has not occurred. Although the postclassical era has given birth to a number of major independent traditions (such as various object relations theories and self psychology), these traditions have a great deal to do with each other. They can be logically integrated with each other into a comprehensive framework for clinical practice. (See Mitchell, 1988.)

The commitments of modern analysts to different theoretical concepts and systems have not been random and arbitrary. The criteria used for evaluating psychoanalytic concepts have necessarily broadened from narrowly defined empirical verifiability to such considerations as functional utility, intelligibility, and economy of explanation. Empirical data of various sorts certainly contribute to the evaluation of theoretical concepts, but they are no longer viewed as a final, ultimate arbiter. Empirical data are important for raising questions, challenging explanations, provoking further discussion, contributing to a climate of opinion.

Among the reasons for the current popularity of object relations theories and self psychology is that they are directly useful for the kind of clinical problems that confront today’s practicing clinician (feelings of inauthenticity, emptiness, meaninglessness; difficulties maintaining intimate and committed relationships). Among the reasons for the decline in the belief in drive theory (the way Freud formulated it) is that its vision of a human baby is contradicted by contemporary experimental psychology and infant research (Lichtenberg, 1983).

The answer to the question “What does the analyst know?” is not “How the mind works,” or “How experience is structured.” Rather, the analyst knows a collection of ways of thinking about how the mind works and about how experience is structured that are likely to be useful in the patient’s efforts to understand himself and live with a greater sense of freedom and satisfaction in the world in which he finds himself. The state of psychoanalytic knowledge is not anchored in enduring truths or proof, but rather in its use value for making sense of a life, deepening relationships with others, and expanding and enriching the texture of experience.

So, everything is not equally valid. Consider an analogy with visual art. We could all agree that no painting captures reality in an objective, singular, unmediated fashion. Every painting is composed and thereby expresses the artist’s subjective vision. Yet it does not follow that all paintings are equally valuable or illuminating. A representational painting strives to re-present something, and the subject matter has a claim on the painting. It is still meaningful to distinguish between good and bad representational art. (In that sense representational art has a responsibility to its subject of which abstract art is free.) Part of any evaluation of a representational painting is in its handling of that claim. Does it capture something about its subject matter, express something, transform something, in a way that is stimulating and captivating, either emotionally or conceptually?

Psychoanalytic theories are not abstract and free-form—they attempt to represent something. In the analytic situation they represent the patient’s experience to himself; in the analytic community they represent clinicians’ experiences to practicing analysts. Those experiential realities have a powerful claim on analytic theories. Abandoning the belief in a singular, objective analytic Truth (or multiple analytic truths that approach a singular, objective reality) does not lead to a valueless analytic relativism. There are an infinite number of ways to paint a vase with flowers—that does not mean they are all equally moving, that they have equal claims to capture and transform experience.

Ultimately, it is the community of psychoanalytic practitioners who provide the crucial testing ground, in the crucible of daily clinical work, for the relevance and efficacy of all levels of psychoanalytic theorizing. It is ultimately the community of clinicians who end up evaluating the extent to which different theoretical concepts offer compelling frameworks for the experience of both analysands and analyst of life in our time.

When the Wizard warned Dorothy not to peek behind the curtain, he was sure the exposure of the arbitrariness of his claims to wizardry would cost him his profession and possibly his life. Actually, even after
3

The Two Revolutions Together

As a psycho-analyst I do not claim to know the answer, but I do not mean, therefore, that those who come to me for analysis know better.
—Wilfred R. Bion, Brazilian Lectures

In the previous two chapters I have delineated two striking developments in the recent history of psychoanalytic ideas. On the level of clinical theory, there has been a marked shift in emphasis from the clarification and renunciation of infantile fantasies to the revitalization and elaboration of the patient's sense of personal meaning. On the meta-theoretical level, there has been a fundamental redefinition in our understanding of what psychoanalytic theorizing is, from a representation and reflection of the underlying structure of the patient's mind to a construction, an interpretation of the patient's experience.

These two revolutions grow out of the same broad changes in culture and intellectual sensibility from Freud's day to ours. They are essentially two sides of the same coin, the coin being the analytic process, since “What does the patient need?” and “What does the analyst know?” are very closely related questions. The slow and complex process of change in our thinking about one question has been influenced by changes in thinking about the other. Yet the two have not really been pulled together and integrated, despite the fact that each question leads directly to the other and the richness of each is fully developed only in the dialectic between them. One reason they have generally been developed separately is that writers who have introduced ideas related