

## TRUTH AND REALITY IN PSYCHOANALYTIC DISCOURSE

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This paper addresses the themes of the last three IPA Congresses in which debate has focused on aspects of 'common ground' within the discipline of psychoanalysis. First, I examine positions in this debate from the viewpoint of analysts' explicit and implicit concepts of truth and reality; second, I attempt to relate these theoretical positions to findings resulting from a previous empirical study of analysts' models of their technique when formulating transference interpretations. The aim of this paper is to indicate the different ways in which analysts' concepts of truth and reality might be reflected in clinical practice.

As is amply acknowledged by a number of authors, the continuing debate on the common ground in psychoanalysis stems in part from the interest and disquiet aroused in the psychoanalytic community by the subject of Robert Wallerstein's opening address to the 35th IPA Congress held in Montreal in 1987—'One psychoanalysis or many?' (Wallerstein, 1988). The 1989 Rome Congress—the 'Search for Common Ground'—provided the forum for analysts of all denominations from three major psychoanalytic regions—Europe, North America and South America—to respond to Wallerstein's question. A number of analysts pointed to the value of pluralism and divergence, whilst others searched for unity and commonality. Broadly speaking, unity and diversity were sought and found at either the theoretical/metapsychological level or the clinical/empirical level.

These two types of response reveal explicit and implicit beliefs concerning the links between theory and practice within the discipline.

For instance, in his follow-up address to the 1989 Congress 'Psychoanalysis: the common ground', Wallerstein takes the position that in its present state, psychoanalysts share a common discipline and science in their consulting rooms despite increasing theoretical diversity. In other words, Wallerstein believes that psychoanalysts can practise in similar ways even if they hold very different representational models of what they intend to do and in fact do. Thus, Wallerstein does not argue for close links between theory and practice.

Nevertheless, Wallerstein believes that this inadequate state of affairs can be changed so that psychoanalysis can become the 'kind of coherent and unifying overall theoretical structure that Freud tried so brilliantly to create' (1990, p. 19). He has faith 'that by cohering around our common clinical ground and by building our clinical theorizing incrementally upon that, that we will have, we do have, the firm base upon which we can painstakingly fashion a truly scientific theoretical structure that can take its place properly and proudly as a full partner within the array of human sciences' (p.19). In his paper 'The search for common ground', Roy Schafer takes a contrasting approach, expressing scepticism towards the common ground position and stating that 'we should work with the sense that *our differences show us all the things that psychoanalysis can be even though it cannot be all things at one time or for any one person*' (Schafer, 1990, p. 52).

In some programme notes on the 1989 Congress, Arnold Richards (1991) singles out three contributions for special consideration:

those of Charles Hanly, André Lussier and Roy Schafer. (An expanded version of Lussier's contribution to the 1989 Congress is published in the same issue of the *IJPA* as Richards' notes.) Richards tells us that he has selected Hanly's paper 'The concept of truth in psychoanalysis' (Hanly, 1990) as 'very relevant and heuristically valuable' in regard to the 1989 Congress theme. I am in agreement with Richards' observation. Attitudes towards the feasibility and desirability of common ground or divergence in psychoanalysis relate closely to assumptions, conscious or unconscious, about the nature of truth and reality. Marcia Cavell's paper, entitled 'The subject of mind' (Cavell, 1991), is a welcome addition to these papers and provides a philosophical framework within which to consider many of the questions raised in the current debate. The entertainment of the belief in a common ground rests upon other beliefs concerning the nature of mind, truth and reality.

In 'The concept of truth in psychoanalysis', Hanly outlines two philosophical theories of truth: *correspondence* and *coherence*. As Schafer and Lussier note, we are less likely to engage in the search for common ground if we do not hold to a correspondence theory of truth where a relation of correspondence is posited between descriptions of reality and the objects to which these descriptions refer. Without faith in such a theory, we will not be motivated to find 'common ground' at either the clinical level, as Wallerstein proposes, or the metapsychological level, as outlined by Rangell in his 'total composite psychoanalytic theory' (Rangell, 1988).

The 'coherence' theory of truth has its parallel in the psychoanalysts' concept of 'narrative truth', variants of which have been outlined by George Klein, Lussier, Schafer, Donald Spence and other leading psychoanalysts. According to the 'coherence' theory, truth derives from the internal consistency of beliefs and experiences rather than from a correspondence with facts which are external or independent of mind. However, although psychoanalysts who adopt a strict coherence view agree in their opposition to philosophical realism (inherent in the correspondence theory of truth), they do not entertain uniform beliefs

concerning the nature of the link between theory and practice.

The use of mixed concepts of truth accounts, I believe, for much of the confusion in debates on theory-practice links in psychoanalysis. As noted above, Wallerstein believes in the possibility of a common ground at the *clinical* level while regarding our higher level theories as mere 'metaphors' which are 'heuristically useful'. Wallerstein seems to believe in correspondence at the clinical level but coherence at the theoretical or metapsychological level, thereby downplaying the link between theoretical belief and clinical practice. Lussier, by contrast, believes that 'theoretical predilections are not mere metaphors' but rather are 'determinative of the meaning of clinical concepts and the status of these concepts in clinical work' (Richards, 1991, p. 53). Jacob Arlow and Charles Brenner (Arlow & Brenner, 1988) have always argued for the crucial link between theory and practice. Arlow has focused on the technical consequences of analysts' beliefs on pathogenesis, cogently pointing out the far-reaching influences on analytic interpretation of Freud's trauma theory (Arlow, 1986).

The 'mere metaphor' approach to theory leads not only to 'excessive pluralism' (Lussier, 1991) but also to an irrationality at the foundation of the psychoanalytic enterprise. For, can what we think and believe have so little to do with what we say and do? Surely, the edifice of psychoanalysis is built on Freud's finding that even a partial consciousness of our intentions and underlying beliefs crucially affects our actions and personal relationships. If this is what psychoanalysts believe in regard to their patients, should they not also assume a parallel link between their own partly conscious theoretical commitments and the form and content of their interpretations—their 'therapeutic actions'?

But are correspondence and coherence, unity and pluralism, the only vantage points from which to view the psychoanalytic enterprise? Surely not. Richards states that the 36th IPA Congress was 'a forum of starkly dichotomous viewpoints, of participants who believed that analysts must have a great deal in common, and participants who believed

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that analysts need have very little if anything in common' (Richards, 1991, p. 54). As Richards asks, must we choose between the incompatible positions of, say, Rangell and Wallerstein, Wallerstein and Schafer, or Schafer and Lussier? Must the analytic enterprise be comprehended in terms of the coherence or correspondence theories of truth, as propounded by Hanly? Richards, referring to Louis Berger's scholarly work (Berger, 1985), suggests a third philosophical option—that of the *pragmatic* theory of truth. Richards observes that the role of pragmatism in the psychoanalytic endeavour should not be downplayed. 'If our theories guide us to interventions that are not therapeutically efficacious, we will necessarily question our beliefs—unless we are willing to spend a good portion of the day in the office by ourselves' (Richards, 1991, p. 54).

Although Cavell does not address the 'common ground' issue directly, she too notes the polarising trend in much contemporary psychoanalytic thinking on the subject of mind. In two previous papers (1988a, b), Cavell observes that psychoanalysis remains imprisoned in a Cartesian universe of irresolvable dichotomies from which post-Wittgensteinian philosophers have been freed for the last 40 years. In the pursuit of the subjective, analysts have become trapped in irresolvable dichotomies concerning the nature of reality, truth, meaning and reference. Cavell, expanding on the work of post-Wittgensteinian philosophers such as Donald Davidson (1989a, b) and Hilary Putnam (1975, 1981), argues against the myth of the subjective with its attendant belief in the primacy of internal, wordless thinking from which knowledge of other minds and of the external world develop.

Cavell points out that the 'internalist' view implies the 'priority' of subjectivity on both epistemological and genetic grounds. Subjectivity 'in the form of an inner, private world comes first, followed by some knowledge of external reality or what we take to be external reality' (Cavell, 1991, p. 142). On an 'externalist' view, by contrast, introspection and self-reflection are acknowledged as important mental activities but these depend upon 'the public character' of mental states. While 'in-

trospection and self-reflection are certainly important activities, they can yield only a very partial view of the nature of the mental' (Cavell, 1991, p. 142). Mental states are 'constituted in part by certain relations between creature and environment and also between creature and other creatures'.

As Wittgenstein pointed out, we know the meanings of words, sentences or concepts by knowing how to use them in activities with others. This does not mean that we do not have private worlds, phantasies, or that all mental states have a direct relation to the external or interpersonal but rather that, 'in the network of mental states that is any person's mind, there must be some that do' (Cavell, 1991, p. 147). Cavell points out that subjective knowledge depends upon some knowledge of the external world and of other minds 'together with a holistic network of concepts, including those of truth and objective reality'. Such knowledge requires some conceptual mastery including a concept of truth and a grasp of the distinction between *our* world and the world as *I* see it.

But how do these positions, the 'internalist' and the 'externalist', relate to psychoanalysts' theories of truth? The correspondence theory posits a common referent denoted by, and external to, a variety of different descriptions. For Wallerstein, the common referent rests on the clinical phenomena of transference and resistance. This level can be reached independently of theory and cultural training (by which I mean training in, say, Classical Freudian, Kleinian or Kohutian techniques of interpretation). For Rangell and Hanly, on the other hand, the common referent is the theory of drives and the Oedipus complex. 'There is a common human nature, although to be sure not in the form of an Aristotelian essence, that exists in nature, that awaits our better understanding' (Hanly, 1990, p. 382).

Another group of analysts would attach common ground to the method or instrument of investigation—for instance, the transference-countertransference matrix or Kohut's empathic-introspective method. Evelyne Schwaber (1983, 1986, 1990) has written extensively on the analyst's 'listening' as the data-gathering instrument which can free

analysts of different persuasions from the bounds of their theories. From this radically empiricist stance, the investigative mind of the analyst is conceived as a sense organ which directly perceives raw sense-data or impressions without theoretical inference or interpretation. However, this stance offers no assurance that the eye of the mind is a 'clear and equal glass' that reflects uncontaminated observations.

Coherence, on the other hand, implies consistent usage within a given language system or culture. As Schafer argues, key concepts such as transference, resistance, regression etc. cannot be the basis of 'common ground'. These words are 'treacherous because analysts of the *same and different* [my italics] persuasions use them in association with too many different conceptions of childhood development; of psychopathology; of repetition and its basis, functions, and modes; of the uses of countertransference in defining transference; of the so-called real relationship with the analyst; of appropriate kinds and degrees of analytic activity; and so on' (Schafer, 1990, p. 49).

In terms of its effects on clinical practice, the coherence view appears to have two major consequences for the discipline: one, close theory-practice links and, two, relativism. Where internal consistency is stressed, it is logical to expect to find tighter links between theory and practice. (John Gedo's work exemplifies this type of consistency where the models of treatment and pathogenesis follow the same epigenetic sequence. Melanie Klein's theory of transference [Klein, 1952] demonstrates a similar consistency.) Further, we would expect a number of alternative models of theory and practice, each of which is internally consistent. Thus, coherence militates against the unity of the discipline.

As is obvious from the 'common ground' debate, analysts view the developing pluralism within their field very differently. The committed pluralist views coherence as an opportunity: each school of analytic thought may have something to offer provided that we are willing and able to step into the specific context or framework within which words have their meaning. Schafer, whilst doubtful of the

practicability of the pluralist stance, urges psychoanalysts 'to celebrate their differences'. Hanly, however, is more sceptical, describing the coherence view as little more than 'theoretical solipsism and truth by conversion' (Hanly, 1990, p. 377).

Hanly's description may portray the way in which some theories and the schools which adhere to them operate. Some psychoanalytic orientation groups are more internally consistent than others; the language employed by a particular school—be it interpersonalist, Kleinian, Self Psychological etc.—may restrict clinical application to those who join in the activities—the interpretive mode—of a particular group. To those outside the group, the theory may seem unusable; it does not make sense, i.e. is incoherent! Usage would then seem to depend upon an immersion in the 'form of life' (Wittgenstein) in which the language of interpretations is embedded. Such an immersion might be described from the outside as a conversion. Schafer observes that 'in belonging to a school of analysis, one is working within a more or less closed system. This system is very much like a culture or a certain period of history in that one is locked into it, in large part unconsciously' (Schafer, 1983, p. 283).

But are these diverging psychoanalytic theories as solipsistic or self-referring as some thinkers imply? Even if they appear that way, surely they were not that way at their inception? For how could a new frame of reference—say, the Kleinian 'part-object' language or the Kohutian 'self-object' language—catch on if it did not employ other terms which are part of the common vocabulary of analysis? We would be unable to interpret either primary process or psychotic thinking if the language of the unconscious or of the psychotic was entirely foreign with no elements of commonality with our ordinary shared reality. Take the psychoanalytic term 'breast' for instance. This term may have acquired a specific esoteric meaning within the Kleinian system of thinking and interpretation which is not shared by other schools. And yet the term would be entirely idiosyncratic—part of what Balint described as a 'mad' language—if it did not draw its meaning from a number of related

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terms such as mother, holding, feeding, sucking etc. As Cavell observes, 'To know that you and I disagree, I must know what you are saying in the first place, which requires there to be large areas of both actual and potential agreement between us' (Cavell, 1988a, p. 874).

Joseph Sandler has described this phenomenon in terms of the 'elasticity' of psychoanalytic concepts. Many of the key concepts of psychoanalysis have 'multiple meanings which vary according to the context in which the term is used' (Sandler, 1983, p.35). A concept which started with a more restricted and specific meaning may become stretched to accommodate changes in its use to a point where it loses its original meaning. In addition, some concepts have a more public meaning, for instance in discussions at analytic conferences, and a more private meaning when used in the consulting room. On the other hand, general or public concepts may be colonised into the 'private' or solipsistic language of a particular school. The concept of intersubjectivity, long in currency in a number of academic disciplines, can be viewed in this way.

The emphasis on the shared contextual meaning of concepts suggests a more public or externalist view of truth, combining, perhaps, both correspondence and coherence. We might say that coherence works because there is sufficient correspondence at its outer edges. Meanings are anchored through a whole network of beliefs, behaviours and actions to something public. They do not correspond in any one to one way to the public; and yet they are not completely free of the public.

I shall now attempt to illustrate the way in which a network of psychoanalytic concepts is held together by beliefs in the nature of truth, reality and subjectivity. My aim is to demonstrate the ways in which analysts of different and similar theoretical orientations apply clinical concepts which are 'tinged' with notions of reality and truth. My hope is that by providing examples of what analysts say about what they think and do, theoretical positions regarding the 'common ground' debate can be filled out by analysts' representations of their practices.

#### PROBLEMS OF A COMPARATIVE ANALYSIS OF PSYCHOANALYTIC CONCEPTS

I shall first describe some of the difficulties encountered when undertaking a comparative study of clinical concepts and then give a brief outline of the methodology used in my previous study of varieties of transference interpretation. In pursuing a comparative investigation of analysts' approaches to transference interpretation, I soon encountered daunting problems of translation between alternative schools and 'language-games' of different psychoanalytic cultures. For instance, the concepts of 'projective identification', 'self-object tie', 'containment', 'therapeutic alliance' were particularly difficult to discuss with analysts for whom they had no currency.

Schafer has clarified many of these difficulties in a paper entitled 'On becoming a psychoanalyst of one persuasion or another' (Schafer, 1983). Here he discusses the 'important tensions in the professional life of an analyst'. Schafer refers to the demands placed upon the analyst of competing schools of analysis and the difficulties inherent in undertaking any comparative study of them. He points out that 'comparative psychoanalysis ... is a virtually undeveloped intellectual pursuit' involving 'formidable ... epistemological and methodological problems ... the problem of analysing the structure of thought within any one school is so formidable that even analysts who belong to that school cannot agree altogether on which basic assumptions have to be made, on the mutual interrelations of the various key propositions of that school, on what constitutes evidence, and on what the relation of evidence is to the particular analytic methods that are practised ... All the more, therefore, will this be the case when radically different points of view prevail, that is, when it comes to comparing the assumptions and the claims of different schools' (Schafer, 1983, p. 282). In addition to the stresses arising from competing schools, Schafer discusses the tensions which arise from the need for 'a firm base, a consistent orientation, a defined culture of one's own in which to work' (Schafer, 1983, p. 285). Often this base is rooted in decisive experiences during

training, particularly of loyalty to inspiring teachers and collegiality with other trainees sharing the same seminars and supervisions.

These two sources of influence—the organisation of competing schools and the training within a particular tradition—can have long-lasting effects on technique and interpersonal relations within the analytic community. The results of my previous study of analysts' approaches to transference interpretation indicated the powerful influences of training with key figures, institutional affiliation, geographical location and different patient populations on current clinical practices. Although it is clear that clinical practices are not predictable on the basis of theoretical orientation alone, the influences of these intermediate steps are not usually studied and demonstrated in a rigorous fashion. It is my belief that an investigation of these intermediate steps would do much to clarify the current debate on the links between theory and practice as these contribute to, or militate against, the search for a common ground. As Schafer indicates, analysts are also positively and/or negatively influenced by competing schools within their geographical location.

When conducting the transference research interviews, I was struck by the frequency with which analysts articulated their own point of view by contrasting this with what seemed to me to be a caricature or stereotype of an analyst of another school. Almost as striking was the opposite tendency, manifested by a number of analysts, towards the equation of concepts from quite different analytic orientations. For example, responses to the use of Winnicott's concept of 'holding' when making transference interpretations showed both tendencies. Whereas some analysts, particularly those immersed in the work of Winnicott, stressed the specificity of the concept and its difference from related terms such as Bion's concept of 'containment', other analysts (particularly those in the United States) equated the concept of holding with concepts of 'containment', 'the real relationship', the 'treatment alliance', Sandler's 'background of safety', and 'empathic responsiveness'.

As well as showing links in the ways these concepts were applied in clinical practice,

these responses seemed to reflect attitudes towards the desirability of finding either common ground or divergence between alternative analytic theories and practices. Where commitment to a particular orientation ran high, based perhaps on important experiences during training and/or with inspiring psychoanalytic thinkers, more stress was placed on divergence and specificity of meaning within a network of concepts.

#### DESCRIPTION OF METHODOLOGY USED IN THE EMPIRICAL STUDY OF ANALYSTS' APPROACHES TO TRANSFERENCE INTERPRETATION

The research had 4 components: one, a semi-structured, tape-recorded interview in which 27 dimensions of transference interpretation were discussed; two, a content analysis of all the interviews and the development of a rating scale applied to the interview transcripts by four independent judges blind to the identities of the analysts; three, the development of a questionnaire (the 'Psychoanalysts' Orientation Questionnaire') to rate the degree of theoretical influence on analysts of different 'self-declared' orientations; four, univariate and multivariate statistical analyses of the transference interview ratings and responses to the theoretical orientation questionnaire. These statistical analyses revealed significant correlations between specific dimensions of technique, declared theoretical orientation and the degree of influence of important thinkers in the training or local culture of each analyst. Each part of the research is described below.

Sixty-five psychoanalysts of varying orientations were interviewed in Britain and the United States: the 30 British analysts were all based in London and 10 analysts were interviewed from each of the three groups—Contemporary Freudian, Independent and Kleinian—of the British Psycho-Analytical Society. 35 American analysts were interviewed in three American cities—New York, Los Angeles and San Francisco. The analysts were selected on the basis of seniority, age and responsiveness to the request for interview. I interviewed 2-3 very senior training analysts in each group and city, some of whom were

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in their seventies and eighties and had played a leading role in the development of analysis in their location, 4-5 analysts in their 50s and 60s, most of whom were training analysts, and 2-3 younger or more recently qualified analysts.

In the United States, 9 analysts were interviewed in San Francisco who were of a self-declared Freudian or 'eclectic' orientation. Another 9 analysts were interviewed in New York; again, a few of these analysts were of a more 'classical Freudian' orientation (most of these analysts were members of The New York Psychoanalytic Institute), two were of a declared 'interpersonal' orientation (from The William Alanson White Institute) while the majority clearly viewed themselves as taking a much more 'independent' or 'eclectic' approach (most of these analysts were members of The Columbia Psychoanalytic Institute). 17 analysts were interviewed in Los Angeles; here, the range included not only classical and 'eclectic/independent' analysts but also analysts committed to a Kohutian or Self Psychological approach. (All the Los Angeles analysts were members either of The Los Angeles Psychoanalytic Society and Institute or The Southern California Psychoanalytic Institute.)

The interviews were standardised to the extent that the 27 dimensions of technique relating to transference interpretation were discussed with each of the 65 analysts. However, although the same format was followed in each interview with regard to the topics raised, each interviewee was encouraged to elaborate upon his/her understanding of the various concepts and to explore by the use of clinical example the practical meaning of a particular term. The aim was not simply to ascertain whether or not analysts of a particular self-declared orientation—say, Kleinian—found the concepts of 'transference neurosis' or 'death instinct' clinically useful but to determine the meaning space such terms occupied for analysts of both similar and different orientations. Analysts varied greatly in the ways they responded to the questions. Some adopted a more task-oriented approach, responding to each question in the sequence of the interview schedule; others spontaneously associated

between different concepts—for instance, the 'therapeutic alliance', Winnicott's concept of 'holding' and Greenson's concept of 'the real relationship'—thereby answering a number of questions within one part of the interview. The length of time of the interviews ranged between 45 minutes and 2 hours, depending upon the availability and style of response of the individual analyst.

No attempt was made to correlate the analysts' responses to the questions discussed in the interviews with tape-recorded patient sessions as in a number of other empirical studies—for example the studies of Merton Gill and Lester Luborsky. The research only addressed the ways analysts represent their work to themselves—their internal working models of their beliefs and clinical practices. Thus, the study represents an intermediate step between theory and practice. As such, it can be compared with two earlier studies undertaken in the '40s: one, Edward Glover's questionnaire circulated to the members of the British Society; and, two, the Memoranda on Technique which were sent to the Training Committee by six leading British analysts—Marjorie Brierley, Anna Freud, Melanie Klein, Sylvia Payne, Ella Freeman Sharpe and James Strachey—at the height of the Controversial Discussions in 1943 (King & Steiner, 1991).

In her pragmatic way, Brierley stated that the important issue was to establish empirical rather than theoretical criteria; in order to achieve this, she advised analysts to 'state frankly what we do and why we do it' and to keep discussion on the level of the actual conduct of cases in relation to a number of selected topics (King & Steiner, p. 617). It was with a similar objective that the 27 topics relating to transference interpretation were discussed during the interviews.

A special rating scale was developed to permit the comparison of analysts' responses to the interview and was applied to the transcripts by four independent judges. All four of the raters had undertaken a psychoanalytic or psychoanalytic psychotherapy training and had academic backgrounds in clinical psychology. All 65 interviews were rated by myself. A reliability study was run on the rating scale and the pooled coefficient scores suggested a



high degree of reliability (over .88) on 23 of the 27 scales. In the absence of transcripts of recorded patient sessions, independent raters were asked to assess the analysts' responses to questions as these were discussed throughout the *entire* interview.

When discussing specific aspects of technique relating to transference, many analysts gave clinical examples of how they might use a particular concept; however, when the entire interview was assessed, the raters might determine that these examples amplified, or even contradicted, earlier responses. The raters attempted to score the responses on the basis of an *overall* estimate of a number of statements and examples. Thus, the content analysis of the interview transcripts enabled the judges to assess implicit models as well as explicit attitudes towards central aspects of technique.

The 'Psychoanalysts' Orientation Questionnaire' was developed after I had completed the interviews with the British analysts and had begun the interviews with the American analysts. In Britain, the analysts declare their orientation through their affiliation with the three groups within the British Psycho-Analytical Society. Since American analysts are not trained in one society organised into three orientation groups and many American analysts represented themselves as 'eclectic' or 'open-minded' in contrast to other 'more classical' analysts, they could not be classified into a pre-existing theoretical scheme.

Initially, I devised a schedule representing seven or eight mainstream orientations or thinkers in Britain and the United States, but I soon adopted the procedure of asking each analyst to add other important sources of influence on his or her thinking and clinical work. The final schedule comprised 20 distinct sources of influence. Each analyst was asked to rate themselves on a five-point scale as to the degree of influence of each source on their clinical practice and thinking. The British analysts were circulated with the same schedule. Thus, in addition to declared theoretical orientation, this approach offered the considerable advantage of highlighting differences in background, training, reading etc. of analysts in the three groups of the British society.

For instance, although all 9 of the British Kleinian analysts who returned the Orientation Questionnaire declared very strong and almost exclusive influences by Klein and Bion, one of these Kleinian analysts also acknowledged the same degree of influence by Freudian models. As might be expected, analysis of the questionnaire also discriminated between child and adult analysts of all theoretical orientations and between British Independent analysts more or less influenced by Klein and Bion on the one hand and Anna Freud on the other. Similarly, it was possible to sift out idiosyncratic influences on a number of American analysts who declared themselves, or were declared by others, to be of a 'Classical Freudian' or 'Kohutian' orientation.

A number of univariate and multivariate statistical analyses were performed on the ratings of both the interviews and the Psychoanalysts' Orientation Questionnaire (P.O.Q.). With respect to the Orientation Questionnaire, the influence of both declared orientation and geographical location was examined on each item of the P.O.Q. using one-way analyses of variance (ANOVAS). The P.O.Q. was then subjected to a principle components analysis in order to identify the main components of variability. The factor structure extracted was further subjected to a varimax rotation to maximise unique loadings. Although there can be no good reason for supposing that major dimensions of orientation are unrelated to one another, orthogonal rather than oblique components were extracted in order to simplify the interpretation of the factors.

In order to further examine the extent to which individual analysts could be meaningfully grouped according to their responses to the P.O.Q., a cluster analysis by cases was performed using the BMDP 4M programme. The cluster analysis by cases was based on a matrix of euclidian distances between cases and an algorithm which aims to form clusters on the basis of the two closest cases, gradually increasing the distance to include all the cases in the cluster. The results of this cluster analysis confirmed the factor analysis in that Kleinian-Bionian orientations and Kohutian-Self Psychological orientations appeared to be the most cohesive groups, acknowledging much

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all 9 of the British turned the Orientation Questionnaire very strong and by Klein and Bion, analysts also acknowledged influence by Freud as expected, analysis discriminated between the effects of all theoretical influences. British Independent analysts influenced by Klein and Anna Freud on the possible to sift out a number of American influences themselves, or were the effect of a 'Classical' orientation.

Univariate and multivariate analyses were performed on the ratings and the Psychoanalytic Orientation Questionnaire (P.O.Q.). The Orientation Questionnaire, declared orientation and was examined on each item. One-way analyses of variance. P.O.Q. was then a principal components analysis. The main components of the structure extracted was a Varimax rotation to the principal components. Although there can be opposing that major influences are unrelated to one another than oblique components in order to simplify the factors.

To determine the extent to which the results could be meaningful in their responses to the analysis by cases was a P 4M programme. The analysis was based on a comparison between cases to form clusters. The best cases, gradually include all the cases of this cluster analysis in that Kleinian and Kohutian-Self appeared to be the most acknowledging much

less influence by any other sources of influence. For instance, the majority of analysts of a Kleinian-Bionian orientation appeared to be very little influenced by any of the other 18 sources of influence. However, the cluster analysis also highlighted differences between American and British analysts.

The rated interviews on attitudes towards the 27 dimensions relating to transference interpretation were subjected to a number of statistical analyses. One way analysis of variance was used to examine whether the Orientation factors were associated with each of the 27 items on the interview rating schedule. Each of the 27 scales was also associated with declared theoretical orientation, 'assigned' theoretical influence on the basis of individual responses to the P.O.Q. and geographical location. The results of these univariate analyses of the data indicated considerable overlap between individual theoretical influences, as well as group orientations and historical-geographical influences. In order to further clarify and reduce this multiplicity of factors, it was decided to perform a multivariate statistical analysis on the results of the Orientation questionnaire and the interview ratings. In this way, it was hoped to clarify the interrelationship between analysts' theoretical models and the internal working models underlying distinctive patterns of clinical practice. It was conceivable, for instance, that a Cluster Analysis might reveal patterns of practice which were common to individual analysts which were not primarily dependent on declared theoretical orientation. For instance, geographical location, experience and training with key figures might be indicative of attitudes towards specific areas of clinical practice and technique.

The correlation matrix of the 27 rating scales of the 65 interviews revealed highly significant correlations between specific aspects of technique. Factor analysis of the interview ratings further revealed the interrelationship between aspects of technique relating to transference interpretation. Seven factors emerged from the principle component analysis of the interview ratings used in combination with suitable rotational techniques (in this case Varimax). Each factor emerging from the transference interview ratings was

correlated with each item on the Psychoanalysts' Orientation Questionnaire in order to demonstrate associations between specific aspects of technique and sources of theoretical influence. In addition, the factors were associated with geographical location. The P.O.Q. factor scores and the factor scores from the transference interview ratings were then associated using Pearson Product-Moment Correlations. Again, significant associations emerged between these two sets of factors. Thus, six of the seven transference interview factors had a significant and unique pattern of relationship with one or more of the Orientation factors.

A Canonical Correlation was performed between the factor scores yielded by the principal component analysis of the Orientation Questionnaire and the transference interview ratings. This second statistical analysis was used in order to examine whether the associations between theoretical orientation and clinical practice as revealed in responses to the two questionnaires could be further reduced. This analysis again highlighted the influence of both Kohutian-Self Psychological orientations and Bionian-Kleinian orientations in determining attitudes towards specific aspects of technique relating to transference interpretation.

In conclusion, the univariate analyses of the two sets of results emerging from the two data sources (the P.O.Q. and the transference interview ratings) distinguished specific patterns of ideas, linked with the historical and geographical influences from which individual psychoanalytic 'cultures' have evolved. The results of the multivariate analyses identified the inter-relationships between specific theoretical influences and technical practices and, moreover, distinguished the comparative 'power' of individual sources of influence—notably the predictive power of Kleinian and Kohutian ideas. Thus, in this study, these two 'schools' demonstrated a greater internal coherence and consistency between theory and practice than any of the other sources of influence examined in the sample. Although this result is not perhaps surprising, it has not been demonstrated by logical and statistical means prior to this study.

THE RELATIONSHIP BETWEEN CONCEPTS OF  
TRUTH AND REALITY AND THE CLINICAL  
CONCEPTS OF ANALYTIC NEUTRALITY, EXTRA-  
TRANSFERENCE, THE 'REAL' RELATIONSHIP  
AND COUNTERTRANSFERENCE

In this section, I present examples from the transference interpretation interviews in order to demonstrate the many different and interesting ways analysts of various orientations respond to questions concerning their application of a network of clinical concepts. Although, as indicated in the previous section, the various statistical analyses of the rated interviews indicate broad patterns of relationship between theoretical orientation, geographical location and specific aspects of technique, my aim in this paper is to show the 'meaning space' a particular concept occupies in analysts' internal working models of their clinical work. As Sandler states 'while the search for a clearer understanding of the dimensions of meaning of psychoanalytic concepts is appropriate in regard to the meaning-space common to all psychoanalysts or to groups of analysts, it is also possible to look with profit at the dimensions of meaning of a theoretical notion or term *within the mind of any individual psychoanalyst*' (Sandler, 1983, p. 36).

During the interviews, I introduced a number of topics for discussion which elucidated implicit and explicit concepts of truth and reality. I asked analysts specifically whether they used the words truth and reality when formulating transference interpretations. In addition, and more interestingly, analysts were asked to discuss their views on analytic *neutrality*, *countertransference*, *extra-transference* and the '*real relationship*'; responses were clearly influenced by underlying philosophical assumptions concerning subjectivity and objectivity, psychic and external reality and narrative (coherence) and historical (correspondence) theories of truth.

Analysts who were accustomed to putting their ideas into words (in other words, analysts who wrote and were 'widely read' in the literature of different analytic cultures) were often quite explicit about the connections between these concepts, illustrating their use with examples from clinical practice. Other analysts

discussed each concept as a discrete entity without spontaneously associating to other concepts. However, statistical analysis of the rated interviews revealed consistent links between these same concepts *even in instances where no explicit connections had been made during the interviews*. For instance, positive attitudes towards analytic neutrality, the use of extra-transference interpretations and the 'real' relationship outside transference on the one hand were associated with negative judgements concerning the usefulness of the analyst's countertransference (equated with unresolved 'blind spots', i.e. the analyst's residual transferences) when formulating transference interpretations.

This particular pattern of responses can be understood in the context of implicit beliefs in the 'correspondence' theory of truth—namely, that interpretations refer to something independent of the mind of the analyst. I put forward the hypothesis that it is these higher-order beliefs which provide the pattern which connects this specific set of clinical concepts. Analysts who took this approach to this set of concepts tended to downplay the subjective, relational aspect of analytic work, believing that a more objective, context-free, i.e. *neutral*, position was both attainable and desirable. Over 20 per cent of the analysts interviewed subscribed to the idea of neutrality in terms of 'equi-distance' from the patient's intrapsychic, inter-systemic conflicts. This approach was particularly important to analysts of an Ego Psychological orientation. By contrast, analysts who did not believe in the desirability or practicability of the analyst's 'neutral' stance and who did not value the demarcation of transference from either extra-transference or the 'real' relationship tended to place a high value on the clinical usefulness of countertransference responses.

Excerpts from interviews with analysts of Independent, Kleinian and Kohutian/Self Psychological orientations illustrate this second approach. A number of British Independent analysts as well as American Self Psychologists took exception to the notion of analytic neutrality on grounds of an explicit, or implicit, disagreement with the correspondence theory. Analysts of both orientations

tended to define the concepts of neutrality, countertransference, real relationship and extra-transference interpretation in 'inter-subjective' or relational terms. These analysts did not make interpretations with a view to their correspondence with realities, external or internal, uncontaminated by the transference-countertransference relationship.

Two Independent analysts (one British Independent and one American 'independent/eclectic'), for instance, thought that the concept of analytic neutrality was a 'myth' and meant no more than the analyst's 'professional role', a role they defined in terms of an optimal analytic attitude of 'non-intrusiveness'. Nevertheless, as one of these analysts remarked, 'We have to face the fact that some of our choices, some of our concepts of what that professional role should be are influenced by the kind of human being we are. A person who tends to be a very reserved personality—he will be neutral in a different way. And you know our profession tends to attract schizoid people'.

Two analysts, one British Independent the other Kleinian, objected to the description of neutrality in terms of the analyst's attitude of tolerance: 'it sounds condescending, tolerance implies that one has to be tolerant about something. I'm more than that, I'm interested, I want to know'; 'tolerance must include the degree of involvement necessary for you to understand what is going on. I don't think that one helps one's patients if one doesn't get involved'. Another New York Freudian trained analyst commented 'As I mature, I think the idea of analytic neutrality is just nonsense. For instance, my patients know a certain amount about me, by my imagery, I happen to be a sculptor and my patients know I like sculpture. Another patient knows I play tennis. He is a good tennis player, I can't help it, but when he was winning in tennis, his oedipal material was being worked through. How did he pick that up? I am sure that some place before that I used some tennis analogy, didn't think of it'.

A number of other analysts questioned the notion of neutrality on grounds of the aims of the analytic enterprise rather than the influence of personal characteristics. A Kleinian

analyst remarked: 'There are really terrific complications in the word neutrality—are we neutral to the patient's defences? Or take psychic change, we have an idea of how we want change to take place. I think neutrality is right if we mean tolerance, containment, things like that'. In a similar vein, a Freudian-trained, 'independent' San Francisco analyst questioned 'the neutrality in the act of interpretation. Is a person neutral when they are interpreting? They're changing the field and they're hoping, trying, to influence the patient in a powerful fashion. You're already influencing the patient by listening. When you make an interpretation, and particularly a transference interpretation, and it seems to have weight, where does neutrality go?'

Unfortunately, there is not space in this paper to exemplify by excerpts from the interviews *each* of these four associated concepts—neutrality, extra-transference, the real relationship and countertransference. Nevertheless, examination of the interview material suggests two distinct approaches to this set of concepts which, in my opinion, reflect beliefs in the correspondence and coherence theories. One set of responses clearly demarcates a neutral zone outside the analytic, transference-countertransference, relationship. The other stresses the relational framework of all analytic interventions. For this reason, analysts who took the second approach found little value in the distinctions between either transference and extra-transference phenomena or the transference and the 'real' relationship. This set of responses appears to be more consistent with a coherence theory of truth since no clearly defined zone independent of mind is implied.

However, although both content analysis and statistical analyses of the interviews revealed two distinct approaches, many analysts use a mixture of the coherence and correspondence theories. For instance, not all adherents of the correspondence theory can be described as 'externalists'; similarly, although internalists are consistent in their focus on 'psychic reality' as opposed to communal external reality, it does not necessarily follow that *all* internalists hold a narrative or coherence theory of truth. The following excerpt from an interview with

a Kleinian analyst exemplifies both an 'internalist' position and a form of the correspondence theory of truth. When this analyst was asked about the way he used analytic 'neutrality' in clinical practice, he responded immediately to the question in terms of 'psychic truth'. Interestingly, this spontaneous association between neutrality and truth was characteristic of many analysts in the Kleinian group. 'What the analyst needs to be concerned about is psychic truth and one is not neutral about psychic truth, there are things related to psychic truth about which one has inevitably moral attitudes. Certain kinds of attacks on truth are regrettable, deplorable, worrying—but also there are other kinds of inability to face psychic truth towards which one has a morally favourable attitude. I don't think one can get away from that. But I think the whole basis of the analytic relationship is to help the patient to distinguish what is psychic truth and what is not.'

It seems to me that this analyst's attitude towards truth can be seen as an internalist version of the 'correspondence' theory. Here, descriptions of reality do not correspond with some putative external truth but rather with an inner 'psychic' truth. It would appear, therefore, that both realists and 'internalists' use versions of the correspondence theory. Some analysts talk about inner reality and/or psychic truth in the same way that they refer to external reality and truth. It is assumed that there is some common, fundamental, inner nature (cf. Hanly's 'common human nature ... that exists in nature') to which a person is true or false. An individual can 'see' this truth or turn a blind eye towards it.

A highly respected American analyst, author of many articles, articulated the internalist-externalist, coherence-correspondence dilemma in the following way: 'One error I think is the analyst who has the idea that he knows what is true and real and correct and the patient should come around to viewing that he knows what the patient's experience is and the patient should see it the analyst's way. Another error, an equal one, is to pretend that all experience is equally valid and if the patient is seeing bugs on the wall, that is as good an experience as not seeing bugs on the

wall. For the analyst to pretend that he is able to accept all the patient's experiences with equal validity in that sense, I find problematic. So, without having a clear truth standard, I think that one does still have some notion of what the limits are...when we begin to think that some thinking is not comprehensible but crazy'.

It seems to me that this analyst was trying to break out of the constraints imposed by the either-or approach to coherence/'narrative' truth on the one hand and correspondence/'objective' truth on the other. He was also challenging the radically 'deconstructionist' position that there is no such thing as truth, only different beliefs. He appears to be taking a third 'externalist' position similar to that of Cavell: namely, that, in the interpretation of private phantasies and subjective experience, there must be some mental states which have a direct relation with the interpersonal or communal shared world. (Interestingly, this American analyst, trained within the Classical Freudian tradition at the New York Psychoanalytic Institute, acknowledged the important influence of Sullivanian-interpersonal thinking on his training and clinical work.)

In the following interview excerpt, a leading British Kleinian analyst expresses a somewhat similar attitude. The analyst acknowledges a common reality beyond the patient's subjective interpretation but nevertheless describes this reality in 'internalist' terms. 'I do think one is trying to get some patients to face psychic reality. I mean like patients who have never discovered what they really thought about their parents. Well, I don't know the truth of their parents, but I do try to help them to see how they have avoided seeing what they thought, and what they really are now capable of thinking about. I am not saying that is the truth, it is as near as I can get to their truth. It is their own internal reality and truth that I am after.' The use of the verbs to 'face psychic reality' and to 'avoid seeing' what is 'really' the subject of thought suggest the existence of a reality which is potentially knowable by analyst *and* patient. Otherwise the patient's view of reality would suffice. Here the analyst claims that he is helping the patient face, or at least stop avoiding, an

internal, though latent truth. In making these interpretations, the analyst must assume that the patient is capable of sufficient conceptual mastery that he can grasp the 'distinction between *our* world and the world as *I* see it'—at least for a few moments of the session.

The above quote suggests, perhaps, that there is another way of thinking about the validity of analytic interpretations which does not directly address the issue of truth. If part of the aim of psychoanalysis is to enable people to think less rigidly about their lives, to free their imaginations (associations), to be more self-reflective and thus aware of their beliefs, there is no reason to think that true sentences (whether through correspondence or coherence) are the only means to this goal. It is also possible to talk about the truth of a person's beliefs without implying that there is an inner truth (parallel to the external correspondence theory) to which these beliefs correspond. Close empirical and conceptual analysis of analysts' use of the terms 'psychic truth' and 'psychic reality' might reveal a different intention. As Cavell points out (private communication), on either an internalist or externalist view, there may be truths *about* what someone believes, desires, wishes. For example, if there is a truth in the statement 'X believes that nobody likes him', it will be in part because X does or does not have this belief. Thus, analysts who refer to psychic truth may be describing that part of the interpretive task in which the analyst attempts to clarify the self-deception resulting from false beliefs *about* what a person is doing and saying. This approach to the psychoanalytic enterprise does not rely on polarised notions of truth through correspondence or coherence.

Interestingly, two analysts who had worked at the Portman Clinic in London, a Clinic which treats cases of sexual perversion, delinquency and related disorders, discussed their use of the word 'truth' in this vein. Both analysts were opposed to a more general use of the word truth when formulating transference interpretations but insisted on its importance when working with habitual liars where self-deception was a central issue. These analysts clearly distinguished between the self-deception common to all analysands and the

habitual lying of patients manifesting gross psychopathology.

#### THE RELATIONSHIP BETWEEN ANALYSTS' THEORIES OF TRUTH AND ATTITUDES TOWARDS THE CONCEPT OF THE DEATH INSTINCT

The study of analysts' usage of the concept of psychic truth relates in an interesting way to analysts' responses to another part of the interview schedule on transference interpretation. In this part of the interview, analysts were asked about their views on the clinical value or relevance of the concept of the death instinct. Statistical analysis revealed an interesting association between analysts' use of the concepts of inner truth and reality on the one hand and attitudes towards the clinical value of the concept of the death instinct on the other. Analysts who felt that the concept of the death instinct was clinically useful also talked in terms of 'psychic truth'. Transference interpretations were aimed towards the uncovering of psychic truth, which the patient wished to avoid. This association between psychic truth and the clinical value of the death instinct was highly correlated with a Kleinian orientation.

One Kleinian analyst responded emphatically to the question on the relevance of the death instinct: 'Essential, absolutely essential clinically, without it I couldn't live. I really mean it ... I cannot understand how you can manage without it. I can't understand how you really understand perversion, masochism, apathy, passivity, without some idea of the death instinct ... It is not just aggression but this absolute pull towards near-death ... One couldn't handle it just by talking about aggression, you see the perversion and the pull towards near-death. And it is such a relief to patients when you can tackle it, which you can't do without a concept of the death instinct.' The association between concepts of truth and the death instinct can be interpreted as revealing more fundamentalist or innatist ideas of inner truth.

It is interesting to note that this unexpected result from the analysis of the interviews correlates with Hanly's observation that drive

theory and the correspondence theory of truth go together. 'Psychoanalytic theories that repudiate the drives are also likely to employ coherence as a concept of truth' (Hanly, 1990, p. 379). As noted earlier, Hanly believes that there is 'a common human nature ... that awaits our better understanding' (p. 382). Referring to the psychoanalytic process, Hanly asserts that associations which are vague or incomplete necessarily reveal the work of as yet uninterpreted resistances. 'Vagueness and uncertainty are themselves determinate states of affairs that have an explanation. They are not characteristic qualities of mental contents and states as such ... Pattern-making by the analyst is not required so long as resistances and defences are interpreted in such a way as to allow the intrinsic forces at work in the psychic life of the patient to make themselves known. These forces will determine the pattern as they will determine the transference. The forces in question are the drives, their vicissitudes and their derivatives. The ideas of pattern-making, of theory-bound observation, and the like are rationalisations for counter-transferential resistance to the threats posed by the drives, that is, by the instinctual unconscious ... We are not always able to find the meaning, but it is there to be found, independently of any pattern-making activity on the part of the analyst' (p. 379). Hanly makes this rather sweeping statement on the basis of his definition of the properties of mental states, a definition which to me seems highly questionable—namely that vagueness and uncertainty are not characteristic qualities of mental contents and states as such, nor indeed of 'fantasies, memories, character traits, etc.' On this view there seems to be no place for 'the episodic and transient character of mental states', nor for the difference in the degree of force and vivacity in which mental states are experienced (Wollheim, 1984, pp. 33-61).

By contrast, analysts who adopted a more relational, 'inter-subjective' approach to the concepts of neutrality, psychic truth, extra-transference and the real relationship were united in their opposition to the clinical relevance of the death concept. This finding again

supports Hanly's observation of the link between the coherence theory and the repudiation of drive theory. As described above, the majority of these analysts were of a British Independent and American Kohutian or eclectic-Freudian orientation. One Independent British analyst described the death instinct concept as 'a real aberration ... I think it is much more a derivative of the analyst's feeling of helplessness, rather than any scientific evidence of the existence of such a thing'. Nearly all the American analysts, including those trained in the Freudian orientation, responded negatively to the concept. One New York analyst replied: 'The death instinct has no place in clinical work. It is a superordinate concept governing biology and psychology perhaps and has absolutely no relevance to psychoanalytic work, absolutely none. It is Freud's broadest philosophical speculation and it doesn't mean anything. It is just another way of saying we all die, that the structural integration which makes life is disorganised. So what? However, there is one danger there in that from this concept Freud derived the idea of a repetition compulsion. I also find that irrelevant, it has no place. It doesn't do anything. You have a compulsion to repeat...Well, doctor, that is why I came, if I could have stopped this, I wouldn't have come to you ... I have no use for the concept.'

#### WIDER IMPLICATIONS OF THEORIES OF TRUTH ON CLINICAL CONCEPTS: THE 'THERAPEUTIC ALLIANCE'

I have presented examples from the transference interpretation research in order to indicate the underlying influence of the coherence and correspondence theories of truth upon analysts' formulations of their work. In conclusion, I refer briefly to a network of other concepts which seemed to have a sort of fringe connection to the set of concepts described in this paper. These are: *reconstruction* versus '*here and now* transference interpretation', *dream-interpretation* and the 'therapeutic' or '*treatment alliance*'. The scope of the first two topics is too extensive to cover

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in one paper. However, the more circumscribed topic of the 'therapeutic' or 'treatment alliance' was clearly associated with views on neutrality, extra-transference, the 'real' relationship, countertransference and truth.

Positive attitudes towards the treatment alliance related to beliefs in the possibility of a co-operative working relationship on a shared topic—namely, the analysis of the way the patient leads his or her life. For instance, analysts who found the concept useful—for the most part American analysts and British Contemporary Freudian analysts—talked about the importance of 'working together' and of 'basic trust'. One American analyst described his use of the concept in the following way: 'Therapeutic alliance is a bilateral, active role, it is complementary, you and the patient ... you know, the patient says "You have the answer". I say "No, I don't. With your help both of us might understand what is going on". You can't do analysis with one hand clapping. I think if you haven't established it at a certain point, you never work.'

Most British Kleinian analysts, by contrast, did not find the treatment alliance concept particularly useful; indeed, some were vehemently opposed, describing the alliance as 'phoney', 'manipulative' and 'anti-therapeutic'. This attitude is not surprising when the treatment alliance concept is viewed within the network of related concepts described above: namely, the exclusive focus on 'inner', 'psychic reality', innatist views of truth linked to the clinical importance of the death instinct and negative attitudes towards the concepts of the 'real relationship' and extra-transference interpretation.

An excerpt from an interview with a leading Kleinian analyst illustrates this approach: 'I do not like the word therapeutic alliance, it sounds as if the patient ought to side with the analyst, or part of the patient ought to do so. Whereas I do think that at times if you have relieved anxiety, the patient can feel something, can look at something, can observe and feel gratitude—or not. And at that moment, you have something which you can work with and which is on your side. But I

don't care if it disappears in a minute. I think it has become a kind of moral thing ... I don't think we ought to talk about alliances, I know a lot of people do, but I think it has a moral connotation.'

## CONCLUSION

At present, we do not have terms to cover the area lying between higher-level theories (metapsychology), avowed theoretical orientation, technique as learned and developed from teachers and colleagues, and interpretive practices. Paula Heimann suggested that we expand the concept of countertransference to include the analyst's awareness of his own *cognitive* processes. In describing 'the analyst as his own supervisor' scrutinising his work, Heimann includes 'the analyst's interests in the practice and theory of psychoanalytic technique and in metapsychology; ambition in these fields; stimuli received from colleagues and the literature ...' (Heimann, 1975/7, p. 308).

This point of view has been developed in a recent paper, entitled 'The influence of theory on countertransference' by Samuel Stein (1991). Stein presents 'the view that there is a further source of countertransference deriving from the utilised theory of the analyst. This countertransference may occur independently of the patient's motivation and independently of the internal dynamics of the analyst' (p. 326). Stein distinguishes and exemplifies by clinical example the influence of theory on countertransference from two sources: one, where theory is stimulated by the patient's transference phantasy and the other where such theory is *not* stimulated by the patient's transference. Stein discusses the unobtrusive role played by theory in the work of every analyst whereby 'what transpires in a session draws the analyst's theory out of the woodwork where it was only temporarily residing ... This way of working soaks into the analyst's responses. The analyst's reactions are so immediate that one can be seduced into believing that the patient's unconscious is directly perceived by the analyst' (p. 326). He



warns that if 'the analyst is unaware of the role theory plays in eliciting these feelings (of frustration, irritation, despair, depression, etc.), the analyst may err in concluding that the negative countertransference is the result of the patient's projections' (p. 327).

Stein cogently argues that psychodynamic shifts recorded by analysts undertaking second analyses of patients analysed either by other analysts or by themselves at an earlier point in their own careers—a classic example of which is Heinz Kohut's two analyses of Mr Z—result from shifts in the analyst's *theory*. Blocks in the first analysis do not necessarily indicate failure in the analyst's empathic processes or problems of his personal dynamics. 'The problem resided in the theory, which soaked through cognitive, perceptual and affective processes in the analyst' (p. 329). It is towards the repercussions of such implicit, pre-conscious theories on interpretive practices that the research used in this paper was addressed.

#### SUMMARY

In this paper, I examine the influences of two philosophical theories of truth—coherence and correspondence—on the current debate on the search for 'common ground' and on *specific* aspects of clinical practice. Results from a previous empirical study of analysts' approaches to transference interpretation are described in order to illustrate the way in which a network of clinical concepts is held together by explicit and implicit beliefs concerning the nature of subjectivity, truth and reality. Excerpts from interviews of psychoanalysts of varying orientations practising in different geographical locations indicate the complex interrelationships between concepts of analytic neutrality, extra-transference, the real relationship, countertransference, the death instinct and the therapeutic alliance. These findings suggest that the coherence versus correspondence theories of truth may constrain rather than enhance the investigation of the differences and commonality between varying analytic theories, schools and clinical practices.

#### TRANSLATIONS OF SUMMARY

Dans cet article, j'examine les influences de deux théories philosophiques de la vérité—cohérence et correspondance—sur le débat actuel de la recherche 'd'un terrain commun' et sur les aspects spécifiques de la pratique clinique. Je décris les résultats découlant d'une étude empirique antérieure, des manières dont l'analyste approche l'interprétation du transfert, afin d'illustrer la façon par laquelle un réseau de concepts cliniques se maintient de par les croyances implicites et explicites concernant la nature de la subjectivité, de la vérité et de la réalité. Des extraits d'interviews de psychanalystes appartenant à des orientations variés et pratiquant dans des lieux géographiques différents, pointent à l'inter-relation existante entre les concepts de neutralité analytique, d'extra-transfert, de réel rapport, de contre transfert, de pulsion de mort et d'alliance thérapeutique. Ces résultats suggèrent qu'il est possible que les théories de la vérité, cohérence versus correspondance, empêchent plutôt que favorisent l'investigation des différences et du commun entre les diverses théories analytiques, pratiques cliniques et d'écoles.

In diesem Beitrag untersuche ich die Einflüsse zweier philosophischer Wahrheitstheorien—Kohärenz und Korrespondenz—auf die gegenwärtige Debatte über die Suche nach Gemeinsamkeiten und über spezifische Aspekte der klinischen Praxis. Resultate einer früheren empirischen Studie der Ansätze zur Interpretation der Übertragung von Analytikern werden beschrieben, um die Art, auf die ein Netzwerk klinischer Konzepte durch ausdrückliche und stillschweigende Glaubenssätze über das Wesen von Subjektivität, Wahrheit und Realität zusammengehalten wird, zu illustrieren. Auszüge aus Interviews mit Psychoanalytikern verschiedener Orientierungen, die in verschiedenen geographischen Standorten praktizieren, weisen auf die komplexen wechselseitigen Beziehungen zwischen Konzepten analytischer Neutralität, Extraübertragung, der realen Beziehung, Gegenübertragung, dem Todesinstinkt und der therapeutischen Allianz hin. Diese Ergebnisse lassen darauf schließen, daß der Gegensatz zwischen Kohärenz- und Korrespondenztheorien über die Wahrheit die Untersuchung der Differenzen und Gemeinsamkeiten verschiedener analytischer Theorien, Schulen und klinischen Praktiken eher beeinträchtigen, als sie zu fördern.

En este artículo examino el influjo de dos teorías filosóficas de la verdad: la coherencia y la correspondencia, sobre el debate que en la actualidad tiene lugar en torno a la búsqueda de un 'campo común' y sobre aspectos específicos de la práctica clínica. Se describen los resultados de un estudio empírico previo sobre el enfoque que los analistas dan a la interpretación de transferencia, a fin de ilustrar el modo en que una red de conceptos clínicos se labra a base de ideas explícitas e implícitas respecto a la naturaleza de la subjetividad, la verdad y la realidad. Trozos escogidos de entrevistas con psicoanalistas de orientaciones distintas, que trabajan en lugares geográficos diferentes, indican que hay una compleja interrelación entre los conceptos de neutralidad analítica, extra-transferencia, relación real, contra-transferencia, instinto de muerte y alianza terapéutica. Estas conclusiones sugieren que las teorías de la verdad que oponen coherencia y correspondencia quizá restrinjan en lugar de fomentar la investigación de lo que hay de diferente y de común entre las varias teorías, escuelas y prácticas analíticas.

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—nn entre les diverses  
—es et d'écoles.

die Einflüsse zweier  
Kohärenz und Korre-  
atte über die Suche  
sifische Aspekte der  
en empirischen Stur-  
Übertragung von  
die Art, auf die ein  
ausdrückliche und  
Wesen von Subjek-  
engehalten wird, zu  
Psychoanalytikern  
in verschiedenen  
en, weisen auf die  
zwischen Konzep-  
ragung, der realen  
desinstinkt und der  
nisse lassen darauf  
ohärenz- und Korre-  
die Untersuchung  
verschiedener ana-  
Praktiken eher

los teorías filosófi-  
spondencia, sobre  
gar en torno a la  
pectos específicos  
resultados de un  
que los analistas  
a fin de ilustrar el  
os se labra a base  
la naturaleza de  
rozos escogidos  
ntaciones distin-  
ferentes, indican  
los conceptos de  
a, relación real,  
erte y alianza  
ue las teorías de  
ondencia quizá  
gación de lo que  
rias teorías, es-

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