

EDITOR'S INTRODUCTION: IS TRUTH RELEVANT?

BY JAY GREENBERG

Keywords: Truth, Freud, history of analysis, reality, analytic theory, "Constructions in Analysis," protoexperience, goal of analysis.

Psychoanalysis, from its beginnings in *Studies on Hysteria*, has been defined by its preoccupation with what is not known (Breuer and Freud 1895). Our central premise is that the unknown causes the illnesses that we treat; the idea defines both our theory and our praxis. And if unawareness is the disease, it follows that knowing is the cure.

Analysts working within different psychoanalytic traditions have long disagreed about just what it is that eludes awareness, and within each tradition ideas about this have changed over time. Freud's original focus was on lived experiences that he defined as traumatic; these could be interpersonal events that were too disturbing to be integrated into our personal narrative, or they could be thoughts that were too discrepant with our sense of who we believe we are or who we think we ought to be. Later he turned his attention exclusively to the life of the mind, insisting that cure depended on the recollection of the ubiquitous but repressed fantasies of childhood. Still later, he noticed that the ways in which we avoid knowing ourselves elude awareness; the analysis of defense became a primary target of investigation. And, as alternative theories emerged and captured the imagination of groups of analysts, other ideas about what must be known came to occupy center stage.

Despite these changes—and despite the conceptual disputes to which the alternative models gave rise—this way of putting things suggests a continuity that has characterized psychoanalysis over the 120

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years of its history; it unites perspectives deriving from a wide range of theoretical traditions. The unifying idea is that effective living, perhaps even mental health itself, requires that we become aware of truths about ourselves and about our experience that we do not, or cannot, or do not want to acknowledge. The psychoanalytic process aims at the recovery of disavowed mental contents.

But things have never been quite this simple, even from the beginning. Although Blass in her contribution to this symposium is certainly correct when she asserts that truth is “the alpha and omega of psychoanalysis” (p. 306), and has been from the field’s very origin, ambiguity about the ways in which truth is “relevant” to the psychoanalytic project runs through Freud’s thinking from his earliest writings to his last. On the one hand, the so-called archaeological model of therapeutic action—the model dictating that cure depends on filling gaps in memory that have been caused by repression and covered over by neurotic symptoms—originated in *Studies on Hysteria* (Breuer and Freud 1895) and influenced Freud’s thinking in one way or another throughout his career. The idea of filling gaps in memory suggests that what is retrieved from the repressed unconscious is veridical in one way or another—that is, it is something that happened, either in material reality or in psychic reality.

But only four years after publishing the *Studies*, Freud wrote his “Screen Memories” paper (1899), which suggests strongly that all memory is a composite, created from bits and pieces of what “actually” happened and reshaped by the needs, anxieties, and defenses active at the time of their recall. The vision of what is “true” that is implicit in this formulation is very different from what Freud meant when he said, for example, that cure depends on the recovery of memories of seduction, which entails remembering what he defined as an “actual irritation of the genitals” (1896, p. 163). And of course it is very different than the vision of truth that Freud must have held when he used the Wolf Man’s childhood dream (presumably recalled veridically) to “reconstruct” (again, veridically) his even earlier exposure to the primal scene (Freud 1918).

Note the tension, if not the incompatibility, between these two views of truth. In contemporary terms, we would say that one points to an excavation of the buried past, while the other is inextricably bound to and

shaped by experience in the present and must hinge on what emerges within the context of transference and countertransference.¹

It is a tension that persisted throughout Freud's life; in "Constructions in Analysis" (1937), he starts out with the familiar argument that therapeutic action depends upon facilitating the recollection of repressed mental contents. But then, in a surprising reversal, he writes:

The path that starts from the analyst's construction ought to end in the patient's recollection; but it does not always lead so far. Quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, *we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory.* [pp. 265-266, italics added]

Clearly, truth recollected and truth defined in terms of personal conviction (however "assured" the conviction may be) have only more or less to do with each other. Recognizing the problem, Freud somewhat uncharacteristically declined to tackle it, writing instead that:

The problem of what the circumstances are in which this occurs and of how it is possible that what appears to be an incomplete substitute should nevertheless produce a complete result—all of this is matter for a later enquiry. [1937, p. 266]

Evidently, the problem of "truth" has been with us from the beginning. Freud left us with a paradox: psychoanalysis as a project is unimaginable unless we see it as the relentless pursuit—in the face of formidable resistance—of truths about ourselves. And yet we have no certainty about what "truth" means, or, more personally and more immediately, about what it means to "know" that something is true. Over the last couple of decades, this paradox has burgeoned into a new conversation about the way that psychoanalysis is conceived and practiced.

The conversation revolves around whether our work should continue to be focused on the retrieval of what was once known but has

¹ In his commentary, Civitarese characterizes this as a tension between seeing psychoanalysis as "either evidentiary (the search for the *thing*) or aesthetic (the development of the *how*)" (p. 495).

been lost to repression, or whether we should turn our attention to the process through which experience becomes knowable at all. The latter emphasizes personal capability rather than content; we work with our analysands' inability to know, and consequently on what has never and could never be known. Many contemporary psychoanalytic concepts reflect this; all point to maturational or developmental restrictions on our cognitive or emotional capacities. In place of formed content, we speak of *protoexperience* that could not be represented or transcribed at the time when it was lived. We speak less of repression and virtually never of resistance; these concepts have been replaced by ideas that emphasize how knowing can be possible in the first place: symbolic capacity, mentalization, alpha function, dreaming (both when sleeping and when awake), creativity, and so on. And our analytic target changes accordingly; we become less interested in helping our analysands find the truths that they have not allowed themselves to know, and more interested in helping them develop the capacities that would make knowing possible.

The papers in this special issue of *The Psychoanalytic Quarterly* pick up Freud's challenge to future generations in the "Constructions" paper: each in its own way addresses the convergences and the distinctions between recollection (the evidentiary paradigm) and conviction (the aesthetic paradigm), and the meaning of "truth" within each model. Although the debate goes on, taken together, the papers suggest that recollection and conviction may not be as dichotomously alternative as we might have imagined. Each author acknowledges, in his or her own way, that the kind of truth with which we psychoanalysts concern ourselves requires conviction not only in order to be therapeutically effective, but if it is to be counted as "true" at all.

Consider two examples. In his discussion of Allison and Fonagy's paper, Civitarese restates Freud's idea of conviction in stronger, more contemporary words: "It is not enough for something to be true in order for it to be assimilated . . . it must be *personally true*" (p. 473, italics in original). Steiner addresses the interpersonal context within which something might become personally true. Interpreting a passage from E. M. Forster, Steiner writes, "Forster's point is not simply that truth without kindness can be cruel, but that truth without kindness is not fully true" (p. 434). Both these formulations, which are also addressed in different

ways by the other contributors to our discussion, suggest that truth, at least the kinds of truth that psychoanalysts traffic in, is inseparable from the context within which it emerges and from the way in which it is received.² But at the same time, none of the authors is willing to settle for the idea that truth is *simply* subjective; doing so would negate the importance of truth as a concept, and would simultaneously weaken or even excise the driving force of unconscious experience.

The title of this issue of the *Quarterly* was intended to pose, somewhat bluntly, a challenge to Freud's original way of framing the psychoanalytic project. The responses of our contributors converge in their view that truth continues to be relevant, although each paper in its own way emphasizes that not only relevance, but also truth itself, is inseparable from the context within which it emerges. This convergence—and the nuanced vision of psychoanalytic process that it reflects—is matched by generative differences in the authors' understanding of when, how, and under what circumstances our analysands can be helped to know and to use the truth in the service of benign therapeutic change. In developing their ideas about these areas of similarity and difference, our authors are advancing a conversation about some of the most important issues with which psychoanalysts of all persuasions are struggling today.

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² I choose to say "emerges" to avoid taking sides in the debate about whether truth is "discovered" or "created," a polemic that seems less interesting in light of the ideas advanced in these papers.

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WHEN IS TRUTH RELEVANT?

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The authors argue that the experience of knowing and having the truth about oneself known in the context of therapy is not an end in itself; rather, it is important because the trust engendered by this experience (epistemic trust or trust in new knowledge) opens one up to learning about one's social world and finding better ways to live in it. The authors consider the consequences of a lack of epistemic trust in terms of psychopathology.

Keywords: Truth, culture, learning, epistemology, skepticism, mentalization, representation, therapeutic action, borderline personality disorder, emotion, analytic relationship, trust, early relationships with caregivers.

In the postmodern era, the relevance of the concept of truth, never a stress-free subject, has become a particularly vexed philosophical question. Along with other classical notions, such as reason, identity, and objectivity, the concept of truth has come to be regarded in some quarters with considerable suspicion. In part this suspicion is inescapable, given the postmodern project's commitment to the exposure of the extent to which what is held to be knowledge or truth is determined by powerful interests. However, recognition that power and ideology do play an important role in determining what we call *truth* has often led to a thoroughgoing relativism and temptation to conclude that therefore "anything goes."

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As cultural theorist Terry Eagleton (1996) wrote:

Against these Enlightenment norms, [postmodernity] sees the world as contingent, ungrounded, diverse, unstable, indeterminate, a set of disunified cultures or interpretations which breed a degree of scepticism about the objectivity of truth, history and norms, the givenness of natures and the coherence of identities. [p. vii]

Opponents of this kind of stance show a tendency to fall back to an absolutist position, fearing that “without defences against postmodern irony and cynicism, multiculturalism and relativism, we will all go to hell in a handbasket,” in Simon Blackburn’s words (2005, p. xiii). Blackburn, a philosopher, suggested that this tendency toward polarization and conflict “grumbles within the breast of each individual” (p. xiv), as well as being manifest between individuals and groups, so it should not surprise us that the schism is rife also in psychoanalysis, since it reflects a division within all of us.

In a passing allusion to Wittgenstein’s assertion that the proper job of philosophy is to provide a kind of therapy enabling us to correct fallacies of thought, Blackburn intriguingly frames this conflict as an immune deficiency:

[This] conflict is about our conception of ourselves and our world, about the meaning of our sayings, and indeed the meaning of our activities and of our lives. It is about ideas that make up “the spirit of the age,” and that determine the atmosphere we breathe. If the ideas are inadequate or dangerous, then we need an immune system to protect us from them, and the only immunity would have to be conferred by better ideas. [2005, p. xiv]

This paper will develop Blackburn’s hint that at the level of the individual, the tendency to think in terms of a forced choice between commitment to the idea that there is a truth that can be revealed if one works hard enough, on the one hand, and skeptical relativism, on the other, is indicative of an immune deficiency or lack of resilience in the face of external impingement. We will explore the sociobiological relevance of the concept of truth as the primary qualifier of human communication

that underpins the transmission of knowledge across generations, which in turn lies at the foundation of human evolution. Culture is the reservoir of knowledge accumulated and transmitted from one generation to the next, and its preservation ensures individual adaptation and survival, as well as the survival of social organizations; both are vulnerable to misleading and unreliable information.

We will argue that thinking in terms of the forced choice Blackburn describes is an outcome of epistemic hypervigilance, a suspicion in relation to social influence that can prevent an individual from sufficiently trusting others to learn from them. In a clinical context, such hypervigilance is a major barrier to therapeutic change. In the context of a social movement (a collective of minds) such as psychoanalysis, the relativization of truth can similarly serve as a protection against learning and the conferment of “better ideas.” We will suggest that, while the *experience* of knowing and having the truth about oneself known in the context of therapy is a necessary first step in bringing down this barrier, it should not be viewed as an end in itself, but rather as the establishment of a stance that can drive learning about one’s world.

THE RELATIVIZATION OF TRUTH

The philosophical debate on truth has been at the forefront of psychoanalytic discourse about therapeutic action for many years. On one hand, there are those who characterize the experience of psychoanalysis in terms of its enabling of access to some sort of truth. Freud (1909, 1933) consistently formulated the purpose of psychoanalysis in terms of making the unconscious conscious, and Grünbaum (1984, 2008) made it the acid test of psychoanalytic hypothetico-deductive hypotheses.

Many subsequent formulations have laid stress on the role played by analysis in replacing evasion of a frustrating reality with acceptance in order to be able to modify it (e.g., Bion 1962a). Bell (2009) suggested that “all of us suffer from various kinds of epistemological malaise when it comes to facing certain unwanted aspects of reality” (p. 337); he characterizes both Freud and Karl Marx as critical thinkers seeking to expose the illusions we create and live by. O’Shaughnessy (1994) defended the existence of scientific clinical facts, defining them as truths about the immediate emotional reality between analyst and patient.

However, thanks to the pluralism of modern psychoanalysis (Bernardi 2005; Jimenez 2008; Wallerstein 1992), there is less clarity than there once was regarding the kinds of truths that psychoanalysis ought to be uncovering, and perhaps a further consequence of psychoanalytic pluralism is increasing skepticism about whether what is at stake is or should be the uncovering of truth at all. For example, Renik (1998) argued that:

In order for us to develop a psychoanalytic theory that can direct us towards effective clinical practice, . . . it is crucial for us to relinquish any claim that an analyst in the treatment situation can be objective, in the positivist sense of the term, i.e., objective in a way that is significantly independent of subjective interests. [p. 492]

He went on to state that:

Ethan [his patient] and I, in our investigation, were not trying to discover something that was already there. We were trying to devise a view of Ethan's life, present and past, that *worked*, i.e., that helped him feel better. We evaluated the validity of our understanding entirely on the basis of its therapeutic efficacy. [p. 492, italics in original]

The classical idea that the aim of analysis is or should be to discover truths about oneself has come to be associated with what Cooper described as the "intellectual reign of terror" (2003, p. 112) of psychoanalytic orthodoxy in the United States. The political aspect of this was exposed by the landmark lawsuit brought by a group of psychologists against the American Psychoanalytic Association and the International Psychoanalytical Association. The emotional strength of postmodern relativism and its intense intellectual pluralist sequelae are hard to comprehend without firsthand experience of the intermingling of intense monodisciplinary dominance and theoretical absolutism of the preceding period.

In this context, relinquishing claims to objectivity on the part of the analyst can be read as the adoption of an ethical as well as an epistemological stance of openness. However, Tuckett (2005) argued that the re-

sultant bewildering level of pluralism in psychoanalysis, both within and beyond the IPA, has been incompatible with

. . . many of the basic characteristics of modern professional regulation, . . . including an environment of transparent scientific debate and professional quality control that makes it possible to attempt to compare and test the value of alternative theories and approaches in different clinical situations, and to state which ideas and practices are more or less beneficial and which are wrong. [p. 32]

There has been resistance from various quarters to efforts to determine such standards, on the grounds that “much of the formulation and maintenance of psychoanalytic standards is inherently a political process” (Renik 2005, p. 61). In effect, as we have demonstrated using bibliometric methods (Fonagy 2003), citation statistics reveal an increasing fragmentation in our discipline; contributors appear willing to more or less ignore contemporary contributions other than those from specific, narrow orientations siloed from one another, cohering around a heroic period half a century ago when object relations theory came to dominate psychoanalytic scholarship.

As our concern here is not the psychoanalytic movement but rather the individual patient’s experience of truth, we should conclude this brief section on the relativization of truth with a warning. Both unwarranted certainty and its fundamental rejection may be (in our language) nonmentalizing or prementalizing in character. We have described undue certainty about the veracity of an idea as *psychic equivalence*, while a total repudiation of this certainty we denoted as *pretend mode*; both are characteristic of a prementalizing phase in the development of psychic reality (Fonagy and Target 1996; Target and Fonagy 1996).

In our questionnaire measure of mentalizing, we assess both excessive uncertainty and undue certainty as indicators of poor mentalizing (Fonagy, Luyten et al., in press). In the current context, it may be sufficient to say that if we see the global direction of therapeutic effort as the enhancement of mentalizing, both approaches to truth would be inimical to this purpose.

TRUTH AS MENTAL PROCESS (NOT MENTAL REPRESENTATION)

A second, perhaps more fruitful development pertaining to the question of the relevance of truth in psychoanalysis has arisen from consideration of factors that prevent “normal” neurotic functions, such as repression—and, more generally, the constitution of psychic reality—from arising and operating stably. Although many psychoanalytic writers have considered this polarity, it is probably accurate to credit Bion (1959, 1962a, 1962b) with bringing selective absence of specific mental capacities to the foreground of psychoanalytic theorizing. Where Bion went, many followed—some explicitly acknowledging links to Bion, others appearing more reluctant to do so.

For example, many years ago, scotomizing our own indebtedness to Bion, we suggested that what we called disorders of mental representation could helpfully be distinguished from disorders of mental process (Fonagy, Edgumbe et al. 1993). Treatment of disorders of mental representation focuses on the mental mechanisms involved in the recovery of threatening ideas and feelings and the consequent reorganization of mental structures commonly invoked in explanations of psychoanalytic process.

The concept of disorders of mental process arose out of the experience of the psychoanalytic treatment of seriously disturbed patients. For example, a child who has been the victim of abuse may exclude from his mental activity *all* representations concerning the thoughts and feelings of his objects (Fonagy 1998a). Forgoing thought about the mental state of others (what we have come to refer to as *mentalizing*) may be the only means available to such a child to deal with the terror of contemplating his primary object’s murderous wishes toward him. In this context, defensive avoidance of the “truth” of an idea must be distinguished from defensive avoidance of the process of creating ideas (i.e., thinking) altogether.

The aim of treatment in the latter case must be to gradually reactivate the inhibited mental process by elaborating the patient’s pre-conscious mental content and giving him opportunities to explore the

analyst's mental states in the context of the transference. Rather than seeking to restore access to a previously repudiated set of representations through interpretation, as in treatment of disorders of mental representation, what the analyst offers is in the Anna Freudian tradition of developmental help—not gratification or education, but scaffolding of the development of a capacity that has been defensively inhibited.

Truth, if relevant, rests in the reality of perceiving the object (self or other) as fully mentally functioning. The complement of truth, a lie—i.e., the deliberate manipulation of the belief states of an agent—paradoxically assumes a capacity to mentalize. To be able to detect falsehood therefore requires an even-higher-order capacity for representing the intention of the other as deceptive (understanding his intent to misrepresent in relation to one's own mind state). Given this complexity (third-order theory of mind), it is unsurprising that we do not normally calculate such complex intentions; rather, we aim to achieve a general, subjective state of truth in which an overarching experience of something as real and vital is created (see the section that follows).

HISTORICAL TRUTH

Previously, we clarified that, while certain forms of psychopathology can be conceptualized as disorders of mental representation, the mental representations we deal with in psychoanalysis should not be simplistically equated with memories of past events (Fonagy 1999). It was suggested that:

The only way we can know what goes on in our patient's mind, what might have happened to them, is how they are with us in the transference. They come to us with a kind of model—a network of unconscious expectations or mental models of self–other relationships. Individual experiences that have contributed to this model may or may not be “stored” elsewhere as discrete autobiographical memories, but in either case the model is now “autonomous,” no longer dependent on the experiences that have contributed to it. [p. 217]

The key to therapeutic action, it was proposed, lies in the conscious elaboration of preconscious relationship representations, principally

through the analyst's attention to the transference. As a result, change occurs in *implicit memory*, leading to a change of the procedures the person uses in living with himself and with others. It was argued that the recovery of memories in therapy is an epiphenomenon—a consequence rather than a cause of change.

This is not to say that truth is somehow embedded in the transference. Fonagy (1999) stressed that no claim was being made that attention to the transference opened a royal road to understanding what had “really” happened to the patient. It was noted (along the lines of Hartmann's [1955] stress on the genetic fallacy) that the models patients come with “are not replicas of actual experience but are undoubtedly defensively distorted by wishes and fantasies current at the time of the experience” (Fonagy 1999, p. 217).

However, Blum's (2003) critique of this position read it as having presented transference as “a literal recapitulation of the patient's early object relations” (p. 499). Blum argued that true knowledge of a patient's life history is a necessary corrective to the underlying conflicts and defensive compromise aspects of transference. Here we see another version of the anxiety that, without due attention to historical truth, we might end up in a situation where “anything goes,” so that patient and analyst are caught up in a *folie à deux*, no longer able to ground themselves through a connection with reality.

THE EMOTIONAL MOMENT OF TRUTH

Whereas Blum (2003) took Fonagy (1999) to task for failure to attend to historical truth, another line of criticism that the mentalization-based theory of psychopathology and treatment has faced was its perceived failure to attend to psychic truth. Our interest in severe disturbance and the impact of trauma, especially attachment trauma, as well as the resulting focus on forms of psychopathology that we conceptualized as disorders of mental process, has led to our theory being widely interpreted (not without some justification) as a deficit-focused model (e.g., Kernberg et al. 2008)—essentially explaining patients' difficulties in terms of early environmental deficits (failure of marked mirroring), with the analyst offering himself as a new object: one who provides the kind of cor-

rective emotional experience for which Alexander and French (1946) received considerable (if undeserved) psychoanalytic approbation.

From this perspective, the truth not properly attended to would be the unconscious conflicts that constitute the patient's psychic reality. The emphasis upon the (corrective) emotional experience of the treatment as the essence of psychotherapy brings the emotional aspects of the treatment into the foreground, denies the centrality of insight, and—at least historically—has tended to incur the strong disapproval of the analytic community. “Corrective emotional experience undeservedly became a synonym for superficial psychotherapy” (Wolf 1992, p. 122).

Fortunately, the overvaluation of insight is behind us, and the importance of emotional truth (the felt truth of an experience) seems generally recognized as the key to therapeutic progress. The increasing influence of data from infant research may have been a key driver of this shift (Fonagy 1998b). The slogan of the Boston Change Process Study group that *something more than interpretation* is needed, where that something takes the form of psychological acts within a mutative relationship with the therapist, embodies the intersubjective experience of truth around which a substantial consensus has now emerged (Boston Change Process Study Group 2002, 2010). The BCPSG conclusively addressed this issue when speaking of *now moments* as affectively charged *moments of truth*, called *kairos* in ancient Greek: “the moment that must be seized if one is going to change his destiny, and if it is not seized, one's destiny will be changed anyway for not having seized it” (2010, p. 42).

What the BCPSG model—compelling and unifying although it undoubtedly is—fails to offer is a model of the psychological processes that may underpin the phenomenal experience of *moments of meeting*. This intersubjective experience of bi-personal truth “produces a feeling of vitalization, or increased well-being, because there is increased coherence of the dyadic system as a whole,” (p. 89) and

. . . an upshot of fitting together is vitalization, experienced by both partners, which in turn leads to a greater feeling of liking each other. This vitalization serves as a directional element, in that it encourages the two to repeat ways of being together that generate such inner experiences, thus being a hallmark of dyadic quality. [2010, p. 210]

Predictably, there has been scholarly opposition—from so-called vested interests—to such a comprehensive redesign of the analytic process (e.g., Ellman and Moskowitz 2008; Ryle 2003). Doubt emerges not principally from uncertainty about the emotional reality of such moments of truth, but from reservations about the limited emphasis given to language and cognition in bringing about implicit relational knowing. The BCPSG's emphasis is on relational knowing as automatically or implicitly updated in small ways, with each encounter leading to an accumulation of small changes that create subtle shifts in organizations; these shifts ultimately influence behavior outside the treatment situation. However, this appears to leave the bulk of the analytic process in the realm of the superfluous.

Elsewhere (Fonagy and Target 2007b), in the spirit of BCPSG, we have suggested that unconscious evocation of meaning encoded in vocal gestures through intonation, stress, and other paralinguistic aspects of the encounter can carry interpersonal messages. But such suggestions of unconscious communication, while clearly important and undoubtedly intriguing, cannot be allowed to conceptually override the mainstream of verbal communication that provides the backbone of the therapeutic encounter. While for the most part it is probably unintentional, a focus on the implicit can raise it hierarchically above the explicit in importance, somehow closer to the “truth” for which there is no genuine indication, and the accompanying theorization is imprecise at best.

MENTALIZING AND THE FEELING OF TRUTH

From its inception, psychoanalysis set out to show the patient something about himself that he had not previously (consciously) known: to make the unconscious conscious. The purpose of this, it should be noted, was not the acquisition of intellectual insight; instead, it had the pragmatic goal of bringing about change: enabling the patient to live differently, freeing him to love and work—or, less ambitiously, exchanging neurotic misery for common unhappiness (Breuer and Freud 1895). As Freud rapidly discovered, powerful forces within the patient militate against acquiring such knowledge. The analyst must find a way of helping the

patient hear the interpretations offered. If the analyst intervenes without regard for the patient's defenses, the interpretation, however accurate, is likely to fall on deaf ears.

Our theories of borderline psychopathology and treatment have focused around the capacity for mentalization (Fonagy, Gergely et al. 2002). We have come to view mentalization—that is, the ability to interpret both our own and other people's behavior in terms of underlying thoughts, feelings, and wishes—as a multidimensional capacity that is acquired in the context of attachment relationships. It is less securely established in individuals who, for a variety of reasons, have had only limited opportunity to learn about their minds in their early relationships with caregivers (Fonagy and Target 1996; Target and Fonagy 1996). This has often been the case in individuals with adult diagnoses of borderline personality disorder (Fonagy and Target 2000).

In situations of interpersonal stress—such as may occur, for example, in the context of attachment relationships—the capacity of these individuals to mentalize is impaired, allowing developmentally earlier modes of thinking to (re)emerge. This poses a problem for the therapist, since the vicissitudes of the relationship established with the patient are quite likely to make it difficult for the patient to keep mentalizing online (Fonagy and Target 2007a). Once the patient stops mentalizing, no matter how true or accurate the therapist's interpretations are, the patient will not be able to make use of them because they are not experienced as true and are regarded with suspicion (Fonagy and Allison 2014).

The solution we have advocated is a technique that strives to scaffold and facilitate the development of the patient's capacity to mentalize by focusing therapeutic attention on validating, clarifying, sometimes challenging, and elaborating on the mental state perspectives adopted by the patient (Bateman and Fonagy 2010). The patient's experience of the therapist is a crucial focus of the work. Notwithstanding the impression that might have been given in our earlier work, this is not undertaken principally in order to enable the patient to understand himself better—although this may be an outcome—or to help him better understand his relationship with the therapist, although this almost inevitably happens

as part of the process. Rather, the aim is to equip the patient with the tools to negotiate his current and future relationships more successfully.

We have come to think of mentalizing as a key to understanding resilience (Fonagy, Steele et al. 1994), and we now prefer to conceptualize the characteristic difficulties with mentalizing shown by patients with borderline personality disorder not as a deficit, but as a useful adaptation (Fonagy, Luyten, and Allison 2015). While in this context it may appear that we have reverted to a relativist view, where regaining the capacity to mentalize alone matters and the way that this is achieved is no longer the point, in the phenomenal experience of our patients, mentalizing is linked to an experience of “truth”—of the kind of sense of presence, vitality, and at oneness with oneself and the social world that the BCPSG have also so eloquently described.

In other words, we see mentalizing as marked by an intersubjective experience in which two individuals feel the psychological presence of the other, and the relationship between them feels real (not pretend or absent) and in that sense genuine and true. We all know the feeling of discourse with patients that is lacking this quality of vitality—when the impact of one’s words fail to resonate with the patient, and when we struggle to achieve genuine understanding of his apparently earnest discourse. In such communication, there is no genuine mentalizing. But when mentalization begins, the patient suddenly appears in the room, metaphorically speaking. The analyst is talking to him and the analyst’s words clearly make an impact. Call this a *moment of meeting*, if you like, but such “moments” can stretch into minutes and perhaps entire sessions (although, in our experience, this is rare; about five minutes is the modal length of mentalizing discourse).

The risk is the illusion we are well able to create for ourselves that our mentalizing the patient is sufficient. Yet at our most “mentalizing,” we create an illusion, a pretense of mentalizing that is so self-satisfying because it compensates for the absence of the mentalizing of our social (conversational) partner—our patient. We pseudomentalize (Fonagy and Luyten 2009) or hypermentalize (Sharp, Pane et al. 2011); we create complex and unrealistic pictures of internal worlds, precisely because the person we are talking to has given up trying to find a genuine mental connection.

In our experience, this is a genuine clinical risk and the root cause of many a long analysis. In brief, using mental state language is not tantamount to mentalizing or truth. The connection (or, borrowing Tronick's [2007] term, *co-consciousness*) via genuine mutual sharing of mental state understanding generates the felt experience of truth (Fonagy 2015b; Tronick 2007).

PERSONAL TRUTH AND EPISTEMIC TRUST

The experience of mutual sharing leading to the experience of truth or sense of realness may have a profoundly important biological underpinning that we will now turn to exploring. A straightforward link between truth and trust in the reliability of knowledge may exist via the biologically overdetermined mechanism of an attachment relationship. As described earlier, a sense of mutual understanding underpinned by mentalizing, we have suggested, is born of the dyadic connection between caregiver and child. The capacity to envision mental states in others grows out of a process of self-understanding, which in turn depends on the other's capacity to perceive the self as thinking and feeling (Sharp and Fonagy 2008). A secure caregiver–child relationship would be expected to facilitate this virtuous cycle, particularly as the security of the relationship is enhanced by the caregiver's capacity to mentalize the child (Berthelot et al. 2015; Ensink et al. 2014; Fonagy and Target 2005). Thus, to the extent that truth and mentalizing are linked in the experience of mutual understanding, secure attachment could almost be seen as coterminous with the experience of truth, or at least as a key route toward this experience.

Recently, we have begun to view our earlier formulations of the mentalizing model of borderline personality disorder as primarily mediated by attachment history as perhaps overly narrow, and attachment as a construct as perhaps somewhat limited from a developmental psychopathology standpoint (Fonagy and Campbell, in press). Previously, along with others (Gunderson 1996), we placed considerable weight on the role of attachment disorganization in our accounts of the disorder (Fonagy, Target, and Gergely 2000). We would like to suggest here that a broader perspective is necessary, one that places the notion of truth

experience and mentalizing in a broader biological context of social communication that guides the infant to prioritize the development of particular capacities and behaviors in order to maximize his chance of survival.

This line of thinking, grounded in Csibra and Gergely's (2006, 2009, 2011) theory of natural pedagogy (see also Hernik and Gergely 2015; Kiraly, Csibra, and Gergely 2013), takes as its starting point the relative helplessness and dependence of the human infant born into a cultural world of bewildering complexity, where acquiring information from knowledgeable adults is crucial for continued existence. In this situation, in order to survive, the human infant must learn fast, and he relies on his caregivers to facilitate this process.

A new view of human natural selection (which may arguably be applied back to the late Pleistocene age) is based on socially mediated learning and the transmission of cultural knowledge, in contrast to Darwinian evolution based on genetic transmission passed on from one generation to the next (Wilson and Wilson 2007). Co-evolution of gene- and learning-based forms of natural selection applies to human cultures as well as individuals. The selective transmission of knowledge primarily adaptive at the group level enables human cultural diversity to be studied in the same way as biological diversity (Wilson 2013), making the process of the interpersonal transfer of information via communication from one generation to the next perhaps the key biological function of development.

There are two possible bases on which a learner can accept cultural knowledge as true: the learner can either work it out for himself (which is time consuming and difficult, often impossible) or trust in the communicator's authority (Sperber et al. 2010; Wilson and Sperber 2012). Trusting the communicator means that the learner does not have to go back to first principles each time he encounters novelty: e.g., a strange-looking tool without a self-evident purpose is accepted as being used as described by the trusted elder (Recanati 1997). Faith in such information is critical. The potential for being misled by false (untrue) information by unreliable, uninformed, or downright malevolent providers of useless or deceiving information is omnipresent for the young human. We will refer to the trust required for social learning as *epistemic trust*.

The capacity to teach and learn social knowledge underpins the evolution of human culture (Wilson 1976).

Trust involves exposing oneself to the risk of being misled, perhaps dangerously. It is adaptive for humans to adopt a position of epistemic vigilance unless they are reassured otherwise (Recanatì 1997; Sperber et al. 2010). Children are not promiscuously credulous to those around them; there is evidence that dubious social signifiers and poor past performance may render a social communicator suspect, leading that communicator's assertions about the world to be regarded skeptically (Brousseau-Liard, Cassels, and Birch 2014; Durkin and Shafto 2016; Koenig and Harris 2005). What is it that enables the infant to determine who is worthy of trust, which is necessary for his vigilance to be relaxed enough to allow him to encode the social knowledge he is being offered as significant, relevant to him personally, and socially generalizable?

The key signals that allow this kind of learning to take place are the communicator's *ostensive cues* (Csibra and Gergely 2009) (an inspired suggestion based on the writing of Bertrand Russell [1940]): signals used by an agent to alert the addressee that the agent intends to communicate relevant pieces of cultural knowledge. Ostensive cues for infants include eye contact, turn-taking contingent reactivity, and the use of a special vocal tone ("motherese")—all of which appear to trigger a special mode of learning in the infant. Ostensive communicative cues, such as being called by name, trigger the *pedagogic stance* (Csibra and Gergely 2009).

By using ostensive cues—both in childhood and in adulthood—the communicator explicitly recognizes the listener as a person with intentionality. When the infant is paid special attention to and noticed as an agent, he adopts an attitude of epistemic trust, and is thus ready to receive personally relevant knowledge about the social world that goes beyond the situationally specific experience. In this way, knowledge is acquired that is relevant in many settings. The subjective experience of relevance and a judgment of truth are therefore crucially dependent on the subject's having been made to feel agentive by the communicator. We can conceptualize the *moments of meeting* emphasized by the BCPSG as an experience of agency in the listener associated with a sense of feeling recognized, which then opens a biologically prepared pathway

to receive and internalize information to be incorporated into existing structures and to be used (without reference to the communicator) as true information.

The link to mentalization, of course, is via the creation of a sense of agency (linking further to Max Weber's notions of socialization; see Giddens [1972]). The experience of truthful communication, then, to some measure at least, depends on the interpersonal context in which the communicator is able to demonstrate awareness of the recipient's intentionality, which in turn generates trust and an expectation of truthfulness and personal relevance. This, then, ensures the incorporation of new information into existing knowledge structures.

Mentalizing the recipient thus serves as an ostensive cue. If my perspective is recognized by the communicator, then there must be truth in what I have heard. It is not that I do not understand what I am told without the ostensive cue, but I would not consider the information relevant to me. I remember it; I can even repeat it; but I do not genuinely believe it. I do not consider it *personally true*. I could establish its truth value via working it out from first principles, but as we have said, that is quite hard work. What makes a teacher effective? It is being able to see and respond to the learning challenge from the student's perspective (Hattie 2013).

RESISTING TRUTH AND EPISTEMIC HYPERVIGILANCE

In normal circumstances, epistemic trust develops in the context of attachment relationships. Secure attachment relationships in infancy provide the most consistent contingent parental responses to the child, and thus also the most consistent ostensive cueing, creating fertile ground for epistemic trust to emerge from. In situations where the young learner's early environment is heavily populated by unreliable communicators, the opening of epistemic trust becomes problematic. It may be more adaptive to remain persistently vigilant about, or even closed off to, the communication of social knowledge. In the face of an abusive and hostile caregiver whose intentions toward the infant or child are not benign, epistemic mistrust may be a more appropriate adaptation.

Epistemic hypervigilance can manifest as the overinterpretation of motives, which can take the form of hypermentalizing (Sharp, Ha et al. 2013; Sharp, Pane et al. 2011) or pseudomentalizing (Asen and Fonagy 2012). In this state of mind, the recipient of communication assumes that the communicator's intentions are other than those declared, and are therefore not treated as though from a *deferential source*. The truth of the message is resisted. Most typically, epistemic mistrust manifests as the misattribution of intention and the assumption of malevolent motives behind another person's actions, and therefore the urge to treat that person with epistemic hypervigilance (or conversely, in some instances, excessive inappropriate epistemic trust).

There is some evidence to suggest that a hypermentalizing stance is more characteristic of borderline personality disorder in adolescence (Sharp, Ha et al. 2013; Sharp, Pane et al. 2011). It is possible that this hypermentalizing typically subsides into a flatter profile of outright epistemic mistrust as the individual matures. This pattern, we speculate, may partially account for the common life course history of borderline personality disorder symptoms, which sees a reduction in impulsive symptoms over time, but no lessening of the affective and social symptoms associated with borderline personality disorder.

In a state of epistemic mistrust, the recipient of social communication may well understand what is being expressed to him, *but he cannot encode it as truthful*, as relevant to his experience, in order to internalize it and appropriately reapply it. Even when evidence is available to suggest that the person's expectations may be ill founded—that important figures are loving and caring rather than hostile and malevolent—the evidence will be rejected as false and mistrust will continue to dominate. There is considerable stability associated with this mind state; the persistence is embedded in the resistance to potential alternative perspectives, to possible truths. A person in a state of epistemic mistrust has a compromised capacity for appropriately interpreting social actions in terms of mental states—a capacity that normally bolsters a sense of resilience—leaving the individual with dysfunctional social learning systems inadequate to assure adaptation in the face of change or “normal” adversity. Such persons see betrayal everywhere. Almost all communication may be contaminated by a sense of falseness and hypocrisy.

The pervasive sense of expected inauthenticity creates a resistance to communication, and the inbuilt natural system of epistemic vigilance becomes hyperactive. In a strange analogy to the immune system, which attacks and rejects transplanted organs it identifies as foreign to the system, normal epistemic vigilance becomes overactive and labels all new information as inauthentic. This creates the epistemic petrification typical of persistent conditions (Fonagy, Luyten, and Allison 2015). The regular process of modifying one's stable beliefs about the world in response to social communication has been closed down or disrupted.

This generates the quality of rigidity and creates an impression of being hard to reach that therapists have often described in their work in the field of personality disorder (Fonagy, Luyten, and Allison 2015). Change cannot be made because, although the patient can hear and understand the social communication transmitted by the therapist, this new information cannot be accepted *as true for the patient himself* (i.e., relevant to him) and therefore potentially helpful in other social contexts. The persistent distress and social dysfunction associated with personality disorders is the result of the destruction of the truthfulness of social knowledge of most kinds.

Personality disorder, therefore, may be best understood as a failure of communication arising from a breakdown in the capacity to forge learning relationships in which knowledge about oneself and one's relationships may be modified by new knowledge. It is this quality, we believe, that underlies the painful sense of isolation characterizing the subjective experience of a patient with a personality disorder.

DISCOVERING SOCIAL TRUTHS THROUGH FORGING EPISTEMIC TRUST

Notwithstanding the hard-to-reach quality of patients with personality disorder referred to above, treatments have been shown to be effective, as evidenced by randomized clinical trials (Bateman and Fonagy 1999; Clarkin, Fonagy, and Gabbard 2010; Clarkin et al. 2007; Doering et al. 2010; Gunderson and Links 2014; Jørgensen, Bøye et al. 2014; Jørgensen, Freund et al. 2013; McMain, Guimond et al. 2012; McMain, Links et al. 2009). But this is not an example of relativisms. Although

many things appear to work, it is by no means the case that anything does.

In fact, in many of the trials, it is treatment as usual (often by experts) that appears to fail relative to better-structured, somewhat programmatic approaches in which treatment manuals provide therapists with clear directions as to what to say and when. How can we account for this? Rather than invoking a content-free common factor—even one as appealing as mentalizing—we answer this question in terms of the structural features that these treatments share. Pertinent to the current context, our speculations link the comparable effectiveness of a diverse range of interventions to the felt truth experience of individuals treated in these therapies.

Elsewhere, we have suggested that all effective treatments of borderline personality disorder involve the sequential implementation of three communication systems relating to the concepts of epistemic trust and social learning (Fonagy and Allison 2014). If psychopathology can be accounted for in terms of an underlying structure of epistemic mistrust in truth and personal relevance, this implies that the common aim of treatment must be to facilitate the emergence of epistemic trust and felt truth, in order to allow social learning (or learning from experience) to once again take place.

The initial step toward change involves communicating knowledge that indicates to the patient that the therapist may be a valuable source of information. All evidence-based models of therapy for persistent disorders present models of mind, disorder, and change that are accurate and helpful to patients, and that increase the capacity for understanding. The therapist's attempt to apply his model to the patient requires him to work collaboratively with the patient, to see the patient's difficulties from the patient's perspective, and to assume that the patient has things to teach the therapist. In these ways, the patient's agency is recognized, and knowledge that is felt as relevant serves as an *ostensive cue* that allows patients to move toward reducing their epistemic hypervigilance. The therapeutic model provides explanations that feel relevant to the patient and generate moments of meeting or moments of truth. We do not see these moments as relevant for the insight they provide, but the felt truth they generate serves to move the patient closer to the therapist

and deepens the patient's interest in the therapist's thoughts, and perhaps even in the therapist's feelings.

This moves the treatment to a second step within the change process: the increase in mutual understanding (i.e., increasing the robustness of mentalizing in the patient). The therapist's focus on the patient, his theory-driven attempt to understand the patient's actions, invariably involves mentalizing. By mentalizing the patient effectively, the therapist models mentalization, creates an open and trustworthy environment, lowers emotional arousal, and makes it possible for the patient to exercise a growing curiosity about the therapist's thoughts about him. A process of communication is rekindled, characterized by the increasing frequency with which their communication is accompanied by the experience of felt truth. In this process, the therapist recognizes the patient as an agent, acknowledges and helps the patient identify his emotional states (a form of marking), and makes extensive use of ostensive cues to indicate the personal relevance and generalizability of what is being communicated. As the therapist models mentalization, the patient's inhibition or habitual disuse of this capacity is shifted, and mentalizing starts to be available to support the patient's learning from social experience.

Mentalizing in this context is not an end in itself. Mentalizing is the catalyst that activates the effective ingredient of therapy: learning from experience. Mentalizing moderates the impact of communication because ostensive cues of the therapist and others are frequently erroneously interpreted by a poorly mentalizing individual, and epistemic trust is not established. With improved mentalizing, the communication of the therapist is better appreciated and accurately interpreted as trustworthy; it has the intended influence on the patient, who can begin to put it into practice, at first within and then beyond the therapeutic context.

The mentalizing stance recommended in mentalization-based treatment (MBT) optimizes the opportunity to regenerate epistemic trust through nonjudgmental inquisitiveness, curiosity, open-mindedness, uncertainty, not knowing, and interest in better understanding (Allen, Fonagy, and Bateman 2008). What mentalizing brings to clinical impact is not linked to improved access to the truth of understanding the inner world. Mentalizing is helpful because it generates enriched appreciation of ostensive cueing, which in turn generates greater access to accurate and

true social knowledge, allowing the patient to internalize new knowledge and to modify social appraisal, expectations, and behavior accordingly.

The greatest benefit from a therapeutic experience comes from generalizing epistemic trust beyond therapy, such that the patient can continue to learn and grow from the relatively undistorted truth encountered in relationships external to the therapeutic one. Social learning in the context of epistemic trust occurs once again in the “real world.” The patient’s mind is opened to the truths he previously resisted via the establishment of epistemic trust (collaboration) that enables him to once again trust the social world. Thus, it is not just what is taught in therapy that teaches, but the evolutionary capacity for learning from a social situation that is rekindled. Enhanced mentalizing improves social relationships and enables one to recognize who is a reliable and trustworthy source of information and who one’s *true friends* are; learning who one can be friends with is key.

The improved epistemic trust and abandonment of rigidity enables the person to begin to learn from experience once again. So change is probably due to how the person comes to use his social environment—not the truth of what is specifically discovered in therapy. The benefits of therapy remain contingent on what is accessible to patients in their particular social world. Therapy interventions are effective because they open the patient to social learning experience, which feeds back in a virtuous cycle. If the environment is at least partly benign, therapy will “work”; social support, chronicity, complexity, and intensity are the best predictors of therapeutic success (Fonagy 2015a). If the truth that the lifting of epistemic hypervigilance uncovers is unremitting hostility and the absence of benign influence, the recovery of epistemic trust through therapy will generate no lasting improvement and may even lead to deterioration.

THE SOCIAL CONTEXT OF TRUTH

This third step—social learning in the context of epistemic trust—is the mechanism at work, according to our thinking, in the circular and self-perpetuating relationship between personality disorder and the social context. The conceptualization of the three steps in a communication

system involves an acknowledgment of the inherent limitations of clinical interventions in cases where the patient is faced with a wider social environment that does not support mentalizing. The implication of this is that what happens within any therapeutic intervention cannot, on its own, be expected to be enough for any lasting significant improvement in the patient's state to occur. And indeed, certain circumstances make it maladaptive for the individual to develop epistemic trust—to lower his social defenses—in social environments characterized by high levels of aggression or violence that prioritize an external, nonreflective, rapidly responding affective focus on others as opposed to the self.

While the epistemic mistrust of an individual with a history of trauma and personality disorder symptomatology may be an understandable defensive adaptation, the philosophical tendency to veer between a dogmatic conception of truth and an unresolvable skepticism can perhaps be seen as the manifestation of a principled refusal to adopt the pedagogic stance: to the philosopher, truth cannot be guaranteed if it is learned from others, but the problem is then that it becomes very difficult to find a way of guaranteeing it at all.

For example, the skeptical philosopher David Hume rapidly found that in his attempts to study causation, what he identified over and over was the role played by custom and habit in causing us to adopt the beliefs that guide us as truths. He described the quandary this placed him in as a *philosophical melancholy and delirium*, and he characterized his experience of dismay in terms of painful social isolation:

I am first affrighted and confounded with that forlorn solitude, in which I am plac'd in my philosophy, and fancy myself some strange uncouth monster, who not being able to mingle and unite in society, has been expell'd all human commerce, and left utterly abandon'd and disconsolate. [Hume 1739, p. 172]

Hume's preferred remedy for this distress was twofold: to remind himself that, as a true skeptic, he ought to be diffident of his philosophical doubts (recognizing them as indicating something about his mental states rather than knowledge about the world), and to allow the experience of a social environment to have a therapeutic effect on him:

I dine, I play a game of back-gammon, I converse, and am merry with my friends; and when after three or four hour's amusement, I wou'd return to these speculations, they appear so cold, and strain'd, and ridiculous, that I cannot find in my heart to enter into them any further. [1739, p. 175]

We have seen that anxieties—on the one hand, those about authoritarianism masquerading as truth, and on the other, about a worrying epistemological and by implication moral relativism—are also characteristic of psychoanalytic discourse. Those who have laid stress on the need to face the truth (about oneself, about one's relationships, about reality) tend to frame this as a safeguard against collusion between analyst and patient. Conversely, those who have argued that psychoanalysis does not aim to “discover something that was already there” see those who privilege achievement of increased self-awareness as in danger of becoming proselytizers: that is, as working only with the small subgroup of potential patients who would like to become analysts themselves.

What these two positions have in common is discomfort with the idea that psychoanalysis might involve any form of deferential knowledge transmission. The specter of suggestion continues to haunt psychoanalysis. As many commentators have noted, the discipline's focus on individual psychology has prevented analysts from thinking systematically about groups and social systems, despite Freud's (1921) insistence that:

In the individual's mental life someone else is invariably involved, as a model, as an object, as a helper, as an opponent, and so from the very first Individual Psychology is at the same time Social Psychology as well—in this extended but entirely justifiable sense of the words. [p. 69]

It is worth stressing the point that, while the theory of natural pedagogy emphasizes the vital role played by transgenerational transmission of knowledge in the development of human culture, ostensive cues are nonetheless necessary in order for the channel for knowledge transmission to open. It is not the case that humans will uncritically accept whatever they are offered. When we are offered pieces of social information, we experience as true what we find relevant and useful. In infancy, con-

tingent, marked mirroring that involves recognition of the child's subjectivity and agency is experienced as helpfully naming and organizing the child's constitutional self-states, facilitating the regulation of affect, and disposing him to learn about social cognition (Gergely and Watson 1996). Learning about ourselves in interactions with the caregiver prepares us and equips us with the tools we will need to acquire this complex body of social knowledge. If we are not assisted in this way to take ownership of the knowledge we are offered, we are unlikely to be able to hold on to it and make use of it in new situations.

Similarly, in therapy, the experience of the therapist having the patient's mind in mind, and helping him make better sense of what he does in terms of underlying thoughts and feelings, is a vital preliminary step on the road to beginning to do things differently. If what the therapist offers in this respect is not felt to be true, the channel for knowledge transmission will remain closed, and the patient will be unable to learn from the experience of therapy. *Experienced or felt truth is relevant not as an end in itself, but as an ostensive cue allowing the patient to begin to take ownership of and use the social knowledge he is being offered, both within and beyond the consulting room.*

The experience of attention to, understanding of, and respect for the individual psyche is essential to prepare us for the complexities of interaction in the large social groups that are characteristic of humankind, and from this perspective individual psychology is indeed group psychology as well. While the experience of knowing and having the truth about ourselves known is not an end in itself, it is critical in enabling us to establish epistemic trust and build the mentalizing capacity that will allow us to successfully navigate the choppy waters of social interaction.

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THE QUEST FOR TRUTH AS THE FOUNDATION OF PSYCHOANALYTIC PRACTICE: A TRADITIONAL FREUDIAN-KLEINIAN PERSPECTIVE

BY RACHEL B. BLASS

In responding to the question of whether truth in psychoanalysis is relevant today, the author presents what she refers to as a traditional Freudian-Kleinian perspective. According to this perspective, truth is not only relevant, but rather the quest for it is the alpha and omega of psychoanalytic practice. The author reviews Freud's approach to truth and then discusses Klein's essential contribution to its understanding, grounding, and enrichment, highlighting Klein's thinking about phantasy and the life and death instincts. Finally, the author contends with the opposing view that the quest for truth is no longer relevant to contemporary analytic practice.

Keywords: Truth, Freud, Klein, Segal, Bion, phantasy, life and death instincts, projective identification, desire for knowledge, transference, interpretation, epistemophilia.

In his invitation to participate in this special issue on “Is truth relevant?” Jay Greenberg referred to a shift that has occurred in psychoanalytic practice “from an emphasis on what has been known but lost to repression—actual events, fantasies, and so on—to a focus on what has never and could never be known.” This “unknown” is explained in terms of “developmental restrictions on our cognitive or emotional capacities,”

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such as “protoexperience that could not be symbolized or represented or transcribed at the time when it was lived.” This, he suggests, has changed the aims of psychoanalysis: “We become less interested in helping our analysands to find the truths that they have not allowed themselves to know and more interested in helping them to develop the capacities that would make knowing possible.”

By thinking about the question of the relevance of truth to contemporary psychoanalysis through this interesting conceptualization, I feel that I have come to better articulate my position on it and to better understand the relationship of my position to others in the contemporary analytic scene. So I will present my view on the relevance of truth in reference to this context. In a nutshell, it is as follows.

Truth is not only relevant to psychoanalysis; it is the alpha and omega of psychoanalysis. I agree with the view that what is ultimately sought in analysis is openness to truth, a capacity to know, rather than the knowledge of this or that truth. However, I see this as a stance that has always lain at the very foundation of psychoanalysis, not as a new perspective. I also do not think that the obstacles to openness to truth, relevant to psychoanalysis as I understand it, are developmental in nature. They are, rather, motivational—the desire not to know certain truths. In other words, the desire not to know certain truths stands in the way of the analytic goal of openness to truth.

This means that in the analytic process (as in life), not knowing certain truths is an expression of a more general incapacity to know; and the incapacity to know is what happens when we do not want to know certain truths. From this perspective, form and content are inseparable; both are expressions of certain states of mind, of certain phantasies. As a consequence, the analytic process is not one of merely helping the analysand develop capacities; it is not a neutral or benevolent learning process in the face of cognitive limitations. Nor is it merely one of unearthing secret, repressed facts and making them consciously known. It is, rather, a lived encounter with the mind, with fantasy—especially phantasies that we wish not to know about and phantasies of not knowing. It is also an encounter with the opposing desire to know and with the reality of our knowing—the foundational reality being that we *do*, in fact, know.

Integral to this view of truth and its relevance to the analytic process is the idea that the desires to know and to not know are fundamental expressions of love and hate, of life and death instincts. Thus, the analytic process of becoming open to truth is one of being able to give greater expression to the analysand's capacity to love. This is a dynamic relational process, a crucial psychic struggle, posited at the very heart of analytic thinking from the moment it came into being.

In the following pages, I will explain and illustrate this position, which I consider to be grounded in the thinking of Freud and Klein. I will argue that Freud struggled to articulate these ideas and that Kleinian psychoanalysis worked through many of the difficulties that Freud encountered. To present this position and argument, several foundational aspects of the work of both Freud and Klein must be addressed, and this can be done only briefly within the context of a single paper.¹ Despite this disadvantage, presenting in this way allows for a comprehensive picture of the Freudian-Kleinian² position on truth, grounded in the texts of its originators. And it is this kind of broad picture and grounding that allows one to both comprehend that there is a specific worldview on life and on being a person that defines the Freudian-Kleinian position on truth, and to grasp the nature of that worldview.

THE SEARCH FOR TRUTH IN FREUD

The Motivated Repression of Truth

Freud's approach to truth is founded on several basic ideas. It is well known that central to these is the idea that neurosis is a consequence of the repression of truth. Symptoms are the expression of denied truth, and here one might add *psychic* truth, for ultimately what we cannot bear to know are not facts per se (about ourselves or the world), but what these facts mean to us (e.g., that we are bad or unloved) or do to us (e.g., endanger our well-being). This repression or denial is regarded

¹ In a series of earlier papers (most of which I reference in the course of this text), I have presented many of these aspects in greater detail (Blass 2001, 2003a, 2003b, 2006a, 2006b, 2006c, 2011, 2012, 2014, 2015, in press; Blass and Carmeli 2007, 2015).

² I use this term (as have others [e.g., Schafer 2003; Seligman 2003]) to refer to what I consider to be the area of convergence between Freud and Klein.

as a kind of choice that the individual makes, even if not consciously or in a controlled manner. As Freud explains, psychoanalysis has the following to say to the ego of the neurotic bewildered by his own strange incapacities:

The blame . . . lies with yourself Turn your eyes inward, look into your own depth, learn first to know yourself! Then you will understand why you were bound to fall ill; and perhaps, you will avoid falling ill in the future. [Freud 1917a, pp. 142-143]

While neurosis happens to us, in a significant sense we are responsible for it and can change it. It comes, according to Freud, from our refusal to know, a desire to not know what goes on in our mind because we find these contents unbearable, harmful, offensive. This is a motivated choice that, according to Freud, one should overcome.

One important way that Freud articulates the dynamics underlying our desire not to know is through his oedipal model (Blass 2001). There he posits that man is basically conflicted. Father is beloved but, as an obstacle to receiving all mother's love, he is hated, too. The hatred of the loved object (or the love of the hated object) is unbearably painful, and so we conceal from ourselves the hate or the love or the conflict or the feelings that the conflict arouses. Our narcissism underlies the conflict as well as its solution. We do not want to share mother's love, and we cannot bear to live in a world that causes us pain. And so we modify the world to fit our needs. We deny reality. In a sense, we destroy it "as it is" in order to serve our own interests.

This drama has many variants and plays out in many ways throughout our lives, but at the heart of it, there is a struggle with the pain inherent to our desires, which seek more than there is, more than we feel we deserve, and thus arouse painful feelings of anger and guilt, which we conceal from ourselves through perverting both the world around us and our own minds.

Original Openness to Truth

Interestingly, to deny reality, we would first have had to know it. And indeed, basic to Freud's approach to truth is the idea that the person is

open to it from the start. Reality leaves its mark on our minds. Ignorance is denial. The truth is that we *do* know. From this it may be seen that what is unconscious is not only distorting, perverting phantasies, but also the truth about reality.

In this context, *Totem and Taboo* (1912–1913) may be seen as a text in which Freud strongly puts forth the idea that reality, and especially the truth of the conflicted oedipal reality, is marked on our minds from the moment we come into the world. There he argues that the *prehistorical fact*, as Freud referred to it in that book and elsewhere, of the killing of the father and of the guilt associated with it shapes our minds from the start (Blass 2006a).

A Desire for Truth

In Freud's notion that denied truth finds expression in symptoms, truth is portrayed as motivated, driven. It seeks to be known. This suggests that our efforts to lift repression are not merely pragmatically geared toward symptom relief. Rather, in part, they express the force of the desire to know, a force that stands in direct conflict with our desire not to know.

This desire to know has been recognized by traditional analysts as lying at the very foundation of Freudian thinking (Blass 2003a; Grinberg 1990; Rieff 1959; Segal 2006). In personal exchanges, Freud speaks of the desire for truth as an "ethical element" that guides psychoanalytic work (Freud 1914, quoted in Hale 1971, p. 171; see also Sterba 1969) and that has always personally motivated him. In this context, he refers to his *Wissbegierde*, his passion to know (1925, p. 8). The concept of *Wissbegierde* appears at times in Freud's theoretical writings as well, and for a while (from about 1908 to 1915), he posited the related concept of an *instinct for research*. Freud was unclear on the nature of this instinct and its relationship to the sexual instincts, implying at times that it is an independent instinct, and at others that it emanates from the sexual instincts (e.g., emerging from a desire to know about sexual matters in order to avoid the birth of future siblings [1905]). In addition, he twice mentions in passing (1909, 1917b) an epistemophilic instinct, alongside a scopoliphic one, as a pregenital component instinct.

In an earlier paper (Blass 2006b) on Freud's struggle to grasp Leonardo da Vinci's intellectual aspirations, including his *instinct for research*, I argued that, while Freud did not explicitly discuss this connection, his view of the passionate, instinctual desire to know is very consistent with his view of Eros, the life instinct, with both described as seeking to bind things together into greater unities (Freud 1920, 1933). To love and to know are thus drawn closely together in Freud's thinking. As I explained (Blass 2006b), the erotic love that Freud implicitly posits at the foundation of the desire to know is not self-serving (as are our unconscious wishes) and can thus be regarded as a force that opens to reality, rather than one that distorts it.

Transference and the Complex Process of Knowing

From Remembering to Integrating Mental Attitudes and Trends. The presence of this passionate, instinctual desire to know is relevant to Freud's conception of what it means to know, what it is that happens when we lift repression. One thing that is clear is that it is not a simple matter of gaining awareness of facts. Quite early on, Freud openly discussed his recognition that merely gaining information about things, including about desires, fears, and wishes, cannot change the person in any essential way. Truth that is unconsciously repressed does not cease to be so by supplying conscious awareness of its existence.

As Strachey (1934), in his famous explication of the development of Freud's interpretive technique, states:

It became evident that there were two senses in which a patient could become conscious of an unconscious trend; he could be made aware of it by the analyst in some intellectual sense without becoming "really" conscious of it. To make this state of things more intelligible, Freud devised a kind of pictorial allegory. He imagined the mind as a kind of map. The original objectionable trend was pictured as being located in one region of this map and the newly discovered information about it, communicated to the patient by the analyst, in another. It was only if these two impressions could be "brought together" (whatever exactly that might mean) that the unconscious trend would be "really" made conscious. [p. 129]

One can see here that the struggle to articulate what it means to make something “really” conscious in a Freudian sense emerged early on, while Freud was still alive. Strachey describes what is unconscious as a kind of “trend,” which in some indescribable way is “brought together” with what is known consciously. The struggle to explicate this process is apparent in Freud’s writing, too. In one of his efforts, he speaks of how, in this process, the unconscious instinct

. . . is brought completely into the harmony of the ego, becomes accessible to all the influences of the other trends in the ego and no longer seeks to go its independent way to satisfaction. If we are asked by what methods and means this result is achieved, it is not easy to find an answer. [Freud 1937, p. 224]

In my own attempt to articulate this complex process, I have referred to it as one whereby the underlying unconscious trends come to know other trends active in the individual (Blass 2002). That is, it is not that the individual is informed *about* the trends of his unconscious, but rather that the trends come to “know” each other. For example, the individual’s hatred of the oedipal father comes to “know,” so to speak, about the love of this father. Hatred informed by love is lived differently than hatred in isolation.

The fact that what is discovered and made conscious is referred to by Freud as “trends” is very significant. The focus is not on memory per se. What is encountered in the transference is not events so much as “mental attitudes,” ways of thinking (Freud 1926, p. 226), including libidinal trends. Indeed, in the description of his own clinical work, Freud often described factual memories that surfaced in its course and the therapeutic impact of this. But these descriptions are not well in sync with his broader clinical theory, and especially not with his theory of transference.

This may be seen, for example, through a study of his technical paper “Remembering, Repeating and Working-Through” (1914). There Freud uses the verb *to remember* in its broadest sense: to include the deepening of our understanding of the meanings of memories that we already have and the attaining of conviction regarding them (Freud 1914), as well as bringing to mind (or, in his terms, “reproducing . . . in

the psychical field" [p. 153]) "phantasies, processes of reference, emotional impulses, thought connections, . . . [which are] purely internal acts [and thus] . . . could have never been 'forgotten'" (pp. 148-149).

In that same paper, Freud distinguishes between the descriptive aim of analytic technique, which is "to fill in gaps in memory," and its broader dynamic aim: "to overcome resistances due to repression" (p. 148). The latter has to do more with changing basic mental attitudes, underlying trends at work in the patient's mind, and libidinal impulses that shape the way he thinks and perceives the world than with recalling any specific content.

In other words, with the shift to a focus on transference, Freud does not put aside the notion of remembering, and in one sense could be understood to be proposing that transference is a process of reviving past experience in order to discover underlying memories. But more dominant in Freud's description of transference is the idea that the effort to recall memories is a task geared toward revealing problems with the way the patient thinks, the resistances to seeing reality as it is. What we do not recall tells us of our motives for denial and reflects them, and it is these motives that come alive and become real in the transference. In line with this approach to the transference, working through becomes central to the analytic process and its desired outcome, one in which the patient comes to express wishes and desires in accord with the demands of "real life" (Freud 1915, p. 169).

In "Remembering, Repeating and Working-Through," Freud (1914) goes on to ask "what it is that he [the patient] in fact repeats or acts out" (p. 151). "We have learnt that the patient repeats instead of remembering," but Freud wants to know what this actually means. He responds: "The answer is that he repeats everything that has already made its way from the sources of the repressed into his manifest personality—his inhibitions and unserviceable attitudes and his pathological character-traits" (p. 151).

And in turn, it is the patient's inhibitions and unserviceable attitudes that result from and support his denial, his refusal to recall and to know, that are worked through in the analytic encounter. In sum, in his model of transference, Freud refers to memory in a very broad sense as the registrations of reality (external and psychic) in our mind, and he posits

a complex relationship between it and the mental processes that allow or refuse to allow awareness to these memories; his therapeutic concern notably shifts to the latter.

Transference Interpretation and the Search for Truth by Both Analyst and Patient. It is interesting that, in this transference model, the desire for truth is viewed as residing primarily in the analyst. The patient wants cure but resists truth. He “seeks to put his passions into action without taking any account of the real situation” (Freud 1912, p. 108). The analyst, in contrast, demands truth and attempts to attain it primarily through interpretation of the transference. Freud describes the situation that ensues as a struggle:

This struggle between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference For when all is said and done, it is impossible to destroy anyone in *absentia* or *effigie*. [1912, p. 108]

The analyst seeks truth and would be committed to it even if it were at the expense of cure in some sense of the term.³ Freud, in discussing one way of dealing with the patient’s transference love, which he finds objectionable, writes:

My objection to this expedient is that psycho-analytic treatment is founded on truthfulness. In this fact lies a great part of its educative effect and its ethical value. It is dangerous to depart from this foundation Since we demand strict truthfulness from our patients, we jeopardize our whole authority if we let ourselves be caught out by them in a departure from the truth. [Freud 1915, p. 164]

While Freud speaks of the analyst demanding truth from the patient, it may be seen that he maintains that this is in accord with the patient’s true desire; the analyst’s demand does not work against the patient, but rather serves his “individuality,” helping him to “liberate and fulfil his own nature” (1919, p. 165). The analyst, Freud explains, does not “de-

³ I say “in some sense of the term” because, from this perspective, anything based on falsehood or that promotes falsehood could not be true cure.

cide his [the patient's] fate for him . . . [or] force . . . [his] own ideals upon him" (p. 164). This puts the "struggle between the doctor and the patient" in perspective, suggesting that it is in fact an internal struggle, with the analyst siding with the patient's desire for truth, counter to another part of the patient, less inherent to his basic nature, which seeks to resist it.⁴ Similarly, the analyst who does not submit to the patient's transference demands for love, with the idea that submission would prevent the patient from attaining love in "real life," is working in accord with the patient's desire for true love—a love that opens one to truth, including to the reality of the beloved object.⁵

In other words, the capacity to know, like the truths to be known, are given, available to the individual but in a conflicted way. The patient is driven to know but also does not want to know. To change this is not to uncover truths, nor is it to symbolize what was never known or to learn how to apply symbolization, mentalization, or some other such capacity. Rather, it is to interpret the conflicted dynamic meanings, the underlying motives that stand in the way of knowing, that prevent seeing reality as it is and living in it fully.

To take an oedipal example, a patient may wish not to know of his love of the maternal object in order to avoid the painful conflict with the paternal object. This denial of love would find expression in the way in which the patient relates to the world and perceives it. He may feel that the world is an alien place, is not worth investing in, or that no one is ever there to nourish or support him. He would act accordingly. In thinking and acting this way, the patient would be distorting reality, internal and external. He cannot know and cannot love, and this is because he does not want to know. In analysis, he may talk about the details of his life and the problems he encounters in his relationships with

⁴ According to this view, both desire for truth and resistance to it exist in all human beings, and in some resistance dominates. At the same time, resistance is regarded as less inherent to human nature in the sense that it is the desire for truth that allows for human nature to be "liberate[d] and fulfil[led]" (Freud 1919, p. 165).

⁵ Both in his technical papers and in his short book on Leonardo (1910), Freud offers reflections on the nature of genuine love. He suggests that in one sense, love blinds us to reality, but in another, more basic way, "love springs from great knowledge of the beloved object" (1910, p. 74). One may see that there is a latent tension in Freud's thinking between the idea that it is the power and impulsiveness of love that determines its genuineness and the idea that this is determined by its reality-orientedness.

his partner, his family, his work. His words would manifest the unconscious influence of his latent denial of maternal love. More important, the influence of this denial would find live and immediate expression in relation to the analyst, in the transference relationship (e.g., in experiencing the analyst to be uncaring).

From the Freudian perspective that I am describing, the analyst is concerned with uncovering truths, but only insofar as they allow for a lived understanding of the way the patient is constructing the world, distorting its truth. The factual reality of the relationship with the mother, which may be largely unconscious, would not be of direct concern. And the concern with the psychic reality of the denial of the relationship would not be with the content of that reality per se. That is, the transference interpretation that the analyst offers does not convey merely a fact regarding the patient's latent oedipal dynamic, with the aim of lifting repression; rather, what is conveyed is the *process* of the lived distortion and the meanings and motives behind it.

In this way, the analysand becomes open to truth, knows it, and lives it more fully. In the first instance, what is opened through transference interpretation is a fuller experience of the distorted psychic reality (e.g., that the analyst is primarily uncaring, and the analysand's feelings about this and ideas about why the analyst is this way). In the second instance, which must follow the first,⁶ what is opened is the reality behind the distortion and the reasons behind the analysand's wish to distort. In facilitating this kind of opening to truth, the analyst supports the analysand's latent desire to be who he is (e.g., loving, hating, and remorseful for his hate in the light of the maternal love that he knows he received).

The Dangers of Conviction and Doubt

One could say that, as a potential source of pain, knowing truth is dangerous. But there is also danger in the very desire for truth, or rather in a perverse version of desire for it. There is the danger of thinking we know truth, of being convinced of truth, while in fact we do not—while in fact we are imposing our preconceived convictions on reality. This may be part of the effort to deny truth as it is, but it may also stem from

⁶ The two instances may at times be almost simultaneous, however.

a desire to know more than we do—to possess reality rather than encounter it, to abuse it rather than to know it through love. Here doubt may seem like a healthy alternative to imposed conviction; however, it could also be a defensive response to the fear of imposing. As Freud reflects in relation to the obsessive doubting of the Rat Man: “A man who doubts his own love may, or rather *must*, doubt every lesser thing” (1909, p. 241, italics in original).

Freud’s concerns with these dangers are quite explicit in various contexts (e.g., on suggestion and on philosophical systems). But implicitly they pervade his work. As I have argued in a series of papers (Blass 1992, 2003b; Blass and Simon 1992, 1994), Freud’s abandonment of his “seduction theory” came about not because of his discovery of oedipal phantasies or because of faintheartedness in presenting his theories to a critical scientific community—two common myths regarding this abandonment. Rather, Freud abandoned this theory because he came to recognize that he was imposing his theories on his patients, and that consequently their reports could not be trusted. He wondered, as he was later to confess, whether these reports were not merely “phantasies . . . which I myself had perhaps forced on them [on his young female patients]” (1925, p. 34). That is, he recognized that his seductive wish to confirm the idea of seduction could be having a real effect on the clinical reality. His wish could have biased the evidence. He spoke both at the time and in retrospect of the deep doubts that this aroused, explaining that he was “for some time completely at a loss” (1925, p. 34). He could no longer trust that the external physical reality of seduction was having a distortive effect on his patients, as he recognized the seductive phantasies behind his theories and their potentially distortive effect. But more generally, this put in doubt the credibility of *any* of his findings.

Freud’s struggle with the dangers of conviction and doubt persist throughout his life. Ultimately, it may be seen that what allows him to accept his convictions as true, despite doubt, has to do with the nature of the psychological stance from which conviction is attained. Conviction can arise either from a seductive wish (the imposition of ourselves upon reality) or from our basic openness to truth (the imposition of reality upon us). Freud was profoundly aware that, often, there can be no clear objective way of discerning between the two. Our psychoanalytic

propositions are of the kind that cannot be simply validated by objective evidence, and so there is always some degree of uncertainty regarding the sources of imposition. Despite this, Freud called upon us to try to discern this—not to surrender to the uncertainty. When we are attentive to the infantile and unconscious sources of our propositions—and especially to our dangerous wishes to seductively impose ourselves on reality—and when we can therefore distinguish a stance of openness to reality, we can meet reality more realistically and more truthfully, and we can then better trust what we know (Blass 2006b, 2014). In an exchange with Lou Andreas-Salomé of January 6, 1935, in which he confides in her regarding the absence of sufficient solid objective evidence for his conclusion in *Moses and Monotheism* (1939), Freud adds, “It suffices me that I myself can believe in the solution of the problem” (Freud quoted in Pfeiffer 1966, p. 205).

This epistemology of trust, centered on the openness of our minds to truth if its distortive tendencies are recognized, lies at the heart of Freud’s thinking and legacy—not only within the clinical setting, but also more broadly when we come to justify psychoanalytic knowledge, its theories, and its basic assertions.

FROM FREUD TO KLEIN

The kind of terminology that Freud applied and the origins of some of it in the earliest steps of psychoanalysis left him struggling to clearly express these complex ideas. While Freud continues to speak of remembering and gaps in memories that need to be filled, he introduces the notions of libidinal trends that are seeking expression and the need to find harmony within the ego and of mental attitudes that are preventing this. He speaks both of gaining conviction and of working through, but he remains vague on the meaning of these terms, and the connections among all his different concepts and ideas are not always apparent. Moreover, his notion of mental attitudes, as well as that of the patient’s search for truth, are not sufficiently articulated or grounded in the rest of his thinking. Reference to aims of making the unconscious conscious or bringing the id under the control of the ego are too broad to clarify what goes on in the clinical situation, and studying his own clinical work does not seem to help much in the way of providing clarification.

The Kleinian Development of Freud's Notion of Truth

Klein continues Freud's legacy on the relevance of truth and offers a rich articulation of it that deepens our understanding. As is well known, she expands on the dynamics underlying the desire to not know, elaborating Freud's thinking on the Oedipus complex and the superego and the roles of envy, dependence, and the death instinct, etc. But this expansion, while important, is not the heart of her contribution to this legacy (and consequently will not be addressed here). The heart lies in her way of thinking on the fundamental nature of truth and knowing in psychoanalysis, which resolves many of the basic difficulties that Freud encountered as he brought together ideas on memory, libidinal trends, and mental attitudes; she offers a clear way of considering what happens in the course of the analytic process to what has been denied, the place in this process of the desire for truth and its perversions, and the openness to reality that emerges through it.

Klein's Formulation of Analytic Truth through the Concept of Phantasy

Klein's formulation of the concept of phantasy is most important in this regard. In previous papers, I have argued that her significant contribution to Freud lies not in the introduction of object relations, of the positions, or of preoedipal dynamics (as often described), but rather in the unique way that she and her followers formulate this concept (Blass 2014, 2015). I argued that:

One major feature that characterizes Klein's notion of phantasy and distinguishes it from Freud's is that according to Klein's notion phantasies are considered to be the basic building blocks of our mind (Isaacs, 1943). Phantasies about objects and about the relationships between them are not merely thoughts entertained *in* our mind that affect how we feel and act, but rather they are the material of the ego and of the mind itself. That is, changes in our phantasies have a direct and concrete impact on our states of mind. This position is based on two foundational ideas: first, that both I and my objects are me. For example, in my relationship with a maternal object in my inner world, both myself and the maternal object are parts of myself and are composed

of various parts of myself. The second idea is that my objects *are* my mind. Thus if in my phantasy I have attacked the maternal object, not only is part of myself under attack, put also part of my mind may be damaged. [Blass, in press, italics in original]

Isaacs, in the most seminal paper on the Kleinian approach to phantasy (1943), brings the following example of a child who phantasizes cutting up his mother:

When the child feels he has dismembered his mother, his mental life is split and disintegrated—he shows the most acute anxiety, he is confused and behaves chaotically, he cannot see or hear or control what he does and says, and so on. It is not that, *first*, his mental life becomes disintegrated and he *then* interprets this as having dismembered his mother; it is *because he wants to* dismember his mother, intends to, tries to and in imagination does so, that he feels his own ego to be split and disintegrated, and shows in his behaviour that “mental disintegration” which we can describe and label and talk about.

We, for our purpose of comparing one mind with another and making generalizations, can see what happens to the child, the way he behaves, and can describe it as “mental disintegration.” But the child experiences it as “my-mother-inside-me-is-in bits.” [Isaacs 1943, pp. 275-276, italics in original]

Here we see how the notion of phantasy neatly ties together the ideas that Freud struggled with as transference became central to the analytic process. Phantasy is a content (dismembering mother); it is an instinctual trend (an intention and desire—in this case, an aggressive one); it is a mental attitude (“my-mother-inside-me-is-in bits”); and it is reflected in the way one actually thinks (mental disintegration). The idea of an inherent tie between process and content here finds a conceptual framework that makes sense of it. The awkward relationship between memory and thought processes that one finds in Freud is gone. Indeed, the idea of dismembering mother first occurred at a certain point in time, and this may have been in response to certain events (e.g., frustration). But at the same time, it is a reflection or an instance of a motivated state of mind. It is not something to be simply recalled.

As Klein herself explains:

It is in phantasy that the infant splits the object and the self, but the effect of this phantasy is a very real one, because it leads to feelings and relations (and later on, thought-processes) being in fact cut off from one another. [1946, p. 6]

In detailing how Klein relies on Freud's thinking, Isaacs (1948) provides insight into the power of Klein's innovation. She writes:

When speaking of oral frustrations, Freud says: "It looks far more as if the desire of the child for its first form of nourishment is altogether insatiable, and as if it never got over the pain of losing the mother's breast It is probable, too, that the fears of poisoning are connected with weaning. Poison is the nourishment that makes one ill. Perhaps, moreover, the child traces his early illnesses back to this frustration" (1933).

How would it be possible for the child to trace back "his early illnesses to this frustration" unless at the time of the frustration he experienced it *in his mind*, retained it and later on remembered it unconsciously? At the time when he experiences the frustration, there is not merely a bodily happening but also a mental process, i.e., a phantasy—the phantasy of having a bad mother who inflicts pain and loss upon him. Freud says "the fear of poisoning is probably connected with weaning." He does not discuss this connection further; but it implies the existence of phantasies about a poisoning breast, such as Melanie Klein's work has shown. [Isaacs 1948, p. 84, italics in original]

A subtle shift is described: from having a fear of being poisoned by mother to having a phantasy of there being a poisoning breast in one's mind—an unconscious memory (in Freud's broadest sense of the term), which is motivated by the anger aroused by frustration, and which is also part and parcel of the mind. It is significant that Isaacs here and elsewhere italicizes the words *in his mind*, emphasizing the shift to a mental focus.

This has important implications for how we conceive what goes on in the analytic process. Early formative memories, such as the memory of experiencing a poisoning breast, are in a sense memories of events and especially of psychic events, and as such they could be recalled. But in

another sense, they are integral parts of the mind—ongoing experiences of the processes of the mind, inherent phantasies. For example, phantasies that hatred and aggression—our own and those of others—are responsible for our sufferings come into play when we actually suffer, even in our very first moments of frustration at the breast (see Riviere's 1937 poignant description of this, pp. 172-173). There is no "gap in memory" to be filled here.

Similarly, the "memory" of weaning reflects a state of mind, a relational one associated with fears of attack and loss (persecutory and depressive anxiety), which serves as an ongoing active force, and it is that force and the accompanying anxieties that one needs to come to know and contend with. And this occurs through interpretation of the ongoing, present-day experience of the infantile state of mind as it finds expression in the transference—a complex process of reexperiencing the infantile and recognizing the real, a meeting of the two (Strachey 1934).

Klein here follows Freud's thinking on the analytic process, but her enriched understanding of phantasy allows her to better articulate it. Instead of mixing formulations on memory, consciousness, and harmonizing of trends, etc., Klein can speak of the phantasies undergoing changes, the anxieties associated with them becoming more moderate, and the objects of which they were composed improving. Splitting, both a destructive and a major defensive phantasy with real effects on objects and hence on the mind and the capacity to think, would diminish, with the result being a more integrated ego, more capable of knowing. Klein (1950) writes:

As persecutory and depressive anxieties are experienced and ultimately reduced during the analysis, a greater synthesis between the various aspects of the analyst comes about together with a greater synthesis between the various aspects of the super-ego. In other words, the earliest frightening figures undergo an essential alteration in the patient's mind—one might say that they basically improve. Good objects—as distinct from idealized ones—can be securely established in the mind only if the strong split between persecutory and ideal figures has diminished, if aggressive and libidinal impulses have come closer together and

hatred has become mitigated by love. Such advance in the capacity to synthesize is proof that the splitting processes, which, in my view, originate in earliest infancy, have diminished and that integration of the ego in depth has come about. [p. 47]

And now we can see that Klein's formulation also offers a way of thinking more clearly about Freud's foundational insight that there are inherent ties between knowing denied truth, integrating one's mind, and being capable of thinking. Her notion of phantasy helps make sense of the idea that there is no distinction between coming to know split-off and denied truths of the mind and developing the capacity to think. And the fact that she thought this way right from the start of her work belies the idea that, in the past, analysts were concerned with the first and then shifted to the latter.

Two Important Phantasies: "Projective Identification" and "Attacks on Linking"

Many of the developments within Kleinian psychoanalysis involve the discovery or articulation of phantasies that directly impact how one thinks. Two phantasies are of special interest in the present context. One is that of projective identification—the phantasy of putting parts of oneself and especially of one's mind into the other. This may facilitate communication and integration, but is more often directed toward ridding oneself and one's mind of unwanted parts or possessing the other, obliterating differences between oneself and the other. Klein (1946) explains:

The phantasied onslaughts on the mother follow two main lines: one is the predominantly oral impulse to suck dry, bite up, scoop out and rob the mother's body of its good contents The other line of attack derives from the anal and urethral impulses and implies expelling dangerous substances (excrements) out of the self and into the mother. Together with these harmful excrements, expelled in hatred, split-off parts of the ego are also projected on to the mother or, as I would rather call it, *into* the mother. These excrements and bad parts of the self are meant not only to injure but also to control and to take possession of the object. In so far as the mother comes to contain the bad

parts of the self, she is not felt to be a separate individual but is felt to be *the* bad self. [p. 8]

This has direct implications for the ability to think:

As far as the ego is concerned, the excessive splitting off and expelling into the outer world of parts of itself considerably weaken it. For the aggressive component of feelings and of the personality is intimately bound up in the mind with power, potency, strength, knowledge and many other desired qualities. [1946, p. 8]

Excessive projection of good parts has a similar effect. Through this kind of phantasy, projected parts of the self, including the capacity to think, may be lost and reality distorted. Moreover, the loss of distance involved in the projection in itself precludes thought. It may be seen that this phantasy conceptualizes ideas implicit in Freud on the perversion of truth, and on the desire to possess and control rather than to know.

The second phantasy of special interest is Bion's (1959) of *attacks on linking*, a destructive phantasy directed toward the mind itself. In this phantasy, the thinking mind *is* the object (like the maternal object or the breast in other phantasies). In effect, Bion here describes how the attacks-on-linking phantasy impacts the mind not because the mind is made up of objects (e.g., the mother, the breast) that are damaged by attack ("mother is in bits," and the mind, therefore, is disintegrated), but rather, more simply, the mind—having been subject to attack in phantasy—is in bits (see Blass, in press).

An illustration may help here. One of Segal's vignettes brings out these aspects of Kleinian work most effectively. In the context of a discussion of a borderline patient of hers who had occasional hallucinations, she describes the following:

One day he told me that, as he was going past my consulting-room door to the waiting-room, he became very anxious because the thought occurred to him that there was no guard at the door and nothing to stop him from getting into the consulting-room and interfering with the session of my other patient. Then he added, "Come to think of it, there is nothing to stop me doing what I want on the couch. For instance, if I wanted to, I could lie

upside-down.” Then he giggled and became embarrassed as he realized that that upside-down in the bed is the position he was in during some love-play with his girl-friend the night before. [Segal 2001, pp. 151-152]

Segal takes note of the patient’s wish to dominate her in an oedipal transference. The patient goes on to report a dream in which he was explaining to his girlfriend about his hallucinations. He says: “I was telling her, ‘Look, I dream up a car, and there it is’” (Segal 2001, p. 152). The car then appears in the dream; the patient gets into the front seat. “But there was no partition between front and back—no pole to lean against. He started falling backward, feeling an utmost panic.” Segal adds that he “woke up with severe anxiety” (p. 152).

Segal again takes note of the oedipal transference. She explains:

The pole is a phallic symbol. But also I am of Polish origin, and he knew that my husband’s name was Paul. In the absence of the pole, the father, or the penis in the vagina, there is nothing to stop him. [p. 152]

In this oedipal understanding, the analyst is the maternal object and the patient is identified with the oedipal boy who wants to have intercourse with his mother. The interpretation of this relational psychic reality lived out in transference would be very much in line with Freud’s approach.

But Segal’s main concern lies elsewhere. What she goes on to pick up is the phantasied intercourse between the mind of the patient and that of the analyst. Her point is that, in the absence of “the pole,” there was nothing to stop the patient from unrestrained projective identification with the analyst. His mind could enter hers. While she does not elaborate on this, I think it is clear that, for Segal, this mental intercourse is not a displacement of a sexual wish, of a sought-after, loving relationship with a maternal object. Rather, since the objects in intercourse reside in the mind, the mental intercourse (sexual in nature) is what is happening most immediately. In his mind, the patient is putting his mind into the analytic object, and the analyst’s mind is being taken over by his projected thoughts.

Segal writes: "What should be an awareness of his thoughts is experienced as an external fact—something happening in mother's body" (2001, p. 152). As the patient explains in the dream regarding hallucinations, "I dream up a car, and there it is." It is on this phantasied transfer between minds—its effects on thinking and the denial of psychic reality that it entails—that Segal focuses. The patient fantasizes being rid of parts of himself and possessing the object, and therefore he cannot see reality; he hallucinates instead.

Indeed, his problem is one of symbolization, but his defensive phantasies of possessing the analyst and the anxiety-arousing phantasies that would require these defenses are what had to be contended with for this capacity to develop. This is a matter of coming to know one's unconscious, but considering the unconscious in terms of phantasies, and phantasies that are lived in the analytic situation, allows us to better grasp what this process means. One can now think about how, in order for the ego to have the capacity to think and for reality to be seen as it is, the projected parts of mind must be integrated, must be taken back into the self. To see reality as it is, the omnipotent imposition on it must end.

The Desire for Truth: Dangers of It, Openness to It, and the Life and Death Instincts

Klein's formulations also deal with Freud's notion of a desire for truth. In her writing, this notion is formally acknowledged, further incorporated into analytic theory, and made central to it. In part, this is through her reflections on the *epistemophilic instinct*. Her first mention of this term ties it to Freud's study of Leonardo (Klein 1926). She expands on Freud's thinking in regard to the *instinct for research*, elaborating the oedipal phantasies that motivate the desire to know (e.g., to get into the mother's womb and see what is going on there) and those that inhibit it (e.g., guilt over the desire to possess or destroy the womb and its contents) (Klein 1928, 1930).

Klein notably highlights the role of the anal-sadistic instincts in the expression of the desire to know. In this context, she makes apparent that the distinction between the perversion of knowledge, which comes from a desire to impose ourselves on reality, and true knowledge, which

comes from allowing reality to impose itself on us, may at times be fuzzy. Our impulse to impose and even to destroy can motivate us to true knowledge. Crediting Freud as the source of this insight, she writes:

It is well known what close ties there are between the epistemophilic and the sadistic instincts. Freud writes, "the desire for knowledge in particular often gives one the impression that it can actually take the place of sadism in the mechanism of the obsessional neurosis." [1931, p. 241]

And she continues:

We have seen that it is in the first place sadistic impulses against its mother's body which activate the child's epistemophilic instinct. But the anxiety which soon follows as a reaction to such impulses gives a further very important impetus to the increase and intensification of that instinct. The urge the child feels to find out what is inside its mother's body and its own is reinforced by its fear of the dangers which it supposes the former to contain and also by its fear of the dangerous introjected objects and occurrences within itself. Knowledge is now a means of mastering anxiety; and its desire to know becomes an important factor both in the development of its epistemophilic instincts and in their inhibition. [1931, p. 243]⁷

Another way in which Klein discusses the desire to know is through her study of symbolization (1930). In this context, too, the desire to know reality, to be able to think about it, and the obstacles to doing so are tied to phantasies and the anxieties that these arouse.

Klein's thinking in this regard was taken up by Segal. Segal makes it very clear that, while an important therapeutic aim may be to develop the capacity to symbolize, what is needed for any therapeutic progress to take place is knowledge: "The aim of the analyst is only to acquire and impart knowledge" (1962, p. 212), she writes. We must come to know the truth of the underlying phantasies for the integration of the ego to

⁷ Klein's thinking on the epistemophilic instinct, which is explicitly referred to only in her early writings, is very much taken up in Bion's notion of K. In a more implicit way, her ideas on phantasies of thinking provide the grounds for his ideas on the phantasy of mind.

take place, and it is an integrated ego that is capable of symbolizing and knowing.

It should be emphasized here that while destructive phantasies can arouse the desire to know, the genuine knowing relationship is regarded as one of love and is derived from the life instinct. Segal (1997) writes:

A major manifestation of the death instinct is the attack on reality The love of life leads to the preservation of one's object and oneself, which requires a respect for reality, while the death instinct includes the wish to disintegrate or annihilate the reality of life. Its ultimate aim is death. [p. 39]

Others have made similar connections between perverse thinking and the refusal to understand what is real, which is the working of the death instinct (Feldman 2000; Joseph 1983).

Accordingly, in Klein, the Freudian notion that analysis in its search for truth is directly serving the patient's most basic desire is made explicit. Truth and life go hand in hand, mediated by the integration of the ego. Klein (1952) in this context adduces Freud's concept of Eros and writes:

The primordial fear of being annihilated forces the ego into action and engenders the first defences. The ultimate source of these ego activities lies in the operation of the life instinct. The ego's urge toward integration and organization clearly reveals its derivation from the life instinct; as Freud put it, . . . "the main purpose of Eros—that of uniting and binding." [p. 57]⁸

And along similar lines, what stands in the way of analysis, according to Klein, is an insufficiently strong desire for truth. She writes:

My experience has shown me that when the analysis of these fundamental impulses, phantasies, and emotions fails, this is partly because the pain and depressive anxiety made manifest in some people outweigh the desire for truth and, ultimately, the desire to be helped. I believe that a patient's co-operation has to

⁸ Indeed, splitting, when used in the service of defense, is, too, an expression of the life instinct, so the situation is complex. But the move toward an integrated ego that can perceive truth, not deny it, is still the most direct expression of life, according to Klein.

be based on a strong determination to discover the truth about himself if he is to accept and assimilate the analyst's interpretations relating to these early layers of the mind. For these interpretations, if deep enough, mobilize a part of the self that is felt as an enemy to the ego as well as to the loved object, and has, therefore, been split off and annihilated. [Klein 1957, p. 232]

But as we saw in regard to Freud's thinking, truth must first have been recognized for it to have been subjected to denial; the related affects, dangers, and phantasies must have been known. The baby's first experiences and the phantasies that accompany them are there from the very start, are registered in his mind, and are reacted to (Klein 1937). They are defended against and enacted in his experience and his life. These phantasies are unconscious, not known to consciousness, but in a certain sense are known to the person. They are not merely repressed memories; they are denied experience and phantasy that shape our perception, our understanding, and our relationships, as well as our ability to know reality, both internal and external.

To come to know truth through interpretation is to encounter phantasies in a way that changes them and their place in our psychic economy. As Segal (1962) explains:

In the transference relationship, internal object relations are mobilized by projection on to the analyst and modified through interpretation and experience as they are reintrojected. Similarly, parts of the ego projected on to the analyst undergo modification in this new relationship. Thus, what had been structured is again experienced as a dynamic process. The role of the analyst is to understand this process and to interpret it to the patient. [p. 212]

The understanding afforded is not intellectual but rather integrates the ego, and thus, instead of imposing ourselves on reality, we can see it truthfully.

Kleinian sensitivity to how one perverts reality, imposes oneself on it, and destroys the mind and its capacity to think accentuates the question of how realistic knowledge can ever get through, even within the analytic transferential relationship. Freud can allow for the idea that the

ego can be compelled to see truth when the transference is accurately interpreted. But Klein considers the understanding ego to be modified in a more general and basic way, one that harms the possibility of seeing reality. How, then, can the analysand come to know the truth that would allow him to see reality?

In effect, the Kleinian response to this question is to posit that the desire for truth and the openness to it, central to Freud's thinking as well, remain available despite damage done to the mind in phantasy. In a sense, implicit in the Kleinian approach is the idea that there is a knowing unconscious with whom the analyst engages, a part of the ego that seeks integration while other parts are split and destroyed. As long as there is a life instinct working in him, the analysand still knows, wants to know, and can know in a more integrative way.

This is why, relative to analysts of other interpretive approaches, Kleinian analysts seek to interpret deeply, to state what is present well beyond what the patient could consciously accept. The analyst does not wait for the interpretation to be close to conscious knowledge; he does not seek the cooperation or the "awareness of the conscious ego" (Busch 1993, p. 165). Rather, he interprets whatever is "well founded on the presenting material," without "fear of causing psychic pain or out of more theoretical concerns such as 'timing'" (Segal and Meltzer 1963, p. 511). And unconscious parts of the patient, of his *personality* (a term Klein often makes use of), can recognize the truth of the interpretation.

Among Kleinians, there are differences regarding which technique best facilitates this recognition, which aspects of the transference are most alive, and how interpretations are best delivered (Blass 2011), but for all, the interpretation of what is deeply unconscious is at the center. In other words, the deep interpretation characteristic of Kleinian analysis is grounded not only in an appreciation of the primitive and powerful forces at play, but also in an appreciation of the immediate accessibility of these forces, even if consciously denied.

While there may be relatively little direct reference in the analytic literature to this foundation of the Kleinian approach to interpretation, one major reference to it may be seen in Bion's formulation of a differentiation between psychotic and nonpsychotic parts of the personality, both always present in every individual as phantasies and states of mind

(Bion 1957). There is a nonpsychotic part of the personality that can and wants to understand the analyst's interpretation, even when the psychotic part has withdrawn from reality. The Kleinian notions—that (a) states of mind are, on one level, expressions of phantasies, and (b) the ego can be split—provide the grounds for this formulation.

IS TRUTH RELEVANT?

This description of the traditional psychoanalytic view of truth, set forth by Freud and further articulated by Klein, outlines a basic perspective on human nature. Central to this perspective is the idea that the person desires to express and expand his capacity to know reality, to recognize truth. To recognize truth is not a simple cognitive task; rather, it is to experience all that is within us and outside of us, with its emotional and meaningful valences. It is not merely to recognize the presence of the breast, but to recognize its *goodness* (a term so frequently used by Klein), the love expressed in its presence and its life-giving qualities, as well as its limits and hence perceived destructiveness. It is to see the world in its “grandeur,” as Freud writes in his study of Leonardo’s desire to know: “a world in which the small is still no less wonderful and significant than the great” (1910, pp. 75-76); but it is also to remove any veils of illusion and see the common misery that is integral to life, the discontent that necessarily prevails, the imminent horrors of death and destruction, and the inevitable pain of mourning (Breuer and Freud 1893; Freud 1917c, 1920, 1927, 1930).

To recognize truth is to turn our eyes inward, as Freud demands of the ego—to look into our own depths and to come to know our love and hate, our strivings toward life and death and the dangers that these pose to ourselves and to others—in external reality but, more significantly, in internal reality. We aim, Klein writes, for the ego to attain not only stability and a sense of reality, but also “depth”—a state of mind that includes a “wealth of phantasy life and the capacity for experiencing emotions freely” (1950, p. 46).⁹ And this comes about through working

⁹ One way of understanding what Klein means here is to think of her notions of *depth* and *wealth* as states of experiencing life realistically but through phantasies (e.g., feeling the good breast in an encounter with a nourishing or life-giving event).

through the depressive position. "That is to say," Klein writes, "that the whole gamut of love and hatred, anxiety, grief and guilt in relation to the primary objects has [to be] . . . experienced again and again" (1950, p. 46); it has to be known and better integrated into the ego.

From this Freudian-Kleinian perspective, the desire for truth, despite the pain, guilt, and anxiety integral to knowing it, is regarded as inherent to the instincts of life. It is the most direct expression of Eros, which seeks to bind and unite. Eros is not only a loving force between people, but also one that drives the integration of the ego and thus facilitates seeing reality in all its complexity. It is also a force that pushes toward a meeting of mind and world, an expression of a passionate longing for reality—a loving of it; much as in true love, one wishes to know the beloved as he is, not in some idealized version. As I have argued, the notion of an epistemophilic instinct is precisely that.

But from this perspective, there is an opposing force as well: a desire not to know. It is fed by both our death instinct and the inability to tolerate our painful and anxiety-arousing phantasies. Rather than encounter reality—internal and external—and respect it, through this desire, in phantasy, we impose ourselves on reality and destructively distort it. The world becomes how we would like things to be or a depository for parts of ourselves, rather than as it is. Pain and anxiety may be somewhat relieved in this way, but the person and the world are left perverted and shallow. Life becomes disturbed in other ways. Our minds are emptied and split, and the capacity to think and know are damaged if not destroyed.

It is with these disturbances that people come to analysis. And the analytic task as seen from this perspective is to offer truth, nothing else. Truth is not only relevant to analysis; discovering it, experiencing it, conveying it, integrating it are what analysis is. It is, as I have described through the formulations of Freud and Klein, what (psychoanalytically) allows the mind to change, the ego to integrate, the capacity to know and hence love to develop.

In line with the understanding of truth that I have described here, it may be seen that offering truth—withstanding the constant demands to enact rather than to know in the analytic situation—is not only the responsible thing for the analyst to do; it is also an act of love.

THE SHIFT?

As we have seen, psychoanalysis has always been concerned with opening the person to knowing. What is new in contemporary psychoanalysis, as Greenberg describes it, is the idea that what is unknown was never known and could not be known for developmental reasons. This suggests that the patient's motives, meanings, defenses, or phantasies are not what stand in the way of the capacity to know, as Freud and Klein thought, but rather that there is some kind of inbuilt developmental limitation, "developmental restrictions on our cognitive or emotional capacities," such as "protoexperience that could not be symbolized or represented or transcribed at the time when it was lived," in Greenberg's words.

If this is indeed the change implied, it is a very dramatic one. Not only does truth become irrelevant to psychoanalysis, but rather very little of the traditional Freudian-Kleinian perspective I have described remains relevant. The person's dynamic struggle with his meaningful inner world, which he both wants to know and does not want to know, would here be replaced by his effort to learn to deal with or overcome a deficit in regard to thinking processes. For truth to be no longer relevant, this would have to be a deficit void of personal meaning and motivation.

Has psychoanalysis indeed abandoned its traditional perspective? Have the digressions from Freudian analytic practice that Winnicott thought analysts may sometimes "deem to be appropriate to the occasion" (1962, p. 170) become mainstream? If psychoanalysis has indeed changed in this way, one would have to wonder what justifies the claim that this dramatically new approach is, nevertheless, a psychoanalytic one—but also and more important, why such a shift has taken place.¹⁰

As I have described in this paper and earlier ones (Blass 1992, 2006b, 2006c, 2011, 2015), seeking analytic truth is a dangerous affair.

¹⁰ If the shift is an addition to the traditional perspective rather than a replacement of it, these questions remain in regard to the added part. Moreover, from the perspective of the traditional approach, addition of other approaches is not possible. It regards any departure from the neutral, truth-seeking stance, even in the service of ego support, as a serious disruption of the analytic process (Segal 1973). To explain why this is the case would take us too far afield, and so I limit myself here to pointing to the gap between the approaches, the different and incongruent worldviews in which they are grounded.

Unconscious truth has frightening force; Freud (1915) likened it to the “highly explosive forces” (p. 170) that chemists can handle only with the greatest care. In line with this, Strachey (1934) speaks of the common reluctance on the part of analysts to actually offer interpretation, given that “at the moment of interpretation, the analyst is in fact deliberately evoking a quantity of the patient’s id-energy while it is alive and actual and unambiguous and aimed directly at himself” (p. 159). Such a moment, he explains, “must above all others put to the test his relations with his own unconscious impulses” (p. 159).

Moreover, there is the danger that truth will be abused—imposed rather than discovered and, given the nature of analytic truth, there is no evidence that can completely assure us that such imposition is not what is happening. And perhaps this fear of abuse is tied to what is most difficult for contemporary times: the attitude toward authority and responsibility that the traditional analytic approach to truth implies. On the one hand, it supposes that the analyst can see and know more about the patient than can the patient himself; the analyst has privileged knowledge about the patient. And on the other hand, it holds the patient accountable for his predicament: it is his wishes, desires, motives, and phantasies, and his unwillingness to face them, that are thought to lie at the foundation of his suffering.

It is my impression that, in the eyes of contemporary culture, this approach to authority and responsibility belittles the patient, blames him for his predicament, and makes him vulnerable to abuse by authoritative figures (Blass 2016). Here I hope that my description of this Freudian-Kleinian perspective points to how it could be understood differently—that in the assignment of responsibility to the patient in his struggle with meaningful motives, the patient is thought to have a unique depth and a unique possibility for change; and that he is seen as one who in his inherent desire to be himself and live truthfully is willing and able to receive knowledge about himself from another, forgoing the narcissistic gratification that comes with denial of that possibility. Moreover, as discussed, this perspective takes particularly into account the danger of wishes to impose truth, and is particularly concerned with the analyst’s responsibility to understand these wishes rather than act upon them.

But perhaps it is the notion of truth itself that has gone out of style, so to speak. In our postmodern era, as more relativist and subjectivist stances are embraced, the pursuit of truth is often considered an impossible ideal, an illusion. Alternatively, it is regarded as a detached, objective concern of scientists that does not encompass relational needs. People, it is believed, do not need understanding, but to feel understood, loved, appreciated, and validated; their capacities—often viewed as stunted because of environmental limitations—need to be developed. Here, too, I hope that my description has helped, that it allows the reader to grasp and feel the present-day value of the traditional Freudian-Kleinian approach to truth and its compelling, relational nature.

In sum, in my view, the value of the traditional Freudian and Kleinian approach to truth—both the complex stance of seeking it and the powerful impact of finding it or, more precisely, refinding it, which in turn opens us to the possibility of seeking it—has never diminished. Set forth by Freud and better articulated, conceptualized, and enriched by Klein, this approach is not only relevant to analytic practice today, but in fact contains the very essence of psychoanalysis and the grounds of the psychoanalytic view of the person.

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THE SEARCH FOR PSYCHIC TRUTHS

BY FRED BUSCH

Emphasizing psychic truths as the major domain of psychoanalysis, the author explores the complexity of defining such psychic truths. It is suggested that thinking of levels of psychic truths is the most useful approach. How to understand trauma and historical truth within this context is examined. The role of the analyst as aiding the search for psychic truths, rather than functioning as psychic “truth teller,” is discussed within the context of paradigmatic changes in the psychoanalytic method that form an emerging common ground.

Keywords: Psychic truth, interpretation, analytic interaction, personal stories, unconscious truth, memory, intrapsychic conflict, trauma.

What is new about analysis is that it is the only discipline which considers that the search for truth is in itself therapeutic. Not a truth with a capital “T” because you can’t find that, and it changes. But the fact is that the search for truth, for *psychic truth*, is the therapeutic factor.

—Segal quoted in Hunter 1993, pp. 9-10,
italics in original

Hanna Segal’s pithy summation raises many issues germane to the intriguing question posed by the Editor of *The Psychoanalytic Quarterly*, “Is truth relevant?” in psychoanalytic treatment. For example, Segal shifts the target of inquiry from *truth* to *psychic truth*. Further, she sees the search for psychic truth—not finding the truth—as *the* therapeutic factor in psychoanalysis. Segal also believes there is no single “truth,” but

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rather changing truths that we find in psychoanalysis. I generally agree with Segal's views and will elaborate my own reasons for this position.

However, certain questions come to mind. For example:

- What is *psychic truth*?
- To whom is the question about truth directed—the patient and/or the analyst?
- What type of truth are we talking about—e.g., historical truth, unconscious truth, or some other type?

As one can see, in trying to discuss truth in psychoanalysis the investigator can quickly feel as though he is falling down the rabbit hole with Alice, or, depending on one's metaphorical preference, engaging in a conversation with Abbott and Costello regarding "Who's on first?"

As a general guideline to what follows, I view psychoanalysis as a way to understand the *psychic* truths that guide a patient and the conflicts they cause, and this is the basis of the curative process. At a very basic level, there are many "truths" in psychoanalysis to be wondered and reflected on. Overemphasis on "known" truths can inhibit thinking rather than freeing it. Further, as Collins (2011) concluded after a thorough review of the literature: "There seems to have emerged a broad understanding that historical truth cannot be unequivocally known due to the role of unconscious fantasy and due to it being constructed in a temporality with its own current influences and perspectives" (p. 1406).

Interpretations from the analyst assigning truth—e.g., "you are angry because you see me as . . ."—may interfere with the patient's own search for psychic truths. In certain psychoanalytic cultures, the analyst's approach has gradually shifted so that the analyst attempts to *create the conditions* in which insight is possible, rather than giving insight per se. It is an important part of a new paradigm for psychoanalytic treatment (Busch 2014).

WHAT ARE PSYCHIC TRUTHS?¹

A patient begins a session by talking about her interaction with her colleague, Harold, with whom she has had a flirtatious relationship. Does it

¹ I will return to the issue of *psychic truths* rather than *psychic truth* later in this paper.

matter how the interaction really went? I do not think so! In my mind, what matters psychoanalytically is *how she has thought of the interaction* (i.e., is she excited, guilty, rejecting, etc.) and why, and (possibly) *what it means to the patient that she is telling me this story*. This is what I think of as *psychic truth*.

With modifications (to be elaborated later), I have the same point of view when a patient tells me something from his past. In fact, I think that the search for “real” truths in psychoanalysis can lead away from psychic truths. The tendency to seek out past events and interactions as the sole cause of our patients’ fears, rage, and unhappy relationships can turn the focus away from the fantasies that also drive patients’ reactions (Busch 2005).

Further, the search for truths—rather than *psychic* truths—can lead patients to look for Answers with a capital A, which often stops thinking, rather than doing what I see as one important component of what psychoanalysis has to offer: i.e., fostering the capacity to think freely about whatever comes to mind, observe it, and play with it.² The creativity needed to deal with the inevitable enactments and psychic inhibitions after psychoanalysis terminates is blocked if one can search for answers only in the past (e.g., “my mother did this,” an identification with familial guilt, etc.).

There are many other important factors necessary for a successful psychoanalysis to take place; I see these as *necessary but not sufficient*.³ In my way of thinking, the search for *psychic truths* is the domain of psychoanalysis. Uncovering the significance of psychic truths in the minds of our patients, ones that lead to painful inhibitions and self-destructive behavior, is our heritage from Freud, and it is the search for these psychic truths I see as the one indispensable part of a psychoanalytic treatment aimed at helping patients lead a fuller life.

Psychic truths are embedded in *the stories a patient has in her mind that impel her to certain ways of being*. It is what leads her to come to an analyst for help. Inherent in these stories are facts and fiction, reality and fantasy that speak about the patient’s experiences and how she thinks of

² When I write *think*, I mean *think* and also *feel*.

³ For example, while it is necessary for an analyst to be empathic with a patient’s deepest fears, wishes, and anxieties, this in itself does not an analysis make.

them. Thus, it is through stories that psychic truths appear in psychoanalytic treatment. Compromise formations and other psychic mechanisms inform these stories and disguise their truths. Yet in whatever way they appear, it is the patient's *inner world* that holds her psychic truths, which in turn show us how she experiences and relates to the world.⁴

In fact, patients come to us with all kinds of stories in mind. These are the stories of who they are and how they came to be that way. They also come with stories about important people in their lives and what kind of people these are. Soon in treatment, we ourselves become part of their stories. Some of these stories are conscious; some are not. Some have become unconscious because they were too dangerous and repressed. Other stories have been stored only through varying degrees of prerepresentational thought, so that they cannot be put into words. Some stories started as actions driven by dimly perceived, exciting urges (e.g., a four-year-old boy poking his mother with a toy gun, stick, or other pointy object) or have evolved into other reactions when what drives the action comes close to awareness.

Another way of formulating this issue is that we are always dealing with stories remembered but never integrated—the stories experienced but never formulated, the stories experienced and remembered only in the language of action, the stories of unconscious fantasy and defense, and the importance of all these in every other story. Another, more technical categorization might be that these are the stories of compromise formations and screen memories (representational thought)—stories enacted due to unstable structures or to thoughts represented in preoperational terms. In short, these are the stories of lives interrupted, manifested analytically in rigidly held and fearfully unknown or incomplete stories.

One does not hear much about what I consider a fairly typical analytic experience: that is, the repetition of key stories throughout an analysis, where something new is added that allows for greater understanding of the stories within a story. For example, a small kitchen utensil was involved in a story that ran through the analysis of one patient, Ian. Early

⁴ Blass's (2006) term *unconscious truth of the mind* is a tempting term, but it leaves out other aspects of the mind that are part of what drives our patients.

in our work, Ian, a 20-year-old undergraduate, told me of having asked his mother what this utensil was and of being told to leave her alone. Within the context of the analysis at that time, it seemed to represent how neglected he often felt by his mother as she struggled with depression. Later, though, Ian told me how furious his mother became when he and a friend played with this utensil. At that time, we understood it as an example of his mother's difficulty in appreciating his curiosity.

Still later in the analysis, after I had interpreted Ian's growing provocativeness with me, he remembered that his mother had not gotten mad at him until he and his friend started playing soccer with the utensil. Later still, after a sexual dream that took place in a kitchen, Ian finally identified the kitchen utensil as a V-shaped slicer. The last part of the story emerged as the analysis was ending, when Ian remembered that this slicer had been a present from his father to his mother.

We can see that, over the course of this analysis, the "kitchen story" became the "kitchen *stories*." Altogether they made up some of the stories of Ian's difficulties in forming relationships with women. The emerging stories were not the result of repressed memories coming to consciousness; Ian always knew the different parts of his kitchen stories. But the parts emerged in analysis only in the context of current concerns.

This is why I use the plural in speaking of the stories that compose psychic truths. Further, there is nothing more inhibiting to the patient's freedom of mind than for patient and analyst to believe that they have discovered *the patient's story*.⁵ While psychoanalysis helps identify key stories that have inhibited the patient's life trajectory, the very fact of this identification should enable a deepening understanding and a readiness to understand old stories in newly configured forms, as well as the freedom to identify new stories.

I believe the view of psychic truths outlined above is now the dominant one in most psychoanalytic cultures (Busch 2014). It is a different way of thinking about this issue from the past. Our way of deepening these stories has changed in that, for the most part, we now *search for what is there in the patient's words and actions*, rather than *primarily*

⁵ Kris (1956a) emphasized that the "search for memories becomes an intellectualized epiphenomenon" (p. 60).

searching for what is not there. One of the most compelling moments in my psychoanalytic training occurred when, after a scientific presentation by a senior analyst, one of the training analysts present asked if the patient had an undescended testicle. A gasp arose from the audience, and the now slightly befuddled presenter acknowledged that this was indeed the case.

In one way or another, the search for the truth of what was deeply hidden (not necessarily what was unconscious) was, for many of us, the guiding light of our own analyses and of the cases we analyzed. Over time, however, it has been my sense that this approach is not helpful because, while the patient often appreciates the analyst's brilliance, his internal experience is one of being caught or found out, and he becomes wary of what else the analyst might see that he is hiding, resulting in increased defensiveness. In such cases, it is often the patient who ends treatment while in the throes of an unanalyzed, idealized transference, feeling no better about himself than when he began treatment.

Kleinian analysts have been the group most associated with psychic truth. As described by Blass (2011), this means *deep unconscious truth* (or *unconscious truth of the mind*), and uncovering it is portrayed as *the* work of psychoanalysis. While I see this as one important part of psychic truths, I think it is more accurate, as well as more parsimonious, to consider *levels of psychic truth*. Further, I think it is not helpful to the analytic work if we speak only to what we believe to be the patient's unconscious truth.

For example, if a patient believes she admires the analyst, but the analyst believes the patient unconsciously hates him, we need to take into account both sides of the situation in order for the patient to accept an interpretation along these lines. As Paniagua (1991) noted, we are always working with three surfaces: what the patient thinks is on his mind; what the analyst is thinking this means; and what is the *workable surface* (i.e., an amalgam of what the analyst is thinking and what the patient can be aware of in the analyst's thinking).

Others have pointed out that the most effective *interpretive truths* are those that are *preconsciously* available (Busch 2014; Green 1974; Kris 1950). Blass (2006) describes how Joseph worked closer to the preconscious, and as Feldman (2004) pointed out, Joseph showed "continuing

efforts to clarify and formulate the experience that is actually available to the patient at the moment" (p. 23).⁶ In fact, over the last few decades, it has become clear that most schools of thought consider the work of analysis to take place at a variety of levels of psychic truth (Busch 2014). As another example, writing from a Bionian perspective, Ferro (2005) highlights that "there is not *an unconscious to be revealed*, but a capacity for thinking to be developed, and . . . the development of the capacity for thinking allows closer and closer contact with previously non-negotiable areas" (p. 102, italics in original).

WHAT ABOUT TRAUMA?

The issue of truth in working with trauma patients raises many challenges. Most of the patients I have worked with have experienced cumulative trauma, primarily in the parents' lack of attention to the developing, healthy narcissistic needs of the patient (Kohut and Wolfe 1978). As most of the memories I hear have a consistency over many years, and are of events that occurred at an age when memory is reliable, and as these memories are repeated in the transference-countertransference, I do not often doubt the veracity of the narcissistic deprivations that my patients tell me about. I agree with Collins (2011) when she concludes that it is most useful to think of whether an experience had authenticity: "that is, whether it possesses *emotional genuineness that originates within the unique analytic encounter*" (p. 1403, italics in original).

Kris (1956b) famously pointed out that autobiographical memories often serve a defensive purpose and may become heir to unconscious fantasies. In my clinical work, I have noted that I have never seen a patient in psychoanalysis in whom there has not been some form of interference in healthy narcissistic development that has led to unconscious fantasies of causation and solution, *resulting in intrapsychic conflict* (Busch 2005). For example, a child's egocentric view of the world leads him to experience his depressed mother's inability to nurture and mirror his healthy demands as evidence of his excessive needs. Thus, the ongoing trauma

⁶ While Freud (1915) hinted at the significance of the preconscious in his paper on the unconscious, and Kris (1950) wrote an important paper on this topic, it was Green (1974) who resurrected its importance in psychoanalytic treatment. It has become a central part of a common ground among different theories (Busch 2014).

of a lack of mirroring leads to his needs becoming associated with unconscious fears of deadness, abandonment, and guilt. In analysis, when he begins to feel needful toward the analyst, these internal dangers pull him back to an inhibited emotional stance.

Thus, in my experience, it is not only the trauma itself that remains traumatic. Inevitably, the *feelings and fantasies stimulated by the trauma* become part of a dangerous intrapsychic truth. In this way, *a trauma also becomes part of an intrapsychic conflict*. Thus, it seems to me that analytic work has to be informed by attunement to empathic breakdowns, past and present, and to their effects on the patient's psychic life both within and outside the analysis, *while the analyst also listens for the resultant unconscious fantasies and intrapsychic conflict*—i.e., the psychic truths.

Grand et al. (2009) sum up the current position of many when they state their view that:

Traumatic experience requires both a narrative and a historical excavation. Neither, alone, is sufficient to the nature of trauma. When we oppose these two epistemological perspectives, we are engaging in a false, and inadequate, polarity. I think we are slowly evolving toward a new epistemological *Zeitgeist*, which will allow us a better way to reckon with trauma. This shift will find a new term, which will embrace (and surpass) historical and narrative truth. [p. 11]

Over time, I have changed my way of evaluating patients for psychoanalysis, and whether the patient and I are a good fit, in that I no longer ask about the patient's history. For the most part, I find that if the analysis is going well enough, a patient brings up a piece of history when it is relevant to what is on her mind. Further, I have found that inquiring too much about the patient's history often gives her a stereotyped vision of psychoanalysis: that is, that the analyst is searching for something in the patient's past that will provide an answer to her problems. I have also come to realize that a patient will often use his history as a defense against further explorations of what is on his mind. Statements such as "That must be because of my depressed mother" often signal an end to a line of thought, rather than leading to more thoughts.

I will not enter into the thicket of *recovered memories*. Articles by Brenneis (1994, 1996) and Good (1996, 1998) portray the complexity

of this issue. My understanding is that recovered memories from the child's very early life have questionable validity. Among his main arguments against the role of "remembering" in psychoanalysis, Habermas (2014) points to the fact that the first two or three years of life are the "dark ages of every subjective life story" (p. 952). What he means by this is that these experiences are not linguistically encoded and cannot be remembered except via action tendencies (Busch 2009; Freud 1914) or in vague sensations or affect states. The patient is subject to being convinced of a cohesive story put together from these elements, but it cannot be remembered. Further, Oliner (2012) cogently argued that because an event seems as though it would be traumatic does not make it so. In my own work, I have never helped a patient recover a memory of trauma; rather, when a patient brings up a new memory in analysis, it is always something the patient has always known, but it is the changing landscape of what is allowed into the patient's mind that leads to the "new" memory.

PSYCHIC TRUTHS FROM THE PATIENT'S PERSPECTIVE

A reader might observe at this point, "So far you've given us *your* definition of *psychic truths*, but what about the question of whether the patient's psychic truths are *true*, and does it matter?" My simple but definitive answer is, "It depends!" Let me explain:

- From the perspective of psychoanalytic treatment, *the patient's psychic truths are always true*. No matter what the analyst's feeling about it may be, or how contradictory it might appear from other things the patient has said—or even that what the patient says may be an objective distortion of reality (e.g., the patient is sure the analyst was ten minutes late for a session)—the task of the analyst is to understand how this psychic truth has come to be, not to question its existence.
- Whether a psychic truth is real becomes a more complicated issue when reality is cited as a basis for this truth, especially the reality of the patient's feelings about the analyst's way of being.

To elaborate on these issues, let me present a clinical example.

Alex is in his fourth year of analysis. He has made great strides, professionally and personally. A central transference has been his coming into sessions with the feeling that I would give him a grade, and his eventual graduation from analysis depended upon his grade point average. Another important transference was Alex's frequent reinterpretation of the analyst's interpretations, so that the meaning was either changed or only vaguely reflected.

In a pivotal session, Alex says:

You were really hard on me yesterday. Well, not really. Afterward I felt this explosion in me. I could see how I really do this thing we talked about—disregarding someone else and taking over.

What Alex seems to be responding to is that, in the previous session, he described how a junior member of his firm had gotten mad at him after Alex rewrote his report; Alex had misunderstood some of the report's background data. Alex realized he had only a vague idea of what the report was for but felt he wanted to help out, as he frequently does with others.

His description of this led me to say the following, also in the previous session:

While you're appreciated in your firm for how helpful you've been to junior members, your description of this interaction reminds me of the situation here with me and how we've talked about your tendency to take what I say and only vaguely remember it or change it into something different.

This led him to realize that, as with me, he was unable to listen carefully to what this junior colleague was saying, getting only the gist. His thoughts then went to a meeting in which a colleague had misunderstood *him*, and how much this had pissed him off.

Was it true that I was hard on Alex? *From the perspective of his psychic truths, of course it is true.* This is *his* story of what happened the previous day and the meaning he made of it. While he seemed responsive to what I said at the time, did it end up feeling too wounding to his self-image as a "nice guy"? Was I, in his mind, the junior person who did not need to be listened to?

I wondered if, in his use of the phrase *hard on*, Alex might have experienced my reflection of the previous day as part of an exciting sado-masochistic interchange. This was an element of the ongoing transference noted earlier. There is no way of knowing a priori whether any of these ideas were related to Alex's psychic truth; we can learn more only by continuing to listen.

On the other hand, was it true in reality that I was hard on him? While this is an important issue for the analyst to reflect upon, I have found that the analyst also needs the patient's help in understanding the psychic truth for the patient when something like this happens. *But is the truth of Alex's statement relevant here?* I would say "yes," primarily because it has significant consequences if it is representative of an aggressive countertransference stance on my part.

In short, when Alex says, "You were really hard on me yesterday," it is important to appreciate the statement's psychic truth—and also to consider the truth of what happened in reality when the analyst conveyed his ideas, because of its countertransferential significance. In reflecting upon what I had said in the previous session, I had a sense of triumph when I realized that what Alex described as happening with his junior colleague was similar to what frequently happened in our work together, which I was often puzzled by. But why triumph, I wondered? I felt frustrated at times by Alex's bland denials of any transferential meaning when he changed what I said into vague generalizations.

In my early training as an analyst, as was typical at the time, there was a quality of "gotcha" to the kind of interpretations that were recommended—i.e., the analyst not only found something the patient was trying to hide, but it was often something not pleasant about the patient. Hidden aggressive motives were a favorite. But why had I regressed to this earlier way of working? What came to mind was an article I had written and submitted to a journal that I thought the editorial reviewers had misunderstood, and I was irritated. I could see now that hearing about Alex's misunderstanding of his colleague's work and the subsequent "editing" he did potentially set off an unconscious response of irritation in me.

However, over the years I have become aware of how easily we can fall into the trap of false positives in evaluating our countertransference

reactions, even when our own reflections seems so convincing. Thus, I feel I have to wait to explore the patient's psychic truth before forcing my own psychic truth onto him.⁷ I agree with Spillius's view (Roiphe 2000) that "not all the analyst's thoughts during the session are evoked by the patient, and not all of the analyst's self-understanding will be clinically relevant" (p. 575).

To return to my session with Alex, we can see how the patient immediately negates his feeling about the analyst, when after saying I had been hard on him, he adds, "Well, not really." An inner "explosion" (his word) follows, leading Alex to say that he understands the analyst's interpretation and can see it working elsewhere. However, his next thoughts go to a colleague who misunderstood him and his resultant anger. At this point, I say: "I have the impression that, while you're trying to be reasonable about what I said yesterday, it seems like it felt harsh and misguided."

There are, of course, many psychic truths that one might try to identify and reflect upon in any session. In general, in my interventions, I try to speak to a psychic truth that will aid the patient in feeling the freedom to explore and reflect upon what is going on in his mind. In this interchange with Alex, I am responding to a conflict that he seems to be having in exploring the idea that I was hard on him.

Alex remembers having felt shaken up on leaving the prior session. He thought a lot about what I had said, and while he can see something in it, as he drove home, he found himself getting angry with other drivers who were blocking his way. He then found himself surprised by what he thought of next: he pictured himself in his parents' living room, terrified that he would spill something on the carpet and his mother would become enraged.

After Alex describes this, we have the following interchange.

⁷ Renik (1995) gives an example in which his patient had a view of him as having been gentle with him the previous session, which Renik refuted with the patient. The problem I see with such an approach is that the analyst replaces the patient's psychic truth with his own, interfering with what I see as the necessity for the patient to feel free to explore his mind in whatever way he may want to. By essentially saying to the patient, "You may think that, but it's not the truth," the analyst becomes the arbiter of what is real, rather than the facilitator of the patient's freedom of thought.

F. B.: Given your reaction to the drivers after the session, it sounds like you felt like exploding at me, but to step out of line is to bring on an attack, leading you to temper⁸ your feelings.

ALEX: [after a long pause] This is surprising. I'm thinking about the time in business school where I had these great discussions with this professor. I remember telling you how he invited me to his apartment and then made these moves on me. [pause] I wonder if I felt like your remark was like a sexual attack. [He laughs.] Wow! Now I remember that we've talked about this recently—how a “fuck you” can turn into a “fuck me.” I have been able to feel recently how much I want to control things and have people do things my way—“it's good to be the king.”⁹

The development of Alex's capacity for freer thinking in this session is captured by his ability to have a “surprise” thought. He finds himself thinking of the sexual advances of an older professor, which leads him to think in a particular way about what I said the day before (that there had been an aggressive sexual attack), and then in another way (a projection of his wish to sexually attack me). Alex then owns his dominating, controlling side without having to condemn himself, and in fact seems able to get some pleasure from being able to see it.

Is this one of those *blessed moments* (Aisenstein 2014) in analysis, when the patient can find pleasure in his thoughts and enjoy parts of himself that were previously shut off from awareness, because they were experienced as unpleasant in threatening to come into awareness? Or was is it a masochistic surrender?

WHAT WE CAN LEARN ABOUT PSYCHIC TRUTHS FROM THIS CLINICAL EXAMPLE

While one example cannot be generalized to a truth, I think we can see that my acceptance of Alex's psychic truths (i.e., I had been hard

⁸ This is one of those times when a word spontaneously comes to the analyst's mind that captures a feeling state—in this case, Alex's temper and his wish to moderate these feelings.

⁹ This is a line from Mel Brooks's modestly titled film *History of the World, Part 1* (1981), which I had used to empathize with Alex's emerging pleasure in his success, a topic he was tentatively approaching.

on him, there was an “explosion,” he was uncomfortable with negative thoughts about me) allowed him the freedom to consider other possibilities about what had happened in the previous session (i.e., that his wish to say “fuck you” could lead him to feel “fucked”). This freedom to think what was previously defended against is a central component of what is curative in psychoanalysis, as I have noted (Busch 2014).

However, approaching the patient’s psychic truths as *true* is different than considering them *real* (i.e., this is what really happened).¹⁰ From the standpoint of my countertransference, I can see the possibility that I might have been “hard on him,” and from his associations, we can see that there may have been an urge to see me in that way. Both may be true. Some analysts may have taken my countertransference reaction as an explanation of what really happened and told the patient about it. But it is my impression that this shifts the focus from the patient’s experience to the analyst’s, which can distort the session.

As noted earlier, all patients come to psychoanalysis with thoughts about certain events that were experienced as traumas and that helped form who they are. Of course, tragic events happen to us, and these events certainly shape who we are. We never doubt the traumatic effect of the sudden death of a parent at an early age, for example. However, as also noted earlier, what we cannot know before an analysis begins is what the person makes of her trauma or its role in her subsequent life.

IS TRUTH REVEALED?

The goals of psychoanalysis have evolved in the last forty years (Busch 2014) in that: the patient’s capacity to *know how to know* her mind has gained importance in comparison to *knowing what is in her mind* (Busch 2009); there has been a shift in emphasis from what the patient thinks to the way in which she thinks (Ogden 2010); the emphasis has changed from reconstructing history to building representations (Green 1975; Lecours 2007); and we have learned the necessity of speaking to what may become preconsciously available (Busch 2006; Green 1974), rather than focusing on direct interpretations of the unconscious.

¹⁰ Schwaber (1983) showed the necessity of this perspective.

Together these changes have led to a paradigm shift such that the focus is now on psychic truths that emerge *in the here and now* of the session. In broad brush strokes, all we need to know to help the patient comes from listening to his free associations and language action¹¹ while reflecting on our own affect states and reveries. *The truth we now hope to reveal is what is going on in the patient's mind.* We remain interested in the possible forces that have led the patient to think or act in this way, but we no longer think of the revelation of such background data as curative in itself, but rather as a particular part of the curative process to be discussed in what follows.

I think it is preferable to think of the importance of *accuracy* rather than truth in what is revealed in psychoanalysis. That is, the analyst must be as accurate as possible in her understanding of what is going on in the patient's mind in order for her to have an effect on the patient. To elaborate, *accuracy means to bring something to the patient's mind that can be preconsciously felt and thought about*, without raising undue anxiety leading to defensive withdrawal. If not experienced in this way, the analyst's words may be taken in by the patient as stilted knowledge—i.e., the patient now knows something, but it leads to nothing new.¹² The importance of the accuracy of an intervention plays a role in building more complex representations, which in turn gives a new way of understanding why experienced insight helps a patient function in new ways.

THE SLOW DEMISE OF “YOU ARE . . .” INTERPRETATIONS

Previous generations of analysts saw their role as telling the patient who the patient *is*, especially with regard to the patient's unconscious. The

¹¹ Highlighted by Loewald (1975), *language action* reflects the patient's words as actions. I have elaborated on this elsewhere to show that these words are meant to *do* something rather than to communicate something (Busch 2009, 2014). Greenberg (1996) raised the important question of whether words can be other than an action. My own experience has led me to think of words and action along a gradient, with language action as one of the prime factors in the analyst's countertransference reactions.

¹² I do not mean to suggest that every accurate interpretation (in all its meanings) always leads to a penumbra of associations. New understanding sometimes needs time to be reflected on.

analysand would come to know these unconscious *truths*, which would allow for “reintegration by the rational ego,” in Blum’s words (1979, p. 52). Blum saw this as a necessary part of structure building, which I also see as an important part of the psychoanalytic curative process.

However, there were a number of problems with such an approach. First of all, it did not help the patient to experience analysis as a process in which one comes to understand *how to know*. The analyst presented interpretations as facts, rather than as something to reflect upon and play with in a variety of ways. The patient was left with only what he had learned from the analyst.

There is certainly merit in the position that the more unconscious elements we can bring into awareness, the less likely that they will manifest in action. However, as I stated previously:

There is another perspective to be considered, which is that the process of knowing is as important as what is known. It is my underlying thesis in creating a psychoanalytic mind that what is accomplished in a relatively successful psychoanalysis is a way of knowing, and not simply knowing. My experience in doing second analyses is that patients often come in knowing a lot, but they don’t know how to know. They are stuck in knowing what they learned from their analyst in a previous treatment, and can’t continue to grow and develop when the exigencies of life arouse variations of previous anxieties. It can lead to a belief in a kind of knowing we might call formulaic intuition. [Busch 2014, p. 10]

From this perspective, *knowledge* can be the enemy of *meaning*.

A second problem in the way we previously interpreted was that we saw ourselves as “truth tellers” about the patient’s psyche.¹³ The main difficulties with such an approach are:

- The analyst becomes the *arbiter of truth*. He is the one who knows.

¹³ While thinking about this issue, I found that my mind kept returning to the movie Westerns of the 1940s and ’50s in which an Indian (maybe Tonto) would say, “White man speak truth!”—which as we have learned from history was usually a lie.

- The patient is left in the dark as to how the analyst knows these truths. They must be accepted on the basis of the analyst's authority. If accepted, these truths as understood by the analyst are the only truths the patient can know.

In fact, all we are really capable of communicating is our *impression* of what the analysand is telling us. Modified versions of the psychoanalytic method introduced by Steiner (1994) and Ferro (2002) are important additions in helping us move away from being the arbiter of the analysand's psychic world.

Steiner introduced the term *analyst-centered interpretations*. He described his way of working with more disturbed patients, in which "the priority for the patient is to get rid of unwanted mental contents, which he projects into the analyst. In these states he is able to take very little back into his mind" (1994, p. 406). He goes on to say that the patient feels threatened if the analyst continues to tell him what he (the patient) is thinking or feeling, as this is what is projected onto the analyst as a way of getting rid of these feelings.

Since all our patients are dealing with thoughts and feelings that are terrifying to know about, this method seems applicable to the full range of patients, not only those who are seriously disturbed. The basic premise of the method is to *wonder with the patient about the analyst's impressions*, rather than telling the patient that *she is a particular way*, or *what she is truly feeling or thinking*. This latter way seems more common in clinical practice, as when the analyst says, "You are angry at me and cannot tolerate it, so you imagine me as angry." An analyst-centered approach seems to help the patient observe something about herself without her having the sense of being told that she *is a particular way*.

Ferro describes what he calls *unsaturated interpretations*. He believes that "the interpretation should often be an unsaturated polysemous event that permits opening up of meaning and narrative development. The patient's constructive contribution must always be alive and active" (2002, p. 184).

New thoughts need unsaturated space and the possibility to oscillate, as there is always a risk of advancing *stopper interpretations* that impede the development of thought. What I want to highlight here is Ferro's

emphasis on interpreting in a way that opens up meaning, not stops it, and allows space for the patient to explore.¹⁴

These ways of working can be seen in the following example. A patient began a session talking about how he enjoyed riding his motor scooter to his sessions in the summer. He loved being out in the early morning air, and he felt more able to look around and appreciate the scenery than when he drove his car. His thoughts then turned to the danger he sometimes felt when cars passed too close to him.

I said to him, "It seems to me you're saying that to do something you love is dangerous." I could have made a more specific interpretation about how the patient was experiencing the danger of his loving feelings toward me, or his homosexual anxiety, and I believe these statements would have been correct enough. However, this occurred at a point in the analysis when any direct interpretation of the transference that I made caused his mind to freeze. While this in itself was significant, it was not helpful to continue interpreting directly in the transference. Thus, I felt that working in this more unsaturated fashion gave the patient the best chance of opening his mind in a way that was acceptable to him.

Further, I began my observation with "it seems." In this way, I conveyed the idea that this was my impression of what he was telling me. Early in my career, I was warned about not being definitive enough and thereby giving the patient the impression I was too tentative; however, over time I have found that, by talking about my impression of what is going on—rather than telling the patient, "this is what's going on"—I can give the patient greater freedom to disagree and to follow her thoughts rather than mine.

IS TRUTH REVEALED?

To return to the central question at hand, "Is truth relevant?" I suggest that a key component of the curative process in psychoanalysis is the discovery of the multiple psychic truths that have guided the patient's life, most often outside of awareness. However, it is not the discovery of these psychic truths in themselves that brings about change, but rather the ef-

¹⁴ Ferro does not intend to say that this is the only kind of intervention one should make, a view with which I concur.

fect that knowledge of these psychic truths (when worked through) have on psychic structures.

For example, think of the brilliant scientist who cannot get tenure after attempts at several universities. In his mind, the problem is that all universities are filled with small-minded people who resent his brilliance. While one can imagine that there could be a certain reality to his view, it remains a simple representation (i.e., no tenure = small-minded academics in positions of power). In analysis, we may discover twenty different factors that together have led to his fear of flying too high, and that he is unconsciously driven to shoot himself in the foot.

In short, the discovery of psychic truths allows for simple representations to become more complex ones. In fact, there has been a paradigm shift *across psychoanalytic cultures*, captured by Lecours (2007) as the movement from the goal of *lifting* repression to that of *transformation*. That is, rather than primarily searching for buried memories, we now attempt to transform what is underrepresented into ideas that are represented in a more complex fashion. For example, we attempt to build representations as a way of helping the patient contain previously threatening thoughts and feelings so that he can move toward deeper levels of meanings. As noted by Lecours (2007), what is represented can continue to build structure and enhance the ability to contain. This leads to what Green (1975) called “binding the inchoate” (p. 9) and containing it, thus giving a container to the patient’s content and “content to his container” (p. 7).

Finally, I would like to return to Segal’s observation with which I began this paper: that the search for truth is in itself therapeutic. As noted earlier, this observation has not always been emphasized in our thinking. From my perspective, psychoanalysis is not only about discovered psychic truths; it is also a method of *searching for psychic truths*.

How does an individual find the psychic truths that are creating disturbing feelings when the exigencies of life inevitably turn against him? As I have tried to indicate, it is the understanding that *one needs to search for psychic truths, not merely look for answers* that is a central part of the curative process in psychoanalysis. It is this method that is more likely to lead to self-analysis, rather than identification with the analyst’s functioning (which has been the primary way that the development of self-analysis has been hypothesized).

I believe this is one of the central lessons that we have gradually learned, as noted by Segal at the beginning of this paper. The same basic idea was put forward some 250 years ago by the German author Gotthold Ephraim Lessing (1779). To paraphrase, he wrote that the true value of a man is not determined by his possession of truth, but rather by his sincere attempt to get to the truth; it is the pursuit of truth by which he extends his powers.

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THE MAN WHO WOULD BE EVERYTHING (TO EVERYONE): THE UNCONSCIOUS REALITIES AND FANTASIES OF PSYCHIC TRUTH AND CHANGE

BY JODY MESSLER DAVIES

This paper explores the psychoanalyst's dilemmas in treating a man who came for analysis as a self-identified compulsive liar. The decision as to whether or not to treat this man, and how to do so without getting caught up in a web of deceit and manipulation, raises issues about the nature of unconscious fantasy and its relationship to psychic truth. Therapeutic action as it involves the activation of multiple internal self-other configurations and their psychodynamic relationship to each other is also explored.

Keywords: Truth, analytic interaction, lying, analytic relationship, internal objects, self states, self-reflective capacity, self-object organization, interpretation, therapeutic action, psychic change, transference-countertransference.

From the very beginning, my patient Jake was a challenge and his analysis problematic. Indeed, many readers may question why I ever agreed to treat Jake analytically. I admit that I myself have pondered precisely that question at many moments in recent years. However, I did choose to do so and to share his story—not because of its intriguing idiosyncrasies, but because of the centrality of what it has taught me about the

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therapeutic action of contemporary psychoanalysis in the most ordinary of situations.

Specifically, Jake's challenge sent me to the core of two issues at the theoretical heart of our current thinking about therapeutic process and psychic change. I invite the reader to play with ideas about these issues while reading his story. These issues, stated most simply, are: (1) the inextricably intertwined processes of content-based, primarily cognitive self-reflection leading to insight, on the one hand, and the co-creation of new interpersonal experience arising out of the dust of more pathological reenactments, on the other; and (2) the way in which we understand the role of fantasy and reality—indeed, the very distinction between them—when psychic experience is regarded from a constructivist perspective.

* * * * *

At our first meeting, Jake tells me that he is a compulsive liar. He tells me that he is incapable of consistently telling the truth, and that he frequently questions whether or not he even knows the difference between fantasy and reality. He has been angrily dismissed by his two previous analysts for "lying" to them. He asks me whether or not I would be willing to work with him in analysis, knowing from the beginning that some of what he will tell me might be untrue. He seems earnest, but of course this is something of an enacted oxymoron. How can a compulsive liar be earnest? Or might that be possible, I wonder—if the liar self-identifies as such?

I feel flummoxed at Jake's question. I share with him my sense that it is a rather problematic question, one I have never been asked before. How can I help him understand his life more fully if the life he tells me about is invented and spiked with untruths? He readily acknowledges the dilemma.

"I hope you will decide to help me," Jake says, leaning forward in his chair but speaking in a disembodied voice that seems to emanate from a place light-years away from where we sit together. I wonder if I am being had—played with by a first-class manipulator. In that moment, I doubt that I will agree to treat him.

"I need help," he says. "I don't know what to do about the fact that the very problem I come here with keeps me from getting the help I

need. It ruins every personal relationship I have.” Jake’s voice seems to move closer, to grow fuller, more embodied. I feel moved, momentarily touched by his pain. He seems a wounded little boy when he looks up and says quietly, “I am so alone”—a vulnerable man/boy in pain whom all others have been unable to help.

Warning bells go off in my unconscious; therapeutic grandiosity and omnipotence awake within. A reenacted oedipal victory begins to coalesce in the potential space where nascent countertransferences first begin to cook. “Stay away!” a part of me warns from somewhere deep inside.

I am aware that two Jakes sit before me: a first-class, manipulative, maybe sociopathic, compulsive liar, and a lonely little boy unable to reach through the self-created haze of his own deceitfulness. I am aware at the same time of at least three “me’s” that have responded to this man: a highly trained, skillful, and experienced psychoanalyst; a wounded healer seeking redemption in the land of impossible therapeutic challenges; and an omnipotent, little oedipal girl wondering if maybe she can reach this man/Daddy’s pain and cure it—better than those other analysts did, better than Mommy, perhaps better than anyone.

It is only the opening scene between Jake and me; we are four minutes into our first session. As I listen, he begins to tell me his story in that voice from light-years away. I listen from a faraway place as well, my disembodied ears self-protectively poised to hover above that potentially powerful yet enigmatic space into which a new relationship is being born—an intersubjective space that multiple realities and multiple fantasies are magnetically drawn to, and within which they collide, creating a powerful new force field that encases an utterly unique relational potential, as yet unmeasured in its creative and/or destructive potential. Given Jake’s opening gambit, I defensively incline toward the skeptical and the potential destructiveness of what we might become. But I listen to him nonetheless.

Jake’s story unfolds. Maybe true, maybe not, I remind myself—all the while being more and more drawn in. A young boy, an only child, New England born, and his father a Jewish man who was once deeply religious—spiritual, political, a hidden child and Holocaust survivor, now turned bitterly against the notion of God, any god, that would enslave

and brutally murder his people. Jake would become his father's religion, his reason for being, the thing he believed in and that gave meaning to his life. Jake and father lived in a mutually passionate, intellectual mind meld—alive, exciting, at times combative, but always deeply consuming and satisfying.

Jake's mother was blonde and fair skinned, the un-Jew, New England WASP-girl, painted in soft pastels, pink cashmere sweaters and pearls, having attended debutante balls in her youth, balls to which she defiantly brought her darkly handsome Jewish boyfriend to mingle among the Ivy League chosen—he of the deep, penetrating, black-silk, smiling-sad eyes. He unsettled her family and friends but won her heart, drawing her inexorably toward him, toward his hidden place of loneliness and terrified yearning.

Jake tells me sadly that they each fell in love with their fantasy of the other. Mother proved too soft, too gentle, too insulated to bear father's pain or to tolerate the jagged edge of his inquiring but relentless press. To father, her softness became bland and her gentleness insufficient to hold his tormented rage. Father proved too tormented and alone to turn his once-alluring passion into love for Jake's mother. Those once-compelling, sad eyes spoke of a space, a hidden self, whose inaccessibility became clear only over time. Good people, both of them, Jake tells me—each desperately pursuing the elusive, always unconsummated promise of the other, while remaining always alone, always unsatisfied and unhappy, but always, *always* turning to him to assuage the loneliness and fill the vacancy left by the unfulfilled promise of the other.

Jake speaks with almost literary eloquence. Somewhere amidst the turbulent folds of his story, I forget to keep questioning whether what I am hearing is true or not true. I am drawn into his tale and into his inner world. Was there a hidden child inside Jake, I begin to wonder—someone who lied in order to remain hidden, in order to sustain an identification with the hidden one inside his father? I wonder about his lies: about the secret shame they might embody, about how they have always rendered him banished and somehow defective in the eyes of analytic as well as multiple other authorities, in the same way that his Jewish father/child was defective and banished from his own culture. Jake is still a child on the run, I think, and then for a moment I remember to

remember that perhaps the lying itself might be untrue, unreal. And what might it all mean if truth is so ephemeral—if truth itself has become the fugitive in hiding?

Jake bombards me with questions about truth, psychic truth, questions of epistemology, and do I believe in one reality anyway? I find myself on intellectual trial, and I am anxious. This, undoubtedly, is the world Jake shared with father: relentless, penetrating, intellectually aggressive, and threatening. Only this time, I face banishment if my answers do not hold up.

Did Jake fear being found wanting by father? Did he fear banishment to mother's too-soft inadequacy? Will I meet Jake intellectually point for point, check and checkmate, to hold him in my thrall as father does, or will I prove to be too soft, too pink, too dismissed, and too inadequate to contain the intense rage and yearning for deep connection revealed in the deep mutual mind probe being enacted between us? Somehow I come to know that, if I fail him, he might yet come to hide in the folds of my pink cashmere softness—encased, perhaps engulfed, understimulated or maybe overstimulated in a more dangerous way, and underaroused or overaroused, younger, more vulnerable, but caught nonetheless between these two equally unsatisfying and differently dangerous self-other experiences.

I share with Jake something of my sense of these multiple self-other configurations already forming between and around us. I talk to him about a father who is deeply lonely, inexorably banished, reaching out to him again and again, needing him, always needing him to supply the intense intellectual passion that was the only thing between him and a kind of psychic despair and death. I speak also of a mother, emotionally abandoned by the man she adored, and needing him—needing Jake instead—to love and adore her, to fill her with warmth and close the gaping hole left inside.

"They both needed you so much," I say to Jake. "And in such different ways."

"Sometimes it's like hands grabbing at me, pulling me in different directions," he tells me. "Sometimes I dream about hands like that, you know . . . grabbing and pulling hands, feeling trapped . . . having to escape but trapped and panicked."

"Such a little boy to be so much at the center of things, to be so responsible for their happiness," I say. "It makes me wonder if he's still in there, that little boy—trying to stay alive?"

Jake says nothing, but I note that his breathing slows and his body seems limp in his chair. He is looking down at the floor, then up at me, and then down at the floor again. I feel drawn to this little boy who has begun to emerge between us—taking shape first in my fantasy when I am with him: a little boy who had to fill up so many. At the same time, I wonder if I am being worked over and had. I wonder again about the wall that his dance with truth erects between him and those whom he tries to engage. I note that it is functioning here between us, keeping me always on edge, unable to yield or surrender as I might otherwise do, would do to any other patient who told me such a compelling story. I wonder how to begin, how to share some of these feelings of mine with Jake, how to turn such ephemeral feelings into words we can share and think about together.

"I wonder if your lies keep you safe, Jake—they let people touch you, but only in make-believe places."

"Make-believe places?" Jake queries.

"If you open yourself up, like you seem to be now with me, and people reach out in ways that hurt or fail you . . . I guess it doesn't hurt so much when the places aren't real," I say. "You know, if you and I work together, I'm going to be yet one more person who is in there looking for you, bringing in my needs, my need to find you, my hands grabbing at you like all those others. Do you think . . . I wonder if . . . we can get to a place where you will let me touch something real inside?"

Jake looks up at me, his eyes saucer-like. He seems young—but who knows? I do know that his breathing stays slow and his voice is small. "I don't know," he says, almost in a whisper. And I do not know whether Jake is aware that, as he says these words to me, his head is shaking a slow, side-to-side "no."

My initial meetings with Jake make me think long and hard about the nature of psychoanalytic truth, truths, and lies. What is the difference between the multiplicity of psychic truths we are all used to and the kinds of untruths that Jake calls "lies"—lies that get him thrown out of treatment and prematurely abort relationships? Is it the deliberateness

and intentionality of the distortions or the size and significance of the misrepresentations that get Jake into trouble? For the psychic reality that is endemic to psychoanalytic practice, as we all know, tolerates multiple contradictory states and affects. Indeed, we learn not to seek clarifications that might inhibit the expression of such multiple and at times irreconcilable experiences in the transitional space in which much of analysis occurs.

I think of Winnicott's (1951) oft-quoted words:

Of the transitional object it can be said that it is a matter of agreement between us and the baby that we will never ask the question, "Did you conceive of this or was it presented to you from without?" The important point is that no decision on this point is expected. The question is not to be formulated. [pp. 239-240]

Of course, the same preeminence of illusion and paradox holds for transitional space, for real and not real, consistent or inconsistent, fantasy or reality, all coexisting unchallenged and unintegrated. It is the dimension in which imagination reigns, unchallenged by life's obstacles, and in which patient and analyst together can begin to symbolize and understand the significance of the vague, apparition-like internal beings who inhabit and influence their time together. It is the dimension in which our mutual openness to the inevitable projective-introjective mechanisms, and what Bion (1967) called the capacity to receive the other's projections, that allow us to slip in unnoticed, to participate in the inner world of the other long enough and deeply enough to first feel and then formulate its landscape and inhabitants.

But I would really like to ask Winnicott: what of a patient who openly makes these distinctions for himself and tells us forthrightly that much of what he will relay is untrue? Of course, I remember, Jake is not a baby; and life in the real world requires that we distinguish, to the extent possible, between what is "real" and what is "imaginary." Does Jake actively construct narratives in advance that he knows to be untrue? Or does he relate in analysis experiences that seem true but turn out after the fact not to be? In other words, is his lying intentional, diagnostically sociopathic, or is he more like a child at play, spinning out fantastic tales that capture unconscious truths he does not yet know?

Ferenczi was the first to compare adult psychoanalysis to a child's play. Ferenczi commented:

I was soon forced to admit to myself and to the patient that many of the serious realities of childhood were concealed in this play. I had a proof of this when certain patients began to sink out of this half-playful behaviour into a kind of hallucinatory abstraction, in which they enacted before me traumatic occurrences, the unconscious memory of which lay in fact behind the dialogue of the game. [1931, p. 472]

Forty years later, Winnicott described psychoanalysis itself as "a highly specialized form of playing in the service of communication with oneself and others" (1971, p. 41).

Was Jake "lying" or "playing," I wondered. Was I being naive? Had no one ever required Jake to distinguish between play and reality, or had the level of impingement embodied in his parents' almost constant and contradictory need states required a premature distinction that foreclosed a significant transitionality in Jake's development? Or might Jake's dance with truth represent a defensive retreat to transitionality in which, as I suggested to him, he created make-believe places where he could experience forms of relatedness that were too frightening to experience—initially around emotionally powerful moments of actual truth and real crisis?

All this buzzed through my brain over that first month of consultation as I tried to decide whether or not to work with Jake, whether or not I imagined I could help him. We had agreed to meet again in a few days, after we had both had time to think about our experience together. I had made no commitment to Jake beyond the promise that I would think seriously about whether or not and how I could see working with him.

Over the next few days, an unexpected fantasy kept returning to me. I found myself wishing I could treat Jake in a kind of play therapy, allowing for that paradoxical and illusive transitionality in which I would not have to ask him whether something he reported was real or true or had actually happened. Might I actually be able to work with Jake, I wondered, by engaging in a kind of word play in which I never asked him

to distinguish between reality and fantasy? In such a context, might the truth behind his lies emerge, as it did for Ferenczi's patients, or would I be led on a monumentally manipulative, psychic wild-goose chase whose motivation would remain elusively out of reach?

As I pondered these issues regarding truth, lies, play, and developmental need, another set of thoughts began to coalesce in the forefront of my thinking about whether or not to work with Jake. For many years, I have been writing about a relational model of mind in which multiple self-other organizations of experience represent the primary constituents of psychic structure. For me, these self-other organizations are not merely the derivatives of severe psychic trauma in which an overwhelmed ego splits apart into manageable fragments, but rather, as I have described earlier (Davies 1996, 1999; Davies and Frawley 1994), I understand them to be a kaleidoscopic, fluid organization of early identifications and counteridentifications, with both real and fantasied malignant and/or compensatory objects. Within such a model of mind and unconscious process, what Racker (1957) described as complementary and concordant identifications volley back and forth between patient and analyst via projective-introjective mechanisms and establish a fluid, ever-changing series of transference-countertransference enactments of as-yet-unsymbolized unconscious contents.

It is my belief that all our minds are structured in this way, and that such a rendering of mind is more in keeping with what we have come to understand about the centrality of early infant-parent experience, the neurobiology of attachment, and the cognitive decenteredness of the ways in which our brains function. So, too, such a model works best with our more postmodern sensibility about the ambiguity of life and experience and its relationship to the multiple potentials of any given moment in experience. Even in cases of severe childhood trauma, the mind fragments around different self-other organizations—not only to keep itself from being psychically overwhelmed, but also because the identifications and counteridentifications with significant others, brought about by the trauma itself, become irreconcilable and therefore threatening to the integrity of mind and the likelihood of survival.

Consider the prototypical example of the father who sexually abuses his young daughter. This girl is dependent upon her father for survival.

The reality of her father's abuse and the self state in which she must recognize this abuse is incompatible with the self state in which she must remain affectionately attached to her father in order to be nurtured and protected. So that she can survive and continue to function, her mind splits the object into an abusive father and an otherwise loving father, and the self experience itself splits so that each aspect of self holds one of the necessary object experiences and identifications.

But irreconcilable identifications need not derive from experiences of overwhelming psychic trauma. Different sets of parental expectations, different gender-related attributes, as well as dissociated aspects within a significant figure of identification or reparation can also contribute to internally irreconcilable states. I believe that each self–other organization contains a particular worldview constructed within the developmental potential and limitation of the child's age at the time that self state was organized.

With Jake, I began to elaborate on this vision of a worldview, and I wondered about the varieties of truth and lies that might be embodied within such irreconcilable self–other configurations. Might deception itself represent a collision of irreconcilable truths held within different self–other configurations? Might Jake's "compulsive lying" in fact represent modes of engaging significant others that captured his overwhelming need to satisfy, enliven, and validate that other at the expense of his own relationship to reality? If satisfying the needs of those significant others emanated from aspects of self that were experienced as irreconcilable to the young Jake, might an allegiance to "truth" be sacrificed in order to embrace such impossible disjunctures—disjunctures in self experience that accommodation to those significant others demanded of him?

Might it be possible to create a transitional space in Jake's analysis in which I could believe in the unconscious reality of certain "lies" that would emerge in the implicit relational unfolding of transference-countertransference engagements—a transitional space in which I could help Jake understand what Ferenczi (1931) saw as "the unconscious memory . . . which . . . lay behind the dialogue of our particular game" (p. 472)? Might Jake and I together engage certain painful realities unformulated by particular self states—unconscious realities too hurtful to be experi-

enced as true, and too vulnerable to be opened up within the profoundly impinging and exploitive world of his early object relations?

"I'll work with you," I tell Jake at our next session, "but I will never ask you to tell me what is true and what is not. In fact, I will ask you not to try to make that distinction. I will always assume—I want us to begin to assume together—that everything you tell me has some emotional truth for you, a truth of which you may or may not be aware."

"That's really weird," Jake tells me. "How can you help me if what I tell you is false?"

"I'm going to assume that everything you tell me has an inner truth, Jake," I say. "I'm also going to assume that at times that truth will be unknown to you."

He looks at me suspiciously. "I still think this is very weird. How do I know I can trust you?"—the supreme irony of his question lost to neither of us.

"You *don't* know if you can trust me," I respond. "There is no trust that can be presumed in a brand-new relationship. Neither of us knows if we can trust the other. That has to emerge between us as we begin to work together and tackle some things that require us to depend on each other."

"So you mean I should just say anything?" Jake asks. "True or not true—it doesn't matter?"

"No," I tell him. "I expect that you will try to tell me things about yourself and about what you feel that are true to the extent that you know them to be true. But I also assume that at some moments, you will become frightened and overwhelmed and say things you believe to be false. It is at those moments that I'm going to assume those inner truths of which we spoke."

It is in this manner that Jake and I began. I believe that he worried for quite a while that I might be more deceitful or more manipulative than he. Perhaps he was right. But I chose to believe in the power of psychoanalysis and in the healing potential of the therapeutic relationship that we might form. Toward this end, I found myself initially less concerned with the external veracity of what Jake might tell me, less concerned with diagnostic criteria regarding sociopathy or manipulation. Instead, I was more interested in learning whether or not he could

attach to me, whether he could learn to rely on me when he was frightened or sad or overwhelmed—whether he could actually *take from me*, as opposed to organizing himself around *giving life to me*, as he had always done with others, especially his parents.

I began by focusing my attention on what I imagined Jake imagined that I needed from him, and by testing the waters about what he would allow me to provide. Within this oddly constructed transitional space, I tried to focus my conscious attention on the implicit processes of attachment, on provision of what Winnicott called the experience of taking in nutritive substance, on experiences of object usage, otherness, mentalization, gratitude, and depressive anxieties, without concerning myself with the relative veracity of the particular content around which this finely tuned choreography of trial attachment, interaction, and externality would be danced.

For me, this was an odd beginning. I had of late been concerned that psychoanalysis was relying too heavily on implicit relational processes, and that it was actually throwing out the baby of more cognitively organized insights with the bath water of other, earlier psychoanalytic ideas. However, at this moment, within this new relationship, I took what was for me a huge leap of faith and jumped headlong into the drowning pool of Jake's internal world, attempting to swim with him through a fluid and ever-changing experience of selves and others . . . others and selves . . . multiple, irreconcilable, and colliding—without knowing, as I might with other patients, precisely where and when those irreconcilable collisions were about to occur.

For me, such work required an overhaul of therapeutic subjectivity. I kept before me the idea that Jake and I were playing. As he spoke of his family and friends and colleagues, I often imagined a huge dollhouse of characters that we moved around and about whom we “made up” our stories, as we might in actual play therapy. This image became a counter-transference life raft of sorts, anchoring me in a therapeutic sensibility that gave meaning to my work. I tried as best I could to enter Jake's play space and to forget to wonder about reality.

And so in this manner, Jake and I began to wend our way amidst his internal objects, and I got to know more intimately those who resided within him. I came to understand in a more immediate manner than

I had at the outset the desperate intensity of Jake's need to live for his father. I came to understand the ways in which father's despair and contempt isolated Jake within the web of his father's life-sustaining need to be needed, and kept him at a painful distance from a mother whom he was forced to regard with a self-abnegating dose of dismissive contempt.

So, too, and not surprisingly, all other women who attempted to engage Jake were rebuffed or held at arm's length. The longing for contact with them was cordoned off and projected, so that they were seen as the "too-needy" ones, while lies and deceit were used to devalue them and render them foolish and naive, not worthy of his serious attention.

Of course, with me, this presented something of a dilemma. Jake needed to idealize me somewhat in order to value and internalize what I might offer him, but this self-object constellation of himself in relation to a nurturing woman whom he also valued and respected was defensively closed off to him. Instead, he related to me intellectually, albeit passionately, re-creating his relationship with father, all the time denying himself access to something softer and more nurturing, denying the craving, yearning, and deprivation within.

Indeed, this aspect of Jake's experience found expression only in the countertransference, in my sense of him as a painfully sad and lonely little boy. How to introduce him to this aspect of himself that lodged itself in my subjectivity alone, and how to use my own subjective potential to be both a nurturing woman and a respected intellectual companion—in such a way creating, perhaps, the bridge to an emergent new and reparative self-other configuration—became a significant therapeutic challenge in this analytic process.

This dissociative split in Jake's self-other organizations also became apparent in his frustration with my initial condition that I would never ask and he would never tell whether something he described was factually true or not. Over time, he often seemed irritated and disgruntled with the way in which I stuck to and held him to this precondition for our work. Although I did come to wonder whether I was getting some kind of sadistic gratification at hoisting Jake, so to speak, on his own lying petard, I stuck to my psychoanalytic guns and refused to hear—even when he grew increasingly eager to tell me—whether something was true or untrue.

My own preferred way of working, which emphasized living within, elaborating, and ultimately interpreting the affectively potent moments of fluidly interacting self–other configurations, did not demand in any immediate way that I know what level of reality I was playing with. And I managed my concern about the potential sadistic enactment occurring in the countertransference by telling myself that I needed to survive the patient’s attempts at negation and destruction, and that mobilizing my own aggression in this way was necessary to achieve that end.

Jake and I worked in this way for about five years. I never asked whether the things we talked about were true or untrue. When Jake would occasionally try to discuss with me the relative veracity of something he had said, I would ask that we look only at its inner truth—i.e., what was it about the statement that might reflect something Jake needed to be so? What significant emotional reality did his story allow him to capture and feel, and what did such a story demand of me in the way of feeling something for him or toward him? Further, what did such a story demand of *us* in the way of a trial relationship in which I was asked to hold something for him, something that he might not otherwise trust me to hold in the non-impinging way he needed me to hold it?

That this way of working decentered me and unsettled Jake was clear. However, over the course of time—slow, analytic time—it also created for him a felt discordance between the part of himself that wanted to remain hidden and inviolate, and the part of him that increasingly wanted to begin to be known by me, really known. It allowed us to understand the part of him that could protect himself and feel safe from the devouring needs of others only by hiding behind a wall of made-up truths, because he himself began to feel frustration with this part of himself. It would seem that my position of “not caring” whether he told me the factual truth prevented him from evacuating all his desire for connection onto a me whom he would come to feel pursued by. Instead, he began to feel a niggling and increasingly constant presence of “someone else inside him”—someone unfamiliar who felt a need and desire of his own, and who craved a kind of closeness and warmth within his own body.

The following interchanges occurred about six years into Jake’s four-times-a-week analysis.

"I'm not comfortable with this," Jake tells me one day. "I'm not okay with this wanting and needing you to believe me."

"I know," I respond.

"I've created this nightmare for you, for myself—I know that. Because even now, even when I'm sitting here saying how much I want you to believe me, I know that you know that even here, I may be lying, upping the ante, still bullshitting you . . . and ultimately myself. And yet I so need you to tell me that you believe me, that you've stopped worrying that everything I'm saying might be a lie. And I know you can't or won't. Sometimes I feel like you're playing a game with me, playing with my head. You know, I haven't told you anything untrue in such a long time . . ."

I feel moved by Jake's statement, and yet wary. So I say cautiously, "And you know that I believe that everything you tell me is true—true inside of you. Even the lies, maybe especially the lies, contain truths that you need me to hear, and that you need to hear in your own voice, taking shape as they come out of your own mouth. I need to believe that to work with you in this way, Jake."

I continue, "And you know, I believe in what I'm saying. It's not a game. I truly believe that your so-called lies are a different kind of truth that you've yet to come to know. Believing that those truths are lies keeps you safe from being overwhelmed by having to be everything for everyone—being what your father needs and what your mother needs—and now, ultimately, what everyone, including me, needs you to be."

Jake looks troubled. I find myself adding, "But I also understand that my position leaves something out, something you have come to feel is missing between us." Then there is a long, uninterrupted silence.

"Trust," Jake says softly.

"Yes, trust," I respond.

"I want you to trust me," Jake says, almost in a whisper.

"I trust that you are trying, Jake," I say, "even letting yourself begin to feel what is missing between us, and how it might be . . . might *feel* different is a sign of that trying."

Jake is angry with this. "That's not what I mean, and you know it!" His voice rises. "I want you to trust that what I'm telling you these days is true—not in your crazy 'internal' sense, but in the normal, everyday

true/not true, he's-lying-to-me/not-lying-to-me way that normal people, not shrink people, think. I'm ready for that."

Jake is expectant. And I am quiet. We look at each other for several minutes. "I want to be able to do that, Jake," I say. "I'm trying, too, you know. But I'm worried. There's something that worries me and keeps me from that particular kind of trust."

"Tell me," he urges.

"I'll begin to let go of that little provision of mine that has come to frustrate you so much . . . I'll begin to take for granted that what you tell me is truthful in that everyday sense you describe. But I have a sneaking suspicion, a troubling worry, that as my trust in that truthfulness begins to take root, something very significant will also begin to shift in your experience of me, and in your experience when you are with me. I'm afraid that you will begin to respond, even before you are aware of it, to an expectation coming from me. You'll begin to feel those hands again, my hands grabbing at you this time, wanting something from you, wanting you to be something you're not sure you can be. And those lies will slip in again, unbidden, quiet, even before either of us becomes aware of them . . . I worry that they will slip in to paralyze the hands, *my* hands, to keep them from getting at you."

Jake stares at me intently. We sit quietly.

"I want you to feel that shift in your body," I continue. "Imagine us in that situation and think about what you might feel. Imagine it here, now, with me. You've agreed to tell me only the truth, and your body registers that now I expect that of you—expect it, rely on it, demand it."

More silence. Jake is nodding quietly. I sense that he is occupying the same imaginary space that I do in this moment between us. I pray that he might actually be experiencing that shift in self states that we have been talking about and imagining together.

"Can you feel it?" I ask quietly. Jake nods slowly. "Good, let yourself feel it . . . Feel it in your bones, Jake," I say.

I believe in the moment that I witness Jake shudder. And he mutters something guttural: a verbal, onomatopoetic signifier of revulsion.

"It's a bad place for you," I say. He nods. "But right now that's where you and I need to be," I tell him. "We need to work right in that space, at that border between something new, that feeling of mutual trust that one

part, one new part of you yearns for, and that still-all-too-easy slippage into an old and familiar space in which you have to run and hide from grabbing, demanding hands that are pulling you in so many different directions—a space in which lies are your best protection against being pulled apart and destroyed by those hands. We have to keep working there to make sure that those hands don't become *my* hands."

Another silence. There are tears in Jake's eyes.

"You would feel so foolish if I promised to be truthful and then started lying to you again," Jake says. "I wouldn't want you to have to go through that."

"You know, Jake, I think there was a time—a time before I started to really care about you—when I might have felt foolish or stupid for being tricked into trusting you. And honestly, maybe I would still feel that way. But now, you know, I think what I am most afraid of is the intense, profound disappointment you would feel in yourself, the self-hatred that would ensue if I agreed to change my expectations of you, and we both discovered that truth wasn't yet possible. I want to protect the relationship between us that we've worked so hard on. Everything you say you want—everything that little guy inside has been looking for all these years and trying to create with me. Maybe I would feel stupid—but mostly I would feel so, so, *so* sad for that young, struggling part of you. I'm rooting for him. I want us to be careful here so that we don't fail him."

There is about five minutes left in our session, and Jake and I sit quietly.

As he leaves, Jake throws back over his shoulder, "You're a real pain in the ass, you know that?"

And I respond—perhaps I should not have, I am not sure, but I respond before reflecting: "That's my job." And I find that I am smiling ruefully as Jake exits the outer door of my office suite.

This is the last session of the week.

At his Monday session, Jake seems irritable and restless. There is an edge and he is argumentative about everything and nothing. He is setting me up as a foil to some political argument he is having with an editorial in the *New York Times*. "Too soft," he says. "You probably agree with them. You're like that—you take those politically correct, unreflected-

upon liberal positions. I know; I do, too. But what if sometimes they're wrong?"

"Too soft," I say. "Too soft?"

"You are! It's true. Sometimes you don't think things through—you just react with that easy liberal bias."

"I'm too soft, and I'm not thinking . . . Sounds like your father talking to your mother. Mother is too soft and too stupid. Sounds like your father talking to you inside: 'Don't want softness, don't crave it—it's stupid and unimportant.' Jake, just consider—don't dismiss this, just think. Is it possible that we got too close to something on Thursday, some kind of softness you didn't have to, or didn't want to, dismiss?"

"Give me a fucking break!" Jake mutters. "I'm not changing anything from Thursday; I'm not lying to you. It's just annoying—that soft, ushky thing you do. It's annoying."

"A pain in the ass," I say softly.

"Yeah, a fucking pain in the ass," Jake parries. I am unsure whether he notes the referent to Thursday's parting shot.

"Jake, we can talk politics if you want. It's true that my positions are often just slightly to the left of yours. But just for a moment—think, just for a moment—is it possible that over the weekend, you found yourself wanting more of that soft, smart thing we created here on Thursday—wanting it, maybe even yearning for more of it? And maybe now, because it frightens you to want something from me, maybe you have to turn that soft, smart thing into the old and familiar soft, *stupid* thing. I can't help hearing your father in here, fighting with me for you—telling you that 'soft is stupid; she is stupid; stay loyal to me, to men; women are good for fucking, but they can never penetrate your mind and excite it like I can.'"

"God damn it, you really *are* such a pain in the ass!" Jake proclaims. "Leave me alone."

"I won't say any more," I tell him.

Jake and I are silent for the rest of the session. I chastise myself for going too far, pushing too hard. Later that night, I beat myself up for having become those hands pulling at Jake in the way he fears most. This was a countertransference enactment that we will have to process together, but my self-abusive response is a concordant identification with

a significant piece of Jake's own experience of self-reproach in failing others.

On Tuesday, Jake rises to the occasion. "Last night, I felt like I was in one of those cartoons I used to watch as a kid: Mickey Mouse with two little Mickeys, one on each shoulder, each one telling him to do something different. Usually, one was good and one was bad, but here I couldn't tell who was who—who was right or wrong, good or bad. Good or bad for me."

"This time it was me and your father," I add.

"Yes," he says, "pulling at me—the hands."

"The place where lies are born," I say.

"Yes," Jake responds, "the place where lies are born, or else the place where I kill off my mother for my father's sake. My mother wasn't stupid, you know. Did I ever tell you that she had a Ph.D. in medieval religion?"

I am stunned. Six years into this four-times-a-week analysis, Jake is mentioning this fact for the first time. He has told me only that his mother was a teacher; he failed to add that she was a tenured professor of religion and medieval studies at a prestigious liberal arts college.

"Soft and very smart," I say very quietly.

"Did I lie?" Jake asks.

"To a part of yourself, you did," I say. "To the part of yourself that yearned for a soft, smart, loving mother whom you could respect. You lied to yourself out of loyalty to your father, denying yourself the mother, the woman you wanted—not because he was smarter, but because he was more vulnerable."

"He needed me more," Jake adds.

"He needed you more," I agree.

"It wasn't that my mother was stupid—she wasn't at all. But she was weak, or at least too weak for my father. He was so angry all the time, and his anger frightened her. He needed her to not be frightened of him, and she couldn't do that. I think we called her fear stupidity. At least my father did, and I think I joined him in it for his sake."

"So he needed a woman who was soft enough to soothe him and strong enough to contain his rage at the world."

"And smart enough to stand up to him intellectually. I think we called her stupid, really, because when his anger frightened her she

would lose herself, and her mind would go off somewhere and she would stop sounding smart. I never really thought about this before . . . but I think”—and here Jake looks up at me—“I think I noticed that when she got frightened, she would lie to him—just make up something to get him to back off. Sometimes I remember knowing that what she told him was untrue. But I would keep her lie a secret God, I know this is amazing, but I’ve never thought of that before.”

“Mmmm . . . that’s so interesting,” I say. “She’d make up things to protect herself; she’d lie to him; she’d stop sounding smart and then she seemed weak and foolish. But some part of you must have known a different kind of strength in her, even if your father’s anger frightened her. You must have seen a resilient strength because, after all, you knew somehow, deep down inside, that he was more fragile and needed your support more desperately than she did,” I say.

Jake stares, then tears up and nods quietly.

Then, some time later, he says: “So you’re telling me, somehow, that if I can find a woman who is soft and strong and smart, and now resilient, then maybe I will be able to trust her and be honest and really love and hold on to her. That seems so hard, impossible I don’t know if I can find her, and if I do, I don’t know if I’ll be able to hold on to all that.”

“No promises,” I say, “but I do think that when you’re out there searching, it kind of helps to know what it is, who it is, you’re looking for.”

* * * * *

Clearly, in this case material, I have collapsed a very long and intense analytic process into a few short sessions. I have chosen to present Jake’s case because of the special challenges involved in treating a self-proclaimed liar, and because of what this particular challenge has to tell us about the nature of psychoanalytic “truth” and the relative significance of fantasy, reality, and cognition within current psychoanalytic thought.

From a contemporary psychoanalytic perspective, one that views the analytic process as a field co-constructed by the interpenetration and generative potential of two separate subjectivities (Baranger and Baranger 2008; Benjamin 1991; Hoffman 1998, 2004; Ogden 1977), the clear distinction between reality and fantasy gives way to something more

subtle and nuanced. The ways in which we construct our realities are always infused with personally meaningful fantasy, and these realities, once shaped and made meaningful, are as psychodynamically saturated as anything “recovered” from repression. “Truth” has more in common with an individual’s subjective reality; it is fluid and ever changing, more a verb than a noun. It is developmentally emergent as opposed to given, and it is interpersonally negotiated between significant selves and others.

Of course, consensual validation of an external world is necessary for survival, but I believe that we underestimate the extent to which we all peer out from our internal worlds at an external world that does not look quite the same to any two individuals. Like many different artistic renderings of the same bowl of flowers, each world vision, each individual’s truth, takes on the subtleties of form, hue, and saturation that emanate from that person’s internal world.

In the sessions with Jake I described, I have tried to demonstrate the ongoing need for balance between the more implicit processes that give shape and definition to the fluidly shifting self–other configurations that we call the therapeutic relationship, and the more explicitly meaningful moments of transference-countertransference engagement—the enactments that we take note of, or the patient takes note of, because they feel highly significant, either as something old and destructive or as something new and reparative. These moments become important to catch before we move on to something else—important to live within, to elaborate, and to reflect upon, so that they become knowable and recognizable to the patient as he moves through the world of new choices and other, newer relationships.

Here, however, what is cognitively processed is not a collection of long-forgotten events that have been barred from consciousness, but rather the internal selves and others who occupy our internal worlds and whose influence in making meaning out of experience is often elusive and unknown. It is only via the emergence of these internal selves and others within transference-countertransference processes that they can announce themselves and come to be known and named.

In such a context, we can query such aspects of self, explore their motivations and the particular fantasies that imbue their worldviews with shape and color. But to work in this way analytically, we must live for

a while within the analytic landscape we co-create. We come to know each other in fuller ways and to formulate what we learn about ourselves and the other. Like a hologram taking shape and then morphing before our eyes, such self states from our past enter the field unannounced, bringing with them their destructive and/or reparative agendas.

To take playful liberties with Bion, I would say that it is not “projections” we must stand ready to receive, but psychic visitors—shadowy wraiths who inhabit our patients’ beings and who come to occupy center stage in our own internal worlds in the course of our work with any given patient. Via the kind of concordant and complementary countertransference processes described by Racker (1957), we experience these visitors in our patients’ behaviors and in our own reactions and behaviors as well.

Of late, the term and process of interpretation has become somewhat controversial, perhaps because to some it connotes a time and place when the cognitive processing of clinical interactions was a more authoritarian, one-person “handing down” in which the analyst essentially told the patient what his behavior and associations meant (Bromberg 1993; D. B. Stern 2013). However, in my own clinical work, I worry that we are in danger of throwing the baby of meaningful, cognitive, self-reflective processing out with the bath water of this one-person authoritarianism.

Too often, I believe, contemporary authors tend to dichotomize *empathy* and *confrontation*, as if any attempt to share an insight that begins in the mind of the analyst and is not part of the patient’s conscious awareness will create a disruptive impingement that undermines the analytic agenda. Such perspectives emphasize notions of attunement and *empathy* that connote the analyst’s attempts to understand the patient’s conscious experience and contextualize those experiences historically and interpersonally. Here the therapeutic action of psychoanalysis resides in the facilitation of newer, healthier, freer experience. Such processes are described as sufficient to produce analytic change (D. N. Stern et al. 2013), without the kind of self-reflective processing and thought that I describe in this paper.

Although I would agree that attunement and empathic immersion in the patient’s experience are necessary preconditions for change, without which our psychic “visitors” from the past will not emerge and

engage with us, I believe this viewpoint represents a kind of romanticization of empathy and is insufficient to promote the kind of lasting change that will allow our patients to make different kinds of choices in their lives in the future. Genuine empathy, I would argue (see also Davies, *in press*), requires us to grapple with the patient's archaic objects as well as our own. Such empathy involves welcoming and coming to understand those internal objects of our patients and ourselves whom we hate and about whom we feel shame and disgust (Davies 2005); it demands that we think together about selves we would rather not acknowledge.

A requirement of this kind of empathic immersion is that we move back and forth between what is emergent, new, and progressive and what is old, self-inhibiting, or self-destructive and regressive. Our "genuine" empathy is measured by the tact and poetic capacity that we can muster to introduce our patients to parts of themselves they would rather not know. It exists as well within the generosity of spirit with which we can forgive and therefore engage those elements within ourselves. This kind of empathy demands an ongoing struggle with the dissociated—journeys to places within ourselves that we would rather not go to; it is painful and not for the faint of heart.

Clearly, I do not agree with those analysts who believe that interpretations are inherently "impinging" and disruptive to the analytic process. I believe that powerful interpretive moments (whether analyst to patient or patient to analyst) are inherently penetrating, and that they therefore represent enactments that must ultimately be experienced and analyzed together. The very statement implicit in any moving interpretation, that "I think I understand something about you that you may not yet understand or see in yourself," is penetrating in that it puts the analyst at the core of the patient's most hidden selves.

But penetrating moments are not necessarily impinging. Sometimes we want to be penetrated by another who we feel understands and recognizes something profoundly true deep within us. We have experienced these meaningful penetrations in our own treatments, hopefully, and at times we experience them with patients who are able to teach us things about ourselves that we would otherwise not have seen or known. Such moments of mutual recognition define and hold the very essence of in-

tersubjectivity, the mutual recognition endemic to authenticity and intimacy in analytic exchange.

I would suggest, on the other hand, that an analytic impingement occurs when there is a meeting between the self states of analyst and patient in which a particular self state of the analyst's unknowingly puts its own unconscious needs front and center, ahead of those of the patient. These comments then infiltrate the patient with an unrecognized, unconscious agenda of the analyst's that infuses the patient's experience with mystification and confusion. A meaningful interpretive moment, on the other hand, one that is penetrating in the best sense of the word, occurs when a particular self state within the analyst is able to speak to a particular self state within the patient and recognize something in the patient that requires putting the patient's needs and fears first, subsuming the analyst's own needs in order to facilitate an opening up of some potential within the patient to know, see, recognize, understand, and ultimately experience.

My own clinical experience bears out the need to sustain the tension between unconscious communication, enactment, and emergence, on the one hand, and self-reflective processing and thoughtfulness, on the other. We want our patients to recognize the selves they become with others who elicit particular reactions and call out to certain self-other configurations of the past. We want them to recognize these patterns so that, moving forward, they may *choose* who they will be with these newer significant others. And among the patient's choices, we hope that there will be newly emerging selves who were born and bred within the analytic relationship itself.

There is growing recognition among clinicians that facilitating the new and emergent, on the one hand, and the interpretation of and self-reflective thought about the old and regressive, on the other, are not mutually exclusive analytic agendas, but rather are mutually enhancing and synergistic necessities. This explains, perhaps, the current fascination with Bion and neo-Bionian writers, since Bion, possibly more than any other analytic writer, sustained the necessary tension between the unconscious projective-introjective processes between patient and analyst—Ferenczi's (1915) *dialogues of the unconscious[es]*—and the equally necessary self-reflective thought that should be brought to bear, Bion

believed, on the meanings inherent in these interactions. Although he did not emphasize the emergence of newer selves and a new therapeutic object relationship in the way that more contemporary authors have, Bion believed unequivocally that it is cognitive processing—bringing thinking to bear on what transpires outside our awareness—that gives the patient the opportunity to modify his thoughts and behaviors, rather than simply repeating them.

Analytic work does not merely create a “different kind of relationship” with the patient, a “new” object, a “therapeutic” object—what Stern has called a *now moment* (D. N. Stern et al. 2013). Change cannot occur by the analyst’s simply coming to understand the objects who inhabit the patient’s inner world and then behaving differently, reacting counter to what the patient’s expectations would be given the nature of the particular transference object relationship. The analytic project so conceived fails on three counts. First, no matter how we actually behave or think we behave—because, of course, we can never be sure when an unconscious countertransference enactment might be occurring—no matter how we think we are behaving, the patient will see in our behavior what he has grown used to seeing for his own defensive reasons. Second, our own complementary identifications with the significant objects of the patient’s internal world—what I like to think of as a process of *relational projective identification*—will insidiously undermine our attempts to behave in new, different, and unanticipated ways. Third, and most important to the point of this paper, I believe that co-constructing a different relational process in the analytic experience is necessary but not sufficient to allow the patient to transfer that new relational pattern from the analysis to the outside world of potential new relationships.

Returning to my work with Jake, it became possible for him to feel a desire for something more honest and truthful only when he could sense, taste, feel the potential for something different with me, something less impinging and demanding, more tender, more recognizing of his needs and priorities. To my way of thinking, it was not my behaving in those ways that was instrumental to change; rather, it was finding a way of relating to Jake so that he could experience his own internal desire to relate to me in those ways, to experience it deep within himself as what

he (not I) wanted for him, that I believe ultimately opened a portal into something profoundly different for him.

My decision to tell Jake that I could work with him only by believing in the unconscious truths of everything he said opened a potential space in which neither he nor I could relate to each other in precisely the same, familiar ways that we would have related without that provision. I could no longer feel duped and humiliated and angered by believing I had been deceived by my patient, and Jake could no longer dismiss me as gullible or stupid for believing in his “lies,” nor could he defensively hold me off, keep me from penetrating to certain affectively experienced, heartfelt truths by feeding my experienced “neediness” with made-up stories. This potential space was fundamentally (although not exclusively) experiential. It involved creating a felt experience, a new interpersonal process, something that made Jake *want* to fight for something different. In this mode of analytic work, more self-reflective processes tend to recede into the background.

In the context of this new potential, however, it was also important for Jake to feel who he was and who I was at the moments when he stood on the brink, poised between the comfort of something old and the potential for something new. He needed to know, recognize, and cognitively reflect upon his multiple selves—how old they were, who they grew up in relation to, how they viewed the world and the significant others who populated that world, what powerful affects and fantasies defined their attachments, and, ultimately, what resistances they felt to moving forward into interpersonally uncharted waters. In these moments, more active speaking about these internal processes took center stage—including identifying the internal objects, discussing how they felt, what they experienced, and how they moved dynamically in and out of positions of prominence, depending on the interpersonal context and intrapsychic echoes of the therapeutic moment.

Self-reflective processes were instrumental in this aspect of the work, to the extent that they were brought to bear against regressive self–other configurations that threatened the new potential that had been so hard won. These were moments of more traditional interpretive work that, to my way of thinking, are equally instrumental to psychoanalytic change.

I hope this sense of standing poised between the old and the new, of being drawn backward and struggling to move ahead into new spaces, is captured in the following dream that Jake had at around the same time in his treatment that we have been discussing. He reported the dream as follows:

I was at a party and I noticed this very compelling woman. She wasn't beautiful—I mean, she was pretty enough, but there was something about her that was so intense. I felt so drawn to her. I had this incredibly strong desire to touch her. She was wearing a deep-rose-colored sweater, cashmere or angora or something—I imagined it would feel like just the softest thing I had ever touched.

I went up to her and we started to dance. I put my arms around her, readying myself to feel the softness. And I was shocked because, even though the sweater was soft, her body felt hard.

She must have seen my expression, and she laughed. She told me that under her sweater, she was wearing a bulletproof vest because the neighborhood was dangerous. Then she looked down at my chest, and when I looked down where she was looking, I found that I, too, was wearing a rose-colored sweater just like hers. It wasn't what I thought I had been wearing, it had changed or something . . .

Then the scene shifted and we were making love. "Will you take your sweater off for me?" I asked her. And she started to cry. "I can't," she said. "Only you can get it off."

But I didn't know how; I looked down and then back at her. "What about mine? Does it come off?" I asked her. "That's my job," she said.

And then I woke up in a panic. I know it's important—I couldn't catch my breath.

I have tried to communicate in this paper a quiet sense of the kind of powerful psychic shifts that can occur when an analytic process has taken hold between analyst and patient. However, as a writer, I would not want to leave the impression that such moments are frequent or easily reachable on any regular basis. For every moment that moves a treatment forward, there are, as we know, days, weeks, months, and years

in which the treatment merely simmers, waiting for the opportunity to soar. Sometimes the moment fails, but there are an equal number of moments that take off, and then wonderful things can happen. These are the moments that make psychoanalytic work worthwhile.

In writing this paper, I would like to pay homage to my patient's courage and tenacity—to Jake's insistent belief that he could do better and live a life in which he was more fully and more truthfully engaged.

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PSYCHOANALYSIS AND THE PROBLEM OF TRUTH

BY HOWARD B. LEVINE

After briefly reviewing Freud's search for "the truth" in psychoanalytic treatments, the author discusses Bion's views on truth and its prominence in his thinking. The author then addresses various definitions of truth, drawing particularly on recent comments by Ogden (2015). Considerations of the relationship between truth and philosophy, and of that between truth and the arts, follow; the author then returns to a focus on psychoanalytic truth as emergent. Our view of the latter has been strongly influenced, he notes, by changing views of therapeutic action and the goals of psychoanalysis.

Keywords: W. R. Bion, truth, Freud, unconscious, emergent unconscious, concept of O, philosophy, intersubjectivity, countertransference, interpretation, analytic process, analytic constructions.

Psycho-analytic procedure pre-supposes that the welfare of the patient demands a constant supply of truth as inevitably as his physical survival demands food.

—Bion 1992, p. 99

INTRODUCTION

Does truth matter in psychoanalysis? If so, in what ways? At first glance, the answer might seem self-evident. Throughout his career, Freud ana-

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lyzed patients with the explicit goal of unearthing the forgotten, unacceptable, anxiety-producing, “true” facts—experiences, traumata—and the forbidden fantasies, wishes, and desires of early childhood. Hence the therapeutic power inherent in his understanding of the structure and dynamics of dreams, neurotic symptoms and the psychopathology of everyday life, the archeological metaphor, and the analytic technique to which all these gave rise.

In the various accounts of Freud’s actual clinical practice that have survived, either in our literature or by word of mouth, we have the archetypal scene of Freud intuiting or deducing a crucial childhood wish or experience that had been forgotten, interpreting it to a patient and thereby setting off a dramatic chain of events. Two well-known examples are (1) his interpretation that the Wolf Man (Freud 1918) had witnessed and then repressed all conscious memory of the *actual experience* of the primal scene and that the memory was forgotten until it later returned, disguised, in the wolf dream; and (2) his reconstruction given to Princess Marie Bonaparte that presumably sent her rushing back to Paris to confront her governess and receive third-party confirmation of Freud’s conjecture. More recently, a newly discovered diary of an account of an analysis with Freud in 1921 reaffirms the kind of fact-based, reconstructed “truths” that were so central to Freud’s interpretive interventions.¹

POST-FREUDIAN DEVELOPMENTS

Other analysts have been impressed with the value of revealing and helping patients acknowledge, reclaim, and reintegrate the “truth” of the split-off, often hostile, sometimes depressive, envious, omnipotent, aggressive, destructive wishing parts of themselves, thereby enabling mourning processes to occur that proved essential for further psychic de-

¹ The account, described in Maetzner (2015), is: “*We Benimmt Sich Der Prof. Freud Eigentlich?*” *Ein Neu Entdecktes Tagebuch von 1921 Historisch und Analytisch Kommentiert* [“How Does Professor Freud Actually Behