

HANS W. LOEWALD MEMORIAL ADDRESS

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Psychoanalysis in Transition:

The Current Scene in Psychoanalysis

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I feel honored indeed to be the recipient of an award named for Hans Loewald. I knew him, though not very well, when we both worked in New Haven. I have always admired the thoughtfulness and importance of his contributions to psychoanalysis. I want particularly to refer to his landmark 1960 paper on the relationship between the analyst and analysand. It dared to emphasize the inevitable and desirable involvement of the analyst in the analytic situation, even to the point of arguing that an analyst ought to be more mature than his analysand so he or she could serve as something of a model for him or her. I use the word "dared" because Freud spoke explicitly against the analyst making such use of himself except with extremely immature analysands. It was an especially daring thing for Loewald to say at a time when analysts were thoroughly against such ideas because they detracted from the analyst's objectivity and neutrality. The ideal of the analyst's complete emotional uninvolvedness was allegedly appropriate then, although we recognize it now as impossible and even undesirable. Of course, Loewald recognized the dangers of unduly attempting to mold the analysand in one's own image.

Hans Loewald swam against the tide in another way, for he considered the drives of sexuality and aggression to be formed on the basis of both constitutional factors and actual experience. In this sense he was an early critic of mainstream Freudian metapsychology and an advocate of what I call the constructivist position although he did not use that term. We failed to recognize how revolutionary these ideas were because of the modesty with which he presented them.

We psychoanalysts like to think that our discipline is a science which grows by a gradual accretion of new insights, while we maintain a certain unalterable foundation in theory and practice. But what if the growth of psychoanalysis requires a radically new perspective? Would that mean that we have to throw out everything we have learned since Freud invented the psychoanalytic method almost 100 years ago? I do believe a new perspective is required, but that does not mean we have to discard what has already been learned. I am reminded of Otto Fenichel's remark in his landmark monograph on psychoanalytic technique. Fenichel said that, although Adler had emphasized aggression years before, Freud introduced his concept of the aggressive drive in an entirely different context; thus, its meaning was significantly different from the one Adler had given it.

While my talk is about current trends, I am, of course, making a selection among topics that could be talked about and indeed are being talked about in many new books and journals which do not have the imprimatur of mainstream psychoanalysis. I do not mean that there is an index of banned books, but psychoanalysis is a political movement, as well as a discipline, and it would be naive to pretend that the movement does not have its establishment and its orthodoxy. As I was writing this talk, I realized that an appropriate title might be "*Apologia pro vita sua.*" *Apologia* is not to be confused with apology in the sense of a request for forgiveness, but, and this meaning is in my dictionary, as a personal history. I come at once to what I consider the central current trend in psychoanalysis: *The ideal of the neutral analyst is being overthrown in favor of the view that analyst and analysand are always in a mutually interactive interpersonal relationship.*

THE NEUTRAL ANALYST

Analysts sometimes say to interpersonalists and object relationists that Freud had a great deal to say about object relations, and they wonder, therefore, why these relationists talk as though they are introducing something radically new. The answer is in the context. An object relations theory in the context of Freudian metapsychology and Freudian motivational theory of instinctual drive is a very different object relations theory than one which rejects these staples of classical psychoanalysis. My use of the terms interpersonal and object relations requires clarification because I believe they are often astonishingly misinterpreted. They are not used by their proponents to mean object relations as understood objectively from the outside. They mean, for every psychoanalyst, these relations as experienced in psychic reality.

What is psychoanalysis? One is supposed to answer that it is many things—a theory, a research method, a therapy, and a body of knowledge. In what might be considered an unfortunately abbreviated description, Freud said that anyone who recognizes transference and resistance is a psychoanalyst, even if the other comes to conclusions other than his own. But as I shall ask in a moment, does that even include conceptions of transference and resistance that differ from Freud's? A definition of psychoanalysis in terms of extrinsic criteria like frequency of sessions and whether the couch is used or not is considered crucial by some and scoffed at by others as almost silly. Other analysts say that these extrinsic criteria do not suffice, but are essential to the development of an analytic situation, because they are prerequisite for regression, free association, the development of a transference neurosis, and the like. As I shall say in more detail later, I believe the external criteria within which a psychoanalytic situation may exist can vary widely. I prefer to think of the analytic situation more broadly, as one in which someone seeking help tries to speak as freely as he can to someone who listens as carefully as he can with the aim of articulating what is going on between them and why. Rapaport once defined the analytic situation as carrying the method of interpersonal relationship to its last consequence.

As a description of the relationship between analyst and analysand, the blank screen concept is now generally scoffed at. But to counter the blank screen concept by saying that there is also a reality relationship, perhaps even a therapeutic alliance, as well as occasional countertransference, is not really very different from the idea of an essentially uninvolved so-called neutral analyst detachedly observing a person whose psychic life is being investigated. Irwin Hoffman calls these comparatively minor alterations of the blank screen concept conservative critiques. He asserts that a radical critique is gradually making inroads into psychoanalysis everywhere. In the radical critique, analyst and analysand are engaged in a continuing mutual interaction in which both participants contribute to what takes place, not just occasionally and not just superficially, but in terms of the serious engagement of their two personalities with each other.

I allow myself a retrospective glance at my own intellectual development, which may be of some interest on an occasion such as this. I had been taught that transference was an analysand's distortion of what was going on in the relationship - experiencing the

relationship as a replay of his developmental history rather than observing what was really going on. The analyst knew what was really going on, and his job was to explain that to the patient and to find in the patient's past the reason he was engaged in the distortion. True, the analyst might have said or done something which triggered the patient's distortion, something which might even seem to give him a plausible justification for that distortion. Sometimes the analyst acted out of his own unresolved neurosis and gave the patient a justifiable basis for experiencing the relationship in that particular way, but the trigger was relatively inconsequential and the countertransference was miscarriage of good psychoanalysis.

Experience as an analysand with several analysts of different personalities first led me to reexamine what I had been taught about the role of the analyst. It then became progressively clear to me in my work as an analyst that the significance of an interpretation was often experienced by the analysand primarily as an affective interpersonal message even though its purported purpose was an attempt to convey a cognitive insight. From there, I was led to reconceptualize transference. The point was made so long ago and so well by Heinrich Racker that I want to cite it. He said:

The first distortion of truth in the 'myth of the analytic situation' is that analysis is an interaction between a sick person and a healthy one. The truth is that it is an interaction between two personalities, in both of which the ego is under pressure from the id, the superego, and the external world; each personality has its internal and external dependencies, anxieties, and pathological defenses; each is also a child with his internal parents; and each of these whole personalities--that of the analysand and that of the analyst--responds to every event in the analytic situation.

I realize this description may seem foreign to the average expectable subjective state, if I may use such a phrase, of an analyst at work. Surely he does not feel buffeted about by the affective storms which wrack the patient. He could hardly survive if he were. But I believe that if we take seriously the extent to which we are all moved by powerful unconscious forces, and if we are willing to consider that our comparative comfort and calm is not only adaptive but defensive as well, we will be more ready to see that our relationship with a patient probably conceals a chronic unrecognized *modus vivendi*--different for each analytic pair--which will have to be broken into in order for the process to really take hold and move. I believe that analyst and analysand must become truly engaged in a relationship of major affective import to both participants to justify saying that an analytic situation has been established.

I finally came to the conclusion that transference is the patient's experience of the relationship as determined by his past as well as by the analyst's influence. The latter is, in turn, a matter of the analyst's past as well as his aim to change the patient. The relationship is often alluded to by implication rather than described explicitly. In line with the fundamental analytical technique of the analysis of transference, I concluded that it should be made explicit, so I began to advocate the analysis of this relationship in the here-and-now with special attention to how the analysand was experiencing the

contributions of the analyst. I suggested that the best way of going about such analysis was for the analyst to try to make explicit the patient's feelings about the relationship by taking cues from both the patient's explicit and implicit references to the relationship. The analyst then tries to find out what in his own behavior and words made this experience plausible to the patient. By plausible, I mean more than a condescending "Well, I can see how you might see it that way." There must be a genuine recognition that the patient had a basis for his feelings, a basis that the analyst might well have been unaware of, a basis that would likely make the analyst uncomfortable if he took it seriously. With the zeal of someone who espouses what he considers to be a new and important idea, I tended to overlook the influence of the past in favor of factors in the present. I did come to realize that this was an error and that the very emphasis on the here and now was in itself an important influence which the analyst brought to bear on the relationship. To overlook that influence carries the danger of overlooking how the analyst is experiencing that influence.

I carried my view to the point where a colleague wrote that I was narcissistically promoting a *folie a deux* in which the analyst's preoccupation with himself led him to lose sight of the patient. There is a kernel of truth in the description, but only insofar as it is a miscarriage of the approach. I recently had the experience of discovering after quite a long time that a severely depressed patient had experienced my interest in exploring the here-and-now transference as my interest in following my own preferred technique rather than in hearing her distress. She thought I wasn't hearing her. It was borne in on me once again that any predetermined program on the analyst's part is wax in his third ear. And yet let me remind you that I was deaf to how she was experiencing me. The way from the here-and-now to the past is to emphasize that, real though the analyst's contribution is, the patient's response is nevertheless a selection from among a range of possible responses to what the analyst has said and done. That selection is clearly related to the patient's developmental experiences, which influence his or her current expectations.

Let me give you an example of how my view has been misunderstood in a way that I found both amusing and exasperating. In line with the idea that transference is produced by both participants, I suggested in a meeting that Anna O's pseudocyesis was not entirely a spontaneous manifestation of her sexual drive—that Breuer had something to do with it, too. After all, he was visiting her in her home for long sessions both morning and evening. As a semi-invalid, she may have been in dressing gown rather than dress, and the like. I learned that it was noised about that I had said that Breuer seduced her. Of course I didn't mean that literally. I meant only that he behaved in a way that could plausibly be understood by her as a very special interest in her. And who is to know—least of all Breuer himself—whether or not he was sexually attracted to her and [if so] in which unwitting ways he communicated that to her?

What about the original Oedipus story itself? Freud emphasized only a truncated version. Thomas Szasz wrote long ago of the Laius complex. Oedipus's father Laius had kidnapped and raped Chrysippus, the beautiful son of King Pelops. A curse was laid on Laius and Thebes for this misdeed. When Oedipus was born, Laius had his ankles pierced with a spike and abandoned him on a mountain to die. Was Laius then not a co-

contributor to the Oedipus complex? I believe that when Heinz Kohut distinguishes between an Oedipus complex and an Oedipus phase he implies that it takes both a *Laius* and an Oedipus to make an Oedipus complex.

ASYMMETRY V. SYMMETRY

Do the concepts of mutual interaction between analyst and analysand and of their coparticipation in the analytic process mean that one is advocating a symmetrical relationship between them? The specter of Ferenczi's mutual analysis looms. But there is much room between the poles of a symmetrical relationship and the detached, allegedly objective and neutral analyst. The topic is currently being discussed in terms of the symmetry/asymmetry of the analytical situation. Obviously there is a major asymmetry: a supplicant asks for help from an expert. Although one hears not infrequently that both analyst and analysand change in a successful analysis, presumably the greater change should be in the analysand. Once again, analyses differ. The personality of the analyst as well as his theories influence how asymmetrical or symmetrical analysis will be, but the quality of the analytical situation is not solely a function of how the analyst constructs it. An analytical situation is constructed by a couple. I am reminded of the oft-quoted remark by Winnicott that there is no such thing as a baby. There can only be a mother-baby couple. The change in our concept of the relationship between analyst and analysand has influenced our notion of analyzability. We are accustomed to ask whether a patient is analyzable or not, as though analysts are replaceable cogs in a machine. Yet we know that some patients are not analyzable by some analysts but are by others.

The analyst's position on 'asymmetry' influences his decision about whether he may deliberately reveal aspects of himself. Of course, he is unwittingly revealing himself all the time. What he selects for attention is already a self-revelation. Freud said that our secrets ooze out of every pore. Does that not apply to the analyst as well as the analysand?

Although analysands often complain that they must reveal themselves and know little or nothing about the analyst, they may be concealing how much they do see. Leo Stone described the analysand who demands that analyst be unknown and uninvolved. Hoffman makes a similar point that the analysand may be uncomfortable if he cannot keep the analyst unknown. Perhaps this is related either metaphorically or literally, to the child's wish not to be privy to the primal scene.

EPISTEMOLOGY OF PSYCHOANALYSIS

The view of the relationship between analyst and analysand became intertwined with a reexamination of the epistemological assumptions of psychoanalysis. It became clear that a revision of the understanding of the nature of transference only one facet of a revision of the relationship between subject and object, between individual and environment. Epistemology is a big word; I do not claim expertise in it. The issues involved are not confined to psychoanalysis. They relate both to philosophy and to the field of science. My opinions on the subject are, admittedly, globally connotational rather than specifically denotational.

The prevailing epistemology of natural science in Freud's time is often called positivist or objectivist. Freud made a primary point in the epistemology of psychoanalysis by distinguishing between psychic and material reality. But, in an astonishing maneuver, he implied that it was only the analysand who experienced the analytic relationship in terms of his psychic reality. The analyst allegedly experienced the relationship objectively and correctly—that is, in material reality. Of course we assume that on the whole the analyst is less likely to be fixed to a particular view of the interaction both because he has undergone an analytic experience and because he is committed in principle to the idea that he may be unaware of something within himself. Concerns about epistemology are not esoteric abstractions, but are crucially connected to Freudian metapsychology and its key motivational concept of drives that discharge libidinal and aggressive energy.

