

## **PRESIDENTIAL ADDRESS**

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### **Thinking About Psychoanalytic Thinking:**

#### **A Question(ing) of Identity, Purpose, and Ethics**

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(The Tenth Annual Interdisciplinary Conference of the International Federation for Psychoanalytic Education was held in November of 1999 in San Francisco. The organizing questions of the congress were: *What is Psychoanalysis?* and *What Might Psychoanalysis Become?* These questions were selected in recognition of the creative and radical rethinking of psychoanalytic epistemology, theory, practice, education, and ethics during the past quarter of a century, a rethinking that reflects the rapidly changing assumptions underlying our current socio-cultural times. *Thinking About Psychoanalytic Thinking...* was written and presented as the President's Address at this tenth annual congress. It attempts to speak to these two organizing questions.)

## Introduction

Questions of *Identity*, *Purpose*, and *Ethics* are the questions of self-definition in everyday life as a psychoanalyst. And these questions are foundational to the question before us this weekend...*What is psychoanalysis?* In the United States, organized psychoanalysis has answered this question quite clearly and definitively: Psychoanalysis is a health-care profession, or a specialty thereof. And such a response structures the *Identity*, the *Purpose*, and the *Ethics* of the analyst in very specific ways. *Identity* as a mental health professional determines how the analyst thinks about people: basic conceptions of people are understood through an organizing conceptual framework of symptomatology, etiology and psychopathology. And *Identity* as a mental health professional prescriptively defines the *Purpose* of the analytic discourse as normalizing and reparative, a discourse guided by a medical code of *Ethics* that corresponds to the analytic culture's implicit and explicit view of people as diagnosable, mentally ill, and in need of treatment (Kavanaugh, 1999). *Purpose* and *Ethics* are inseparable from the analyst's *Identity* as a mental health professional; they are defining elements of this *Identity*.

And this *Identity* has grounded the pedagogical and political institutions of the analytic culture; the analyst is educated to think, to conceptualize, and to practice in a health-care matrix. If psychoanalysis *is* what these institutions profess it to *be* then psychoanalysis in this country *is* a medical-ized way of thinking with conceptions of people signified in the various structures of diseases, disorders, and deficiencies. And DSM-IV stands in the analytic community as a monument to these shared communal preoccupations with pathology, diagnosis, treatment, and curative factors. In this country, history and politics have linked *Identity* as an analyst with the education, training, and ethics of the mental health professions.

Recent years have directed our attention to the very practical and organizational consequences of the Health Care Reformation. During these years, we have witnessed the application of the *standards of the health-care model* and the *principles of industrialization and commercialization* to psychoanalysis as theory, practice, and education. Powerful socio-economic and cultural forces have combined to redefine the *professional standards* of each member of the health care community, e.g., physicians, nurses, psychologists, social workers... and psychoanalysts. *Identity* as a mental health professional has placed the analyst, the analytic discourse, and psychoanalytic education squarely in the midst of this churning matrix of re-definition as various regulatory agencies, legislative bodies, and accrediting groups redefine the *standards of care*, the *standards of practice*, the *ethical standards and principles*, and the *standards of education and training* for health-care professionals (Kavanaugh, 1999). And medical traditions, beliefs, and values contextualize the rewriting of these *professional standards*; these *standards* derive from the prevailing medical-empirical ideology in the field of psychoanalysis. As the *standards of the health-care model* and the *principles of industrialization* continue to redefine the analyst's *Purpose* and *Ethics* in everyday life, the *Identity* of the analyst becomes further entrenched in this health-care matrix. Situated in the health-care professions, mainstream psychoanalysis is at a rather critical juncture in

its practical and organizational history and its intellectual history as well.

During these same recent years, there has been an epistemological awakening in the analytic community -- a creative awakening prompted in large measure by the growing recognition that the intellectual foundations of our discipline have remained situated in a 19th century epistemology, science, and moral theory (Bevan, 1991; Slife, 1993; Spence, 1987; Robinson, 1982). During the past quarter of a century, we have witnessed a rethinking of the very *concept* and *meaning* of psychoanalysis as discourse and discipline. And today, there is a rich pluralism of representation of psychoanalysis in the analytic community; there are Freudians, Jungians, Kleinians, Lacanians, Kohutians, Winnicottians, relationists, intersubjectivists, and those who speak from a phenomenological, existential, and other philosophically based paradigms -- to name just a few. For all practical purposes, however, many of the more contemporary intellectual perspectives do not yet exist in the analytic community as the *meaning* of the *Identity* of the analyst is still produced by the *professional standards* of the more politically dominant, medicalized version of analysis. Organized psychoanalysis appears to not have recognized the changing identity of the discipline of psychoanalysis, itself. For those analysts who do not subscribe to the Medical Model, it has become increasingly difficult to conceptualize, to practice, and to educate *outside* of this healthcare matrix, theoretical pluralism and principled conviction notwithstanding. Increasingly, *Identity* as a psychoanalyst requires conformance to the accreditation and health-care standards of the mental health professions.

In recognition of the epistemological and theoretical pluralism of contemporary times, perhaps the question before us this weekend, "*What Is Psychoanalysis?*" might best be restated as: What is the particular *concept* and *meaning* of the psychoanalysis that is under consideration? And in that particular version of psychoanalysis, what are the implications for the *Identity*, the *Purpose* and the *Ethics* of the analyst in the lived experiences of everyday professional life? It seems to me that thoughtful and searching inquiry into this question begins with *thinking* ... thinking about psychoanalytic thinking, more specifically, thinking about the assumptions underlying the Medical Model of psychoanalysis. Critical inquiry into these cherished assumptions has been most noteworthy by its absence in the analytic community. Given our historical and political moment, the questions before us this weekend, *What is psychoanalysis?* and *What Might It Become?* are particularly timely and deserving of critical attention.

As a two-fold contribution to the conference, I would like first to consider the question, *What is psychoanalysis?* from the Medical Model's perspective and paradigmatic ways of thinking about the world, people, and life. More specifically, I would like to consider the genealogy of certain of its concepts which have their genesis in biology, their development in medicine, and their validation from the methods and assumptions of the natural sciences. Historically, the intellectual foundations of our discipline have derived from this paradigm of biology, medicine, and science. And second, I would like to consider the question, *What might psychoanalysis become?* Premised in radically different epistemologies, different versions of contemporary psychoanalysis proceed from different sets of underlying assumptions, beliefs, and core values. And speak

different *Identities, Purposes* and *Ethics* for the analyst. The following thoughts are from the perspective of a skeptical phenomenalist and are intended as a contribution to the study of the psychoanalytic arts.

### ***Thinking About Psychoanalytic Thinking: An Historical Approach to Hysterical Symptoms***

With the publication of the *Studies on Hysteria (1895)*, psychoanalysis was founded as an historical discipline. For Freud, Breuer's cathartic treatment of Anna O. revealed "... the fundamental fact that the symptoms of hysterical patients are founded upon scenes in their past lives" (1914, 8). And with its publication, *The Studies ... (1895)* introduced a revolutionary way of thinking about the significance of past events and their role in providing clues to the understanding of present symptoms; a psychological way of understanding the *cause* and *effect relationships* in mental life had been discovered. Far from being arbitrary and capricious, symptoms had both rhyme and reason *and* meaning and purpose: "Hysterics suffer from reminiscences." And these reminiscences were understood from the perspective of an historical positivism.

In the nineteenth century, many considered the discipline of History as one of the natural sciences. And this view of *history as science* provided psychoanalysis with the promise of a scientific solution to the problems of symptoms and mental disorders. In the positivist view, past events exist as empirical objects with their historical and causal realities contained in linear time. And *history viewed as science* provides the historian with impartial and objective recordings of these factual events as they actually occurred in the past. In the positivist's view of history:

"... the objects of the historian's inquiry are precisely that, objects, out there in a real and single past. Historical controversy in no way compromises their ontological integrity." (P. Gay, 1974, 210)

Functioning as a scientist-historian, the analyst inquires into a real, knowable, and singular past through the *historical approach*, discovering these empirical events as *found objects* in the hallways of time-past; and, then, bearing witness to their having occurred. The analyst functions as an historian of the individual's history, deciphering her or his personal record of past events and, then, speaking as if from outside the story being told. And in this history, the language of the analyst refers to empirically real objects or events that occurred at specific points in time- past.

This *historical approach* rests on the underlying assumptions of a linearized and sequenced time in which time flows like a line independent of the events it supposedly contains. Time advances uniformly and sequentially forward as an invisible medium for all events - events of the past occur, *then* those of the present, *then* those of the future. And that which precedes in time is related to that which follows in a causal, deterministic, and evolutionary manner. All scientific processes --including *history as science* - must occur along this invisible line of linear time (Slife, 1993; 1995). For

example, in *The Studies ... (1895)* past traumatizing events are located at specific points along a continuum of linear time and space. And these past events, in turn, determined the later symptoms in Anna O's life. Mediated by a medical ideology, behaviors considered to be abnormal were understood as symptoms (symptomatology) caused by the repression of archaic traumatizing events (etiology), which interfered with current adaptations to the objective and knowable world (psychopathology). Anna O's symptoms were conceptualized as disguised representations of these traumatic archaic events, understood as corresponding to actual people and empirical events of her past life. Her symptoms were contingent on --and produced by-- these events; they had meaning and purpose that derived from an earlier time and place. Treatment and cure took place through the recovery of these memories and the valid reconstruction of the archaic events of her personal history.

Notions of a linearized and sequenced time are pivotal assumptions underlying this *historical approach* to the understanding of hysterical symptoms. And linearized assumptions of time and place *and* logic and causality laid a deterministic foundation in psychoanalytic thinking in which past trauma psychically determines, of necessity, present symptoms/deficits. And this spatiotemporal framework makes it possible to infer past events retrospectively from present symptoms, thereby enabling accurate and precise genetic reconstructions of what *must have happened* to result in the current configuration of symptoms. Linearized conceptions of a sequenced time, place, logic, and causality provide the foundational assumptions for the Medical Model's organizing conceptual framework of symptomatology, etiology, and psychopathology; they are pivotal assumptions in the understanding of *mental causation*. In the positivist's tradition, temporal succession and spatial proximity are axiomatic in determining the *causal explanations* of mental phenomenon; and for understanding such basic psychoanalytic concepts as *psychic determinism*, *genetic reconstruction*, and *transference*. The Medical Model continues to rather naively assume the individual's history to be empirical in which what *happens* and what *will happen* result largely from what *has happened* in the person's early relationships and surround of childhood.

### **The Natural Order of Things, Evolutionary Doctrine, and Science**

The assumptions held and the modes of inquiry pursued by Freud and Breuer in *The Studies ... (1895)* were based on a 19th century *worldview*. And Freud, in particular, was influenced by the new Darwinian biology. Darwin had utilized an *historical approach* to find a scientific solution to the problem of species. His researches in biology had extended the validity of the *historical approach* as a scientific method of inquiry from the inorganic world of geology to the organic world of biology (Ritvo, 1990). Darwin's researches had provided scientific support for the philosophy of Naturalism which holds that the world functions by rational and natural laws according to intricate, predetermined, and pre-ordained designs of nature; a grand and unifying rationality underlies these intricate and complex designs. Nature is understood as a rational and intelligent workman with its creations possessing just those powers and attributes permitting generation, growth, and evolutionary progression (Robinson, 1989). Naturalism assumes a unified theory of nature, life, *and* science in which all natural

phenomenon are governed by predictive and natural laws. And further, the different branches of science are unified by a single overarching theory in which, for example, biology follows the laws of physics, chemistry, and the other natural sciences. Freud was profoundly influenced by the assumptions, ways of thinking, and the historical approach of Darwinian biology. Indeed, so pronounced was Darwin's influence on Freud's thinking that Ernest Jones in the earliest authorized biography of Freud acclaimed Freud to be "The Darwin of the Mind" (1953, cited in Ritvo, 1990). *The Studies on Hysteria (1895)* extended the scientific validity of Darwin's *historical approach* further along the continuum from the inorganic to the organic into the realm of --supposedly, at least-- the highest forms of organic life, people and mental life. *The Studies ... (1895)* provided further support for the philosophy of Naturalism and, in so doing, justified the scientific study and investigation of mental phenomenon.

Freud adapted the historical method and the assumptions of the doctrine of evolution from biology to psychoanalysis. The *historical approach* became the primary mode of inquiry and evolutionary biology served as a model for psychoanalytic thinking about personality development. Indeed, evolutionary doctrine rooted psychoanalysis in scientific biological foundations. Further, an evolutionary model suggested a way of thinking by which psychoanalytic theory could understand the development of people and mental life as sequential, orderly, natural, and law-governed. In biology, ontogeny recapitulates phylogeny in that organisms functionally resembling each other reflect similar phylogenetic origins. In psychoanalytic thinking, the history and development of the individual constitutes a more or less complete recapitulation of the developmental history of the species-- and -- the historical development of the species is mirrored in the individual's developmental history (Ritvo, 1990). And American psychoanalysis in particular has been wedded to notions of sequential stage theories and developmental paradigms in which a progressive and hierarchical development of mental functions is determined by the development and hierarchical arrangement of the central nervous system. Mental functions are dependent on a somatic substrate in the central nervous system with the causal factors of symptoms and mental disorders understood from the conceptual framework of evolutionary biology. Phase specific disruptions in infancy or childhood, for example, have adverse effects on the development of particular systems of motives, character traits, object relations, and ego or self-structures.

With conceptual foundations rooted in evolutionary biology, the psychoanalytic construct of *mind* is inextricably linked to a somatic substrate. Structured by this Cartesian world view, a dichotomized construction of mind and body -and, the interaction in between- premises much of our current psychoanalytic thinking and research as expressed, for example, in the dualistic conception of *the person as agent* in clinical practice and *the person as organism* in scientific research. *Person as agent* engages in those activities that involve conscious choice; *person as organism* exists by means of physiological processes (Gedo, 1999). And as noted by Rubinstein in his discussion advancing psychoanalysis as a science, "In clinical practice we see man unequivocally as a person. However, *to justify our hypotheses about unconscious mental events*, we must turn our attention to the organism this person is also" (262, 1997 *italics added*; cited in Gedo, 19, 1999). This

dualistic construction of *the person* places conceptual primacy with organismic realities such as observable physiological processes and advances the notion that *mind* is to *conscious choice* as *body* is to *unconscious process*.

This Cartesian construction of *the person* translates the abstraction of *the unconscious* into a concept standing for certain factual and observable physiological processes, a conception of *the unconscious* structured by the scientific notions and imagery of people from a very different time and era. If psychoanalysis is to be recognized as a natural science of mind, however, there is a compelling necessity for such a dualistic construction of *the person*. In so doing, person *as organism* provides the objective conditions necessary for the scientific validation of psychoanalytic constructs. In the prevailing medical ideology, empirical research rests on the assumption that everything the person experiences can be reductively analyzed into component elements and the interrelationships between those elements, with the result that mental processes are reduced in complexity and simplified into predictable, measurable, and law like behaviors (Russell, 1985). This *logical atomism* walks hand in hand with *logical positivism*. Both assume that *the person* is the sum total of his or her atomistic experiences. And science can hold everything in its objectivizing gaze in its quest for linearized causal knowledge; the soul of human *being* can be empiricized. The psychology implicit in such causal theories, however, is thoroughly Cartesian, as is their epistemology (Hyman, 1992).

Ontogeny recapitulates phylogeny. And phylogeny informs psychoanalytic thinking as to how the individual ought to develop. Implicit in the empirical construction of normative developmental standards is the idea that deviations from these standards constitute empirical evidences of psychopathology, spoken in the normative vocabulary of our Diagnostic and Statistical manuals. In effect, differences amongst people are understood as evidences of pathology. Such universalizing and totalizing conceptions of people contain core ethical issues for the analyst and analytic educator when the *Identity* of the analyst, the *Purpose* of the analytic discourse, and the *Ethics* that guide that discourse are organized around these idealized normative standards. More specifically, knowledge based on these statistical norms intersect with the discourses of Ethics and Power when, in the mind of the analyst, these normative standards move from *how things are* to representing truth-claims as to *how things ought to be* in terms of the subject's developmental or analytic outcome. In such instances, a normatively constructed view of people organizes the *Purpose* of psychoanalysis around the subject's conformity and compliance to the normative standards of the *ought to be*.

### **Lawful Knowledge and the Historical Discipline of Psychoanalysis**

As a branch of the biological sciences, psychoanalysis modeled itself on the empirical methods and assumptions of the natural sciences for the greater part of the past century. The assumptions of *historical* and *causal* realities in the positivist tradition made it possible for the analyst to trace back to earlier or more primitive stages of development the origins of symptoms as Darwin had traced back the origins of organisms functionally resembling each other to the same primitive structures (Ritvo, 160). And these

assumptions of *historical* and *causal* realities made it possible to develop as a nomothetic discipline. As a derivation from the Greek *nomos*, or *lawful*, and *thetikos*, or *knowledge*, the term nomothetic translates as "lawful knowledge," "lawful thesis," or "dogma" (Lemiell, 1987). As a scientist-historian, the analyst searches for the repeatable structures and lawful relationships existing between internal mental events and the external social realities that determined or caused those events. Knowledge *of* and *about* these causal realities is possible only if the knowledge discovered is objective and scientific. Thus, in the quest for knowledge, historical truth must be separated from narrative truth - fact separated from fiction - as the analyst is obligated to scientifically validate the causal connections between current symptoms/deficits and the earlier events of childhood. Ultimately, the analyst must validate the links between the mental functions of *the person* to the neural substrate of *the organism*. In so doing, "lawful knowledge" is discovered, creating the illusion that the nomothetic principle(s) and law(s) hold for *each of many* individuals.

Consistent with the empiricist's thesis and doctrine, analytic theory, process, and interpretation must transcend the analyst's subjectivity. They should attain an objective scientific standard *as if* science and its methodology is unmediated by values, presumptions, and ideological context; indeed, *as if* scientific knowledge, itself, is mind-independent and value neutral, i.e., *amoral*. Put another way: nomothetic principles and laws governing mental life simply exist *out there* in *an objective and knowable world*, awaiting their discovery as do the laws of nature and society. And in this way, the modernistic myth is perpetuated that research, science and the empirical knowledge generated in the social sciences exist outside of historical, cultural, and socio-economic influences. If psychological laws, explanations, and meanings about *a person* can be discovered *independently* of that person, then it seems to me that much of the current thinking and theorizing in the analytic community is historically neutral and unwittingly encourages an uncritical reflection upon ourselves. Empirically based psychologies, formularies, and wisdoms have become *ahistorical*, universalizing, and impersonal knowledge about people *as if* such knowledge exists independently of human beings and the historical context in which it was produced. In *Thinking About Psychoanalytic Thinking...* it seems that a positivist mode of rationality and history operate, paradoxically, to undercut the value of history and undermine the importance of *individual* historical consciousness and insight. In the quest to develop "lawful knowledge" about people, the institutional(ized) rationality and discourse of organized psychoanalysis has produced some rather unintended consequences for the *historical discipline*.

### **Reconsidering the Medical Model of Psychoanalysis**

It has been greatly under appreciated, if not generally unrecognized, that the Medical Model of psychoanalysis is grounded in philosophy; more specifically, the philosophic traditions of Logical Positivism and Naturalism. Indeed, the underlying philosophic assumptions of *naturalism*; *linear time*; *determinism*; *atomistic thinking* and experiences; *nomothetic principles*, laws, and explanations; and *amorality* in science come together to unite in a 19th century *world view* or model that structures the epistemological and

intellectual foundations for our modernistic systems of thinking (Slife, 1997). Infused with a medical ideology, these same cherished assumptions unite in the Medical Model of psychoanalysis in which the biology of *mind* is foundational; *mind* is a function of the physiological processes of the brain. From this perspective, the physiological substructures of the organism constitute the true foundations of an individual's conscious and unconscious mental life. And organized psychoanalysis continues to pursue the status and respectability of a *causal-empirical* science of the mind in its ongoing search for a new and biologically sound metatheory in which the findings of psychoanalysis and neurophysiology intersect.

For the greater part of the past century, the psychoanalytic community has held Science as an epistemic ideal. Indeed, the empirical validation of psychoanalytic constructs has been essential to validate the discipline of psychoanalysis as a science of mind. Such dogmatic unities as the *past* preceding the *present* as *cause* precedes *effect* have been foundational in our conceptions of *mind*, *causality*, and *science* since the publication of *The Studies on Hysteria* in 1895. These presuppositions, however, have remained largely unquestioned and unexamined in the analytic community. Linearized assumptions of time, place, logic and causality are premised on Newtonian conceptions of space and time and are understood as separate and physically independent, autonomous entities. Our modernistic theories of *mind* and *causation* developed - and, are understood - within this spatial and temporal context. Rooted in a Newtonian framework, such causal theories commit psychoanalytic thinking to a Cartesian view of *mind* in which actions are understood as the consequence of interactions between the outer objective states of the physical (reality) and the inner subjective states of the mental (fantasies) (Child, 1998). Unfortunately, a Newtonian-Cartesian worldview underlies much of the thinking in the modernistic psychologies of psychoanalysis, and the *professional standards* of the mental health professions.

The Medical Model of psychoanalysis refers to a distinct and paradigmatic *way of thinking, knowing and perceiving*; constitutes the intellectual foundations of our discipline from which derive our *professional standards*; and, increasingly represents the *Identity, Purpose, and Ethics* of the analyst as *exclusively* those of a mental health professional who has graduated from an accredited institute. As noted by Thomas Kuhn, such paradigmatic ways of thinking "... govern in the first instance, *not* a subject matter but a group of practitioners" (1970, p 80 italics added). A continuing and unquestioning allegiance to such bio- medical traditions, beliefs, values, -- and, the institutional(ized) power relations in the analytic community -- perpetuates the 19th century world view underlying our mainstream psychoanalytic theories, techniques of practice, educational philosophy and model, and ethical standards, and the image of the analyst as a mental health professional. In many respects, organized psychoanalysis has remained frozen in time: recycling analytic orthodoxies that rest on Cartesian-Newtonian assumptions about the world, people, and life; classifying people in diagnostic and statistical manuals contextualized by its medical ideology; and, remaining situated within the traditional borders erected by the *ways of thinking* and *professional standards* of the health-care professions. Whereas individual psychoanalysts have long been interested in philosophic questions and developments, organized psychoanalysis has not felt implicated, much less

compelled, to re-examine the presuppositions of the discipline. The shadow of 19th century metaphysics continues to be cast over the *Identity, Purpose, and Ethics* of the analyst as we enter the 21st century.

### **Thinking About the Rethinking of Psychoanalytic Thinking: What Might Psychoanalysis Become?**

"... (O)urs is the generation , perhaps more than any other since Descartesí, that has been preoccupied not simply with *nature* or *mind* but with how we know about them, in what sense we can ever have access to their éreality,í and what the limits of our knowledge are." (Spence, 1987, ix)

For quite some time, different ways of thinking about the world, people, and life have been crossing the borders of the analytic community from other disciplines. And these border crossings have led to a project of *rethinking* our *ways of thinking about* psychoanalytic thinking. The pluralism of contemporary psychoanalysis contrasts boldly and sharply with the uniformity of the logical positivism of yester-year. There is a variety of theoretical and methodological positions in contemporary psychoanalysis that derive from the orientations of existential-humanistic, hermeneutical, narrative, semiotic, cultural, relational, transpersonal and integrationist psychologies. And these different psychologies have differing conceptions of the world, self, and other as well as different understandings of the concepts and meanings of *Identity, the Subject, Causality, and Truth*. The days of a monolithic psychoanalysis with its emphasis on linear causal knowledge are far behind us.

At first glance, it might appear that the analytic community is in a state of disarray as the consequence of irreconcilable philosophical differences between these different ways of thinking. After all, these psychologies premise different understandings as to the basic nature of people, posit different methods of knowing about people, and assume different purposes for the analytic discourse. On closer look, however, these different ways of thinking all converge around an overarching concern that spans their individual differences: their common concern is the human "lifeworld" of the subject, e.g., the *lived experiences* of the personís everyday life (Schneider, 1998). These psychologies emphasize three main elements that distinguish them from the sterility of psychoanalysis as a causal empirical science: the interrelated wholeness of experience, access to such wholeness in the analytic discourse, and the qualitative or descriptive accounts of such processes. These more contemporary psychologies of psychoanalysis speak from the perspective of an artistic and intellectual movement having its origins in the late eighteenth century: the romantic perspective which arose in opposition to enlightened rationality with its emphasis on linear, causal knowledge. In speaking of Romanticism, Kirk Schneider has this to say:

"For the romantic ... the world was much too broad and interconnected to be édissectedí in such ways. According to the romantic, a return to the lived world and childlike openness was needed. Correlatively, there needed to be a return to the tacit state of

experience prior to intellectualization. Although this tacit state was considered primitive by many Enlightenment onlookers, to thoughtful romantics it was neither primitive nor backward but deep, reverential, and comprehensive." (1998, 278)

Grouped together, these more contemporary psychologies of psychoanalysis form what I'll be referring to as: *The Romantic Psychologies of Psychoanalysis*. And in my view, the emphasis of the romantic psychologies on the depth and variety of human experiences represents *what psychoanalysis is in the process of becoming*: a conceptually rich and multiverse community of scholars wherein there is an appreciation and deep respect for the infinite variety of differences amongst people.

### **The Romantic Psychologies and the Interrelated Wholeness of Experience**

The emphasis of the romantic psychologies on an interrelated wholeness of experience speaks from an emerging *worldview* in which everything in the world is inseparably interconnected; the world is complex, holistic, and multi-textured. This *worldview* rests on the thinking of theoretical physics, the mysticism of the Eastern and Asian philosophies, and a systems theory that speaks to the inexplicable spirituality of the *something more* of the person, e.g., the mind, the psyche, the soul. Underlying the illusion of a literal concreteness and separateness in our everyday lives of space, time and the objects contained therein is a realm of frequencies and interconnected potentialities. The physical entities, which seem to be separate and discrete as conceived in the classical reality of Newtonian physics, are actually linked or unified in an implicit or underlying fashion. In the manifest realm of space and time, objects and events *appear* separate and discrete; in the world of subatomic physics, however, there is no space *and* no time. And in this subatomic world, e.g., in the implicate or frequency realm, all things and events are spacelessly, timelessly, and intrinsically one and undivided (Wilber, 1985; Kavanaugh, 1995b). In this blended space between classical and quantum thinking is found the lived experiences of the lifeworld, a space where the hypothetical-deductive-inductive methods of knowing simply cannot go. In Chinese thought, this inseparable interconnectedness is reflected in the *Principle of Relationship* (Zheng He Lu) and constitutes the essence of dialectical thinking: nothing is isolated and independent, everything is connected. This holistic mode of thought rests on the assumption that everything exists in the mystical integration of *yin* and *yang*, entities that are opposed to each other and yet also are connected in time and space as a whole in time-space. (Peng & Nisbett, 1999) The romantic psychologies of psychoanalysis seek to understand this interrelated wholeness of the subject's experience. They do not aspire to scientific status nor do they posit underlying biological referents for their constructs; they neither seek nor claim validation from the atomistic thinking of a medical-empirical ideology.

Human beings are inherently the makers and interpreters of meaning. We actively select, organize and construct that which constitutes the "facts" of our experiences. And, we *interpret* the meaning of those facts to *conform* with certain ingrained images of *self* and *other* and to *confirm* these ingrained images of *self* and *other*; we see who we are *and* we

are who we see. In our everyday lives, our senses describe to us our reality and the reality of our everyday life is whatever it is our senses reveal it to be (Eaker, 1975). This phenomenological premise and perspective speaks to the idea that the reality of everyday life - as is Beauty, Goodness, and Truth - is ultimately found in the eye of the beholder. In the quantum-mystical-spiritual world, this reality is a living and breathing, always changing dynamic construction of signifying activities. In Chinese thought, existence is not static but dynamic and changeable; the *Principle of Change* (Bian Yi Lu) holds that reality is a process, (Peng & Nisbitt, 1999) And "...the concepts that reflect reality are also active, changeable, and subjective rather than being objective, fixed, and identifiable entities." (743) Individual *meaning* is found in the various *systems of signification* by which each person makes sense of his or her *current and past experiences*; our constructs and systems of signification organize the facts of our experiences in everyday life as people and professionals. And the discourses of history and fiction figure prominently in this making of sense of our everyday lives; history and fiction are inherently and inseparably interwoven in our dynamic constructions of reality.

An historical mode of understanding appreciates this imaginative construction *and* reconstruction of the person's past *and* present reality. And long neglected conceptions of time have come to the forefront in much of the thinking in the romantic psychologies of psychoanalysis. For example, the experiences of the phenomenal past are understood as *co-existing, co-structuring, and co-determining* the construction, the experiences, and the meanings of current reality for the person. (Le Poidevin, 1997; Slife, 1997) The reality and centrality of the past *as we recall it to have been* continuously unfolds in the *present moment of the past* as we construct and give meaning to the world around us. In effect, our personal history is *always* contained in our perceptions and dynamic constructions of our present reality; we cannot stand outside of our own history and speak from a value free context ... objectively speaking, of course. An historical mode of understanding recognizes the continuous interweave of these *lived experiences* of the phenomenal past, with the person's present wishes, desires and longings *and* incorporates her or his purposes and future goals. Psychic determinism, then, is conceptualized as a non-linear determinism responsive to a complex dynamic interplay of contextual and teleological forces in the mind, which are considered to represent a complete yet ever changing dynamic system at any given point in space-time. Thus, psychic determinism might be understood as the consequence of multiple contextual/experiential forces emanating from the internal representations of *self* and *other*.

### **Psychoanalysis as an Historical Discourse: The Analyst as a Philosopher Historian**

The romantic psychologies reintroduce History as an *interpretive* discipline in contrast to History as an autonomous, self-authenticating, scientific discipline. And these psychologies reintroduce the analyst, I believe, as a Philosopher-Historian concerned with the nature of representation, the philosophy of language, and with various systems of signification. As a Philosopher-Historian, the analyst speaks collaboratively with the subject of contemporary times who is understood as an *historical subject* spoken by language, history, and the specific discourses of the culture; is constituted by its interrelations and interconnection; *and* lives and breathes through the mystery, magic,

and muscle of the unique *something more* of being human --- the whole person is always *something more* than the sum of identifiable parts. And *Identity* as a Philosopher-Historian provides a context from which the analyst organizes, structures, and speaks to the relationship between the phenomenal past and our speaking *of it* and our speaking *with it* and our speaking *from it* and our speaking *in it*... all at the same time, as the experiences of the past blend inseparably into the reality of the present moment. In this unique psychological discourse, a history is constructed - not in the sense of discovering facts about what must have happened; but a history in the sense of shaping a meaning - a history that is continuously written and rewritten in the course of the analytic discourse. And to remember in words that which cannot be forgotten speaks to the uniqueness of the discourse, the person, and the historical drama being repeated and relived in the discourse. This remembering rather than repeating the phenomenal past speaks to "...the making of something which had been a piece of the unacknowledged present into a piece of history" (May, 1990, 180) With this historification, the potential for new and different thoughts and actions becomes possible.

As a philosopher-historian, there is the recognition of an inseparable interconnectedness between the observer and the observed; the analyst as observer is always an integral part of that which is being observed. The analyst is not outside the history reported. Acknowledgement is readily given to the analyst's role in the very constitution *and* understanding of the subject; our respective theory determines how we listen, understand, and respond in the analytic moment (Becvar and Becvar, 1996) And one of the more radical and far reaching of implications that derives from this quantum-mystical-spiritual *worldview* is that the romantic psychologies dance with the ultimate in paradox and self-reference: that is, in this unique psychological discourse the analyst speaks, listens, and interacts, ultimately, with *her or himself* cast in the image of *Other* as analysand. As a derivation from the Latin *solus* and *ipse*, solipsism translates as "I myself alone." And a particular form of solipsism could be stated as: "I cannot know that anything exists other than the *experiences* of myself, my mental states past and present, and my *experiences* of a material world." (Kennick, 1970) In effect, the world is each individual's *representation* of the world - including the experience that there *is* a world. In this contextual field, the analytic discourse unfolds in a timeless and spaceless sphere of conflict, dilemma, and the paradoxical - wherein the analyst and analysand exist as literally separate and discrete entities as in classical physics, yet, *at the same time*, as inseparably inter-connected as a whole in time-space as in quantum thinking. In effect, each aspect of the *self* of the analyst experiences the internal *other* as external to, separate from, and different than *self*, e.g., as cast in the image of the analysand not unlike phenomena one might find in a dream, or in the mystical integration of *yin* and *yang*. This skeptical form of solipsism is epistemological in character as it poses the question *How do we ever know for sure what we know?* And *What is it that we do know?* The questions of ethics and epistemology are inextricably linked.

For the romantic psychologies, the analytic discourse is of a fundamentally different epistemological and ontological order than that of a social, medical, or empirical discourse. From this monistic perspective, the romantic psychologies and the neurosciences, for example, study processes and phenomenon of the human condition but

from very different perspectives and for very different purposes. Indeed for the romantic psychologies, psychoanalysis does not belong to the body of sciences with which it is now identified.

"It is, rather, the antithesis of those sciences. When objectivity ceaselessly extends its reign of death over the devastated universe, when life has no refuge but the Freudian unconscious, and when a living determination of life acts and hides under the pseudoscientific attributes with which that unconscious clothes itself; then we must say that psychoanalysis is the soul of a world without a soul, the spirit of a world without spirit." (Henry, 1985, 7)

As a humanistic discipline situated in the anthropic sciences, psychoanalysis is one of the most important voices to speak to the significance of individuality in our increasingly technocratic culture. The analytic discourse is concerned with the enunciating subject's theory of personal knowledge (epistemology) and his or her very private construction of reality (ontology). These questions pertain to the subject's interpretive design of the world. And these questions speak to the *Purpose* of the analytic discourse: the attempt to *understand* the various *meanings* and *motivational causalities* held by the subject in this interpretive design (Kavanaugh, 1995a). The material phenomenality for the basic referents *in reality* are found in the reality constructed by the individual. In this unique discourse, the analyst listens through tacit processes and awareness, imaginations and personal experiences, the verbal language of speech, the visual language of dreams, and the iconic language of the body; the analyst listens to the *bodymindspeaking*. And in this discourse, the analyst must be *with the words*, and be *in the words*, and *be the words*, yet, at the same time, go beyond the literal signification of the words. The analyst must be in the dimension of literal signification of words and, at the same time, be in a different dimension beyond words and speakers. Perhaps *under-standing* involves *standing under* the words in the contextual field of the subject that structures the words and speakers in meaningful ways (Mueller & Richardson, 1994) The analyst listens, understands, and responds through a blending of *literal meaning* from the classical world of literalized reality with this *contextual meaning* from the quantum world of interconnected wholeness. And *inter-pret*s, e.g., speaks from somewhere in the space in between. And, in so doing makes a leap, a discovery, and a creative solution that is *something more* than what could be represented in any other way. Perhaps, it is in the *inter-pret* that one speaks to the *something more* of the psyche, the mind, the soul ...the inexplicable *something more* of the person. The analytic discourse is a most complex, holistic, and multi-textured discourse:

"Although distinct themes can be gleaned from the lifeworld, they are *always* contextualized by related themes in a continuing evolving gestalt. One does not speak of linear causes from this standpoint, but of atmospheres, salient themes, and structures." (Schneider, 1998, 280) (italics added)

The more contemporary *worldview* of the romantic psychologies speaks psychoanalysis

as an *idiothetic* discipline concerned with the individual's *personal meanings, understandings, and knowledge* of the world, e.g., *idiothetic*: "... pertaining to one's own point of view, knowledge, or thesis (thetic)" (Lemiell, 1987, p21). And an historical mode of inquiry, listening and understanding rests on the assumption that every individual's personality consists partly or entirely of traits or experiences *not* found in the personality of every - or, perhaps, even - any other person. A unified theory of nature, life, and science is *not* assumed by the romantic psychologies of psychoanalysis. The idiothetic is not pursuing the search for general or universal laws. Indeed, empirical evidence generated by individual differences research has absolutely no legitimate interpretation whatsoever at the level of the individual. (Lemiell, 1987, p15) Instead, the idiothetic encourages the description and *understanding* of the idiosyncratic *meaning* of particular phenomena; it is not concerned with behavior per se, but rather, with the *meaning* of behavior as defined, consciously or otherwise within the mind of the individual.

From this idiothetic perspective, the world is understood as a World of Differences in that the only world that can ever exist and be known *is* this World of Differences, e.g., this world of interpretations of the world. Indeed, a *philosophy of differences* in the tradition of Nietzsche and Heidegger contextualizes many of these more contemporary psychologies of psychoanalysis. And differences amongst people in their dynamic constructions and interpretations of reality are considered to be the stuff of life in contrast to evidences of psychopathology.

## Conclusion

Psychoanalysis is, indeed, at a critical juncture in its intellectual, organizational and practical history. A committee forms to revise the national standards of our code of ethics; a consortium meets to develop national standards for psychoanalytic education; and Congress convenes to deliberate about policies impacting the standards of practice and care. Any debate in the field about these professional standards, to the extent that it exists, presumes the *Identity, Purpose, and Ethics* of the analyst from a health care context. The *professional standards* of the mental health professional do not fit each analyst with its pre-scribed *Identity*, pre-authorized *Purpose*, and pre-packaged code of *Ethics*. *How ethical is it to hold each analyst and analyst to these medicalized professional standards -- even when their principled beliefs and values about the analytic discourse are "other than" those of the health-care model?* For too long, a discourse of meaningful debate about such ethical issues has been marginalized -- if not suppressed-- by the more politically dominant and institutionalized ways of thinking.

As psychoanalysis is rethought, not only are *Purpose* and *Ethics* being reconsidered and reconceived, so too is the very *Identity* of the psychoanalyst. The romantic psychologies of contemporary psychoanalysis speak from a different *worldview*, establish different intellectual foundations, *and* develop from paradigmatic ways of thinking *other than* those of healthcare. *Why is it that people who come to see an analyst have to participate in quasi-public self-declarations of psychopathology as a prerequisite for engagement in*

*this unique psychological discourse?* And these foundational differences lead to pluralism in *Identity Purpose*, and *Ethics* in working with people, pluralism yet to be recognized in the analytic community. In my view, health-care and accreditation standards simply do *not* apply to these more contemporary psychologies of psychoanalysis; the romantic psychologies are best re-situated amongst the scholarly-intellectual disciplines such as philosophy, the humanities, and the arts.

.... Hopefully, some of the thoughts presented and questions raised this afternoon might contribute to revitalization - if not a rekindling - of a much needed debate and discussion about the shifting intellectual foundations of our discipline and their implications for our *professional standards*. And *What might psychoanalysis become?* It all depends on how one answers the question, *What is Psychoanalysis?*

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