The concept of drive is a woeful semantic trap. Those who reject Freudian metapsychology (the concept of instinctual sexuality and aggression) are mistakenly considered to deny the importance of sexuality and aggression and even to deny that human beings actively seek to bring about particular patterns of relationships as well as particular subjective states. There is no school of psychoanalysis which does not accept the concept of drive in this latter sense—that there is an active seeking to bring about particular patterns of relationship as well as particular subjective states. However, schools differ widely in their understanding of the content of these drives and the relative roles of internally fixed forms and external factors. By a subjectively honest but unrecognized sleight of hand, this positivist energy discharge model was, and is, regarded by many as the logical basis for explaining humanly meaningful interactions between the analyst and analysand, interactions which are, in fact, primarily dealt with in terms of their subjective meanings.

It was not possible for Freud, whom we know interacted intensely with his patients, to fail to recognize, albeit implicitly, that there was a great gulf between his metapsychology and his clinical theory and practice. An important case in point is the change in his view of anxiety: from seeing it as a manifestation of undischarged libido, like wine turning to vinegar, he changed his view and saw it as a response to impending danger. So instead of repression causing anxiety, anxiety causes repression. The first formula is metapsychological in the sense of biophysiological; the second is humanly meaningful. Another indication of Freud's recognition of the centrality of the relationship is, I remind you, that he said an analyst is exposed to danger as great as that facing the

doctor handling x-rays. So he made his well-known recommendation that an analyst should have a period of analysis every five years. Although second and third analyses are not uncommon, they do match what Freud felt was desirable for all analysts. You also recall that Freud said that analysis is not only individual but also social psychology in the sense that another person is always involved. Involvement does not necessarily mean pathological intrusion into the process, but it may mean a chronic transference-countertransference interaction that goes unnoticed.

Many now say that the epistemology required to replace that of natural science is hermeneutics; indeed, that natural science is hermeneutic, too. Few analysts, myself included, know much about the philosophy of hermeneutics. The word may mean no more to us as it relates to psychoanalysis than that it refers to human meanings and interpretations. As applied to psychoanalysis as a text, it is surely a very different enterprise than the hermeneutics of the philosophers or even the literary critics.

The analysand is not a static text to be interpreted. He or she responds both cognitively and effectively, so there is an avenue to assess the patient's experience of what the analyst says and does. Anti-hermeneuticist analysts regard the view of analysis as a hermeneutic enterprise to avoid having to justify the 'validity' of interpretation-again, a way to avoid admitting that psychoanalysis can never be a science. But the very concept of validity and its criteria need to be reexamined. How can one speak of validity in the ordinary natural science sense when a situation is subject to more than one plausible reconstruction when these reconstructions are not mutually exclusive? And when their meaning is to be found on conscious, preconscious, and unconscious levels? That complexity does not imply, as so many think, that one construction is as good as another, that all that is needed is a good story to which both participants agree therapeutically.

A hermeneutic perspective can still remain positivist. That is, one can hold that an interpretation is objectively valid. An epistemological position that replaces objectivism is often called constructivism. Analyst and analysand together construct what is going on as well as what they believe has gone on. I believe a major current trend in psychoanalysis is the progressive development from a number of sides of a constructivist paradigm. The paradigm is less discussed in the literature of medical psychoanalysis than it is by some psychoanalyst-psychologists, who came mainly from the interpersonal and relational schools. The latter, an offshoot of the interpersonal school, has recently established the new journal *Psychoanalytic Dialogues* under the leadership of Stephen Mitchell. My colleague Irwin Hoffman, whose background is actually Freudian, is a major contributor to the new paradigm of the psychoanalytic situation.

Analyst and analysand together construct their relationship as the process goes on, not out of whole cloth, of course, as is conveyed by the expression 'anything goes,' often employed by those antagonistic to the constructivist position. A construction is, of course, rooted in what the two participants bring to their interaction. Lest the concept of constructivism seem to you a foreign graft onto psychoanalysis, I quote Hartmann's monograph on adaptation: "The crucial adaptation man has to make is to the social structure, and his collaboration in building it."

It is impossible to exaggerate how much the actual conduct of analysis is affected by an analyst changing his view from a natural science objectivist epistemology to a hermeneutic-constructivist epistemology. The concepts of transferences countertransference, resistance, counterresistance, regression, neutrality, and interpretation all change in the light of an epistemology which holds that analysis is a mutual interaction between analyst and analysand. In the new version of epistemology, conclusions are subject to revision in accordance with the pervasive ambiguity of human interpersonal interaction. This is especially true in view of the discovery by Freud that such interaction is simultaneously conscious, preconscious, and unconscious. A constructivist position, as Hoffman has made especially explicit, is dialectical. Any proposition may conceal its reverse.

It is impossible to exaggerate how widely an analyst's conduct of an analysis may deviate from his professed principles. The closed door of the consulting room makes it possible for this discrepancy to remain unseen and unabated. This is not necessarily a matter of bad faith. If the analyst does not recognize his own personal involvement in the process, he may honestly consider himself neutral and objective. Our case reports, which are highly abbreviated and selective accounts of years of analysis, are considered to demonstrate the validity of our theories when they are essentially illustrations of our ability to tell a story that fits with our theory. It might be thought that an analyst functioning in the perspective I have been describing would feel no solid ground under his feet, would never feel certain that he was seeing correctly. I do not believe that is the case, although it is conceivable that an analyst with serious obsessional leanings would find himself in such a predicament. An analyst can still proceed with relatively secure confidence in his judgment if he understands that his insight may be selective and partial; that doesn't mean it's in left field.

PSYCHOANALYTIC PSYCHOTHERAPY

I turn to the controversy about the relationship between psychoanalysis and psychotherapy, a matter of much current debate. The late Samuel Lipton said that some analysts seem primarily concerned to prove that they are not doing mere psychotherapy. The issue is even more important than it has been in the past because of the changed economic scene, not to mention the appearance of other available methods of psychological therapy in our time. The fact of the matter is that analytic patients are hard to come by. Many younger graduate analysts make their living primarily doing psychotherapy. The problem is not so acutely apparent to the leaders in the field, because they have candidates and supervisees to draw upon. How are new analysts to hone their skills?

The debate is between those who insist on the distinction between the two and those who emphasize the similarities. Some of you may be tired of hearing about the subject because it seems so obvious to you that the two are significantly different. The debate is confused by the fact that the antagonists mean something quite different when they speak of psychotherapy and analysis. Those who emphasize the difference are speaking of what is usually called psychoanalytic psychotherapy or psychoanalytically oriented psychotherapy. They mean psychotherapy in which psychoanalytically sophisticated therapists employ techniques that are substantially different from those considered appropriate for analysis proper. More specifically, the therapist interacts openly, fairly, freely with his patient, does not make the transference explicit unless that seems unavoidable, and attempts to prevent rather than to foster regression. I need not go into more detail. There is general agreement on what is usually described as psychoanalytic psychotherapy.

It is important to stress that some would regard what I have sketched as one pole of a continuum, in which the other pole comes closer and closer to analysis until finally the two therapies may be scarcely distinguishable. The latter point is considered reachable only if the external criteria of an analysis are somewhat, but not radically, changed. Perhaps the patient comes only twice a week, the treatment extends over several years, the couch is not used, interaction is generally avoided, and the interaction is analyzed if the analyst engages in it. So, maybe it's all a tempest in a teapot. Either what is done is so different that the two are obviously different, or else what is done is so much alike that one is talking about only one thing anyhow.

What if those who say that analysis can be done even when the external criteria are sharply altered have a different conception of analysis in mind from those who say that it cannot?

I take first the question of the interaction between patient and therapist. Those who emphasize the difference admit that interaction of the kind proscribed in analysis inevitably takes place to some extent. They call this an inevitable interaction contaminant of the analytic process. On the other hand, those who say analysis can be done in altered external circumstances regard this so-called contamination not as contamination at all,

but as part and parcel of analysis. Contamination, as it were, is going on all the time. Witting and unwitting interaction is part of the process. Those who emphasize similarity say that acceptance of this perspective leads to a better analysis proper than one done from the perspective of contamination. They argue that the very prohibition of interaction, which they see going on all the time, makes it more easily overlooked. They argue that this constant interaction should be a major focus of analysis in an analysis which employs the usual extrinsic criteria, and also in a therapy which does not. So the argument of those who stress the similarities boils down to a criticism of analytic technique in general, which is misleadingly and incorrectly expressed by saying that analysis can be done even with a sharp alteration of external criteria.

Now I come to a more difficult point. What about regression? If regression is necessary, can it be promoted even with a sharp change in external conditions? That question assumes that the material obtained in regression is a necessary part of analysis. What shall we say if that reasoning is based on a positivist view of analysis and fails to consider the extent to which, and manner in which, this allegedly inevitable material is constructed in line with the analyst's expectations? Again, I must emphasize that a construction is not made of whole cloth. What if fantasies, especially those relating to the body and sexuality and aggression, will be less crucial? They will appear anyway, but in a different context than if they are not sought for with the usual expectations.

The main point I am making is that the current debate about the psychoanalysis and psychotherapy is misleading if it is assumed that the contending parties are defining psychoanalysis and psychotherapy in the same way when in fact they are not. They are actually speaking of a revised analytic attitude and a revised conception of the analytic situation.

THEORY OF MOTIVATION

A major current trend in psychoanalysis, related to the change in overall perspective, is the reexamination of the psychoanalytic theory of motivation. Rapaport's careful study of the theory led him to the formulation that only cyclic buildups and discharges of libido and aggression are motivations in the psychoanalytic model. There are other causes in psychic functioning, he argued, but these are the only motives. A motive is a cause, but a cause is not necessarily a motive.

What happens to psychoanalytic therapy and practice if sexual and aggressive drives, as conceived by Freud, are no longer considered the prime movers? One thing not necessarily meant is that sexuality and aggression are no longer important. They can remain important but be otherwise conceived. Major work in this direction has been done by what I referred to as relationists. They see sexuality and aggression as vehicles through which interpersonal relations are expressed. They concern themselves with why sexuality and aggression are especially suited to act as such vehicles. The matter can be expressed in terms of superordinacy. In classical theory, interpersonal relationships are vehicles for the discharge of sexuality and aggression. In the relational view, sexuality and aggression are vehicles for the expression of internal relations. I have, of course, stated the opposing views in extreme form. Sexuality and aggression are important because human beings are also biological organisms as well as persons-in-relationship.

Another way in which the problem can be expressed is to ask what is human nature? That is, what is innate in human beings? Surely sexuality and aggression are, but in what form? I am reminded of Hartmann's statement that the instinctual drives of man are different from the instincts of animals in that the human id is 'estranged from reality.' The expression of the id is shaped by experience. A similar idea is conveyed in Freud's emphasis on the plasticity of sexuality, if not of aggression.

I hope it is evident how closely allied these ideas are to constructivism. The particular patterns of sexuality and aggression, and even of gender, are constructed in each human being, not from thin air, but from interaction between the body, the person, and the socialization process. Hans Loewald, despite being generally regarded as a classical analyst, describes drives as developing out of interpersonal interaction-not the reverse. There does seem to be an instinctual urge to relate to other human beings. John Bowlby called it attachment, and attachment theory is a major current trend.

Although affect has always been important in analysis, it has begun to figure heavily as an innate factor in motivational theory, as an alternative to instinctual drive. Hartvig Dahl's theory of affect deserves mention, especially his view of a class of affects that reflects the state of the self.

The relationship between analyst and analysand is not only cognitive but affective. I referred to the analysand's experience of an interpretation as an affective as well as a cognitive message. The new affective relationship with the analyst is becoming recognized as an important mutative factor despite the historic bugaboo of concern with

the phrase "correctional emotional experience." Alexander's mistake was not that he recognized this factor but that he manipulated it instead of analyzing it (although I would not say that analyzing it simply results in its dissipation)

SELF PSYCHOLOGY

One can hardly mention the word *self* these days without thinking of an important current trend in psychoanalysis, the self-psychology developed by Heinz Kohut. Opinions about it vary widely among psychoanalysts, ranging from those who do not even consider it appropriate to call it psychoanalysis to those who regard self psychology as a major new paradigm in the evolution of psychoanalysis. Although I had hoped to include a section on self psychology, that would make my paper unconscionably long, and I did not want to cut the other topics I deal with. So I will just make a few remarks even though it is unfair to both self psychology and the criticisms which classical analysts have made of self psychology to deal cursorily with the issues.

Classical analysts often deal with self psychology as if this is a monolithic structure. True, there is what one might call mainstream self psychology that follows Kohut fairly closely, but in fact there are some serious differences among self psychologists. As with other schools of analysis, including classical analysis, the tie that binds is political. Analysts band together when they see themselves in common ground.

I believe that the rest of psychoanalysis treats self psychology with extraordinary ambivalence. I recognize that many analysts have examined it thoughtfully and seriously; however, I believe the prevailing spirit has been of exposing heresy rather than respectful consideration of the possible merits of a major recasting of perspective. The unfortunate result has been to drive self psychology into an exaggerated defense of what is new in it, minimizing how much classical analysis still shapes the work of a self psychologist analyst.

Probably the major blind area in self psychology relates to the bodily fantasies as expressed in sexuality and aggression. But as I stressed above, the role of such fantasies in the structure of the psyche in any theory is a construction, not an objective reading of innately fixed, so-called human nature.

I will give only one illustration of a self psychological formulation, one that especially appeals to me because it overlaps my own emphasis on the pervasive affective meaning to the analysand of the analyst's contribution. It is about the phenomenon of the negative therapeutic reaction. The typical situation is that an insight has been reached which both analyst and analysand regard as significant. Instead of getting better, the patient gets worse. Freud considered an interpersonal explanation, such as defiance of the analyst, but he concluded that such an explanation was superficial. The true explanation lay in the patient's need to suffer in order to allay guilt. The self psychologist suggests that if the analyst fails to commend the analysand on the achievement of an insight, the negative therapeutic reaction may be a reaction to the absence of this commendation. Freud's idea suggests that the analytic situation is adversarial; the self psychological explanation assumes a wish for approbation. Both views could be true; neither is incompatible with an explanation in terms of guilt.

The self psychologist takes another step. He regards what has taken place interpersonally,

whether by omission or commission, as importantly influencing the patient's view of himself. Nor does he necessarily neglect, as classical analysts seem to assume, to analyze the need for approval.

I allow myself a broad speculation on how classical analysis, object relational theory (which includes interpersonal), and self psychology are related. I suggest one can view these three as elements in a hierarchy, each one of which attempts to account for a whole series of dimensions, among which are sexuality and aggression, affect, object relations and self. Each does so by ascribing superordinacy to the theme according to which it is named. In classical theory, sex and aggression are superordinate; object relations are superordinate in relational psychology, and self is superordinate in self-psychology. Each of these psychologies may be objectivist or constructivist.

One can look at superordinacy in another way. Each psychology reinterprets an interpretation which was formulated in terms of one of the other psychologies in terms of its own superordinate variables, which it considers the wider context of psychological functioning. In classical psychology, for example, interpretations in relational or self terms are reinterpreted in sexual and aggressive terms. In relational psychology, sexual and aggressive interpretations are reinterpreted in relational terms while in self psychology, sexuality and aggression and object relations are reinterpreted in terms of the self. Any one of the three superordinacies can be developed in positivist or constructivist terms. I should not neglect to say that one can argue that it is a construction to regard any one of the three as universal for human beings. Individuals differ in what is superordinate for them.

Just as Freud's distinction between psychic and material reality can remain an objectivist rather than constructivist position, so too can mainstream self psychology be. I use the term mainstream self psychology because there is an important current of constructivism in a group of analysts, of whom Robert Stolorow is probably the most prominent, who are allied to self psychology.

RESEARCH IN PSYCHOANALYSIS

A major trend in psychoanalysis is in fact a non-trend, that is, the continuing absence of systematic research in psychoanalysis. The discipline is now almost 100 years old, yet analysis has not devoted more than a tiny fraction of its resources to devise ways of testing the relative merits of our differences. Cato the Elder ended every talk, on whatever subject, by saying *'Delenda est Carthago'*: Carthage must be destroyed. I feel that a call for research in analysis belongs in the same category as *'Delenda est Carthago.'*

Psychoanalysis is in a strange bind. The primary source of psychoanalytic research is the analytic situation. But that situation is established to help a suffering human being. Even a training analysis has to become that of a suffering human being if it is to reach any depth. But someone who is carrying out a procedure designed to help a suffering human being can hardly function in the dispassionate role of a researcher. Indeed, if the analyst does not become personally involved with the analysand, the analysis will not reach any significant depth either.

I am distinguishing between research by the individual analyst as part of his practice and systematic research. The individual analyst cannot test hypotheses in his own work because he is intimately involved in ways that he may not recognize. Adolf Grunbaum has argued, impressively to many, that the inevitable suggestive influence of the analyst vitiates the possibility of research in the analytic situation, at least by the treating analyst working in the usual way. The ordinary way of demonstrating the alleged validity of an idea in our literature is by the citation of case material. But is it not dubious to rely on our comparatively brief, selective and biased reports? Given the length of an analysis and the view that the analyst is a participant, the need for an alternative to standard case reports seems all the more obvious. The practice of making audio- recordings to have a record of who said what is gaining respectability.

The problem of the recording's influence on the analysis looks less formidable in the light of recognition that the analyst is a coparticipant. Nevertheless, there is the danger of the loss of spontaneity by the analyst who knows he is being recorded. Every alteration of the usual procedure has its idiosyncratic meaning for the analytic couple. The analyst has to analyze the influence of the alteration, and of the influence of the usual procedure, but that does not mean that its effect is nullified. Not everything yields to interpretation, as we well know.

Granted that we need recorded material and that it should be studied separately from the treatment situation, whether by the treating analyst himself or others, how shall we study it? If acceptable methods were available, we would not have to decry the absence of research because there would be plenty of it. While the usual methods of developing hypotheses, collecting data which bear on the hypotheses, and evaluating whether the hypotheses are borne out or not might be applicable, there is still the problem that what we call data are hermeneutic constructions, capable of non-exclusive multiple interpretations.

I turn from methods to reiterate the well-known distinction between process and outcome studies. You know of the recent strenuous efforts, so far unavailing because of the lack of funds in the current anti-analysis climate, to mount a study of outcome. Obviously, the immediate spur to outcome studies is the demand by third party payers that we demonstrate the effectiveness of psychoanalysis as a therapy. They even have the audacity to demand that we show that we are cost effective! We are all convinced that analysis can accomplish results that no other therapy can, but now they want us to put up or shut up. It will be a long time before the efficacy of analysis and its value as contrasted to other methods of treatment will be demonstrable.

I am glad to report that an outcome study has begun, which includes process studies of the same material by some dozen investigators using different methods. An outcome study which did not include a study of the processes by which these outcomes came about might be good to have for third party payers but it would hardly advance our science, if I may call it that, very much.

I believe that process studies require the microscopic examination of the analytic exchange employing clinical psychoanalytic concepts like transference, countertransference and narrative, with judges who are sophisticated about the analytic method. I believe it likely that analytic process consists of a series of redundant episodes. I refer to both verbal and nonverbal interactions. One of the best examples I know of such research is being done by Hartvig Dahl.

Analysts sometimes despair of research in analysis because of the great volume of material, especially when one believes that the material must be studied in its entirety and in the sequence in which it was obtained. The redundancy of which I spoke makes sampling techniques feasible. I believe it is worth using briefer psychological therapies which employ the psychoanalytic method to study process and outcome (although, as I said earlier, I recognize that many consider this proposal to be an absurd minimization of the difference between psychotherapy and psychoanalysis).

It is important to say that there are some who regard the very idea of systematic research as incompatible with the hermeneutic and constructivist stance. They believe that progress has and will come about only through the creativity of the individual analyst reflecting on his clinical experience. While I agree that we have learned much in that way, I cannot relinquish the idea that we must find more consensually validatable ways of choosing from among our differing views.

It is also worth stating that systematic research will likely remain within the paradigm in which it is undertaken, that is, in the normal science in Thomas Kuhn's definition. The revolutionary new perspectives will come from the creative individual practitioner. Again, what does validity mean? Hermeneuticists are accustomed to say that we must accept the criteria of comprehensive-ness and consistency rather than correspondence to material reality. Do the former criteria still apply in a constructivist world? It remains to

be learned how to judge the comparative usefulness-I am unable to simply say validity-of contrasting approaches.

OBSTACLES TO THE ACCEPTANCE OF THE CONSTRUCTIVIST POSITION

I have saved for last something I feel especially strongly about. The point of view that analysis is a hermeneutic enterprise and that analyst and analysand are coparticipants who mutually construct the analytic situation is gaining ground in some quarters, but limited acceptance of this point of view is in fact a dangerous obstacle to its recognition and development. The apparent acceptance in partial terms or in special circumstances of the point of view I have sketched in fact blunts and co-opts it. I don't mean that the contribution of the analyst to the interaction should always be made explicit. I mean, rather, the recognition that the analyst always makes an effectively significant contribution to the interaction. I hope I have made clear the qualitative distinction between two ways of possible growth of psychoanalysis. One is by adding self considerations and object relations to a metapsychologically conceived (in Freud's meaning of metapsychology) psychoanalysis in which sexuality and aggression remain superordinate. The other is a psychoanalysis revised from top to bottom by a systematic constructivism and a new superordinacy.

[Editor's note: Dr. Gill received the Heinz Hartmann award from the New York Psychoanalytic Society last year, and the remarks in the following paragraph specifically reflect his appreciation of the irony that a group so well known for its conservative position would bestow an award on him. Although his speech was originally written for the previous occasion, Dr. Gill indicated that he felt that his remarks were equally applicable on this occasion.]

I think it is fair to say that I am known to be critical of some Freudian tenets. I would like to think that I was given this [Heinz Hartmann] award not only because I have made some contributions in the framework of classical Freudian tenets, but also because of my criticism of some of these tenets and my proposals of other ways of thinking. In fact, I would like to think that my being honored by this award is an indication of a greater receptivity in psychoanalysis to challenges to these basic tenets than has characterized the field for some time. You may disagree with me when I say that psychoanalysis has been less than cordial to challenge of its major premises. Nevertheless, I believe it is only recently that the psychoanalytic mainstream is beginning to show the maturity and self-confidence which are required to open itself to such challenge. I am glad that is so.

¹*Merton Gill was ill at the time of the conference. The paper was read for him by Stephen R. Friedlander. We note with regret that Dr. Gill died on November 13, 1994.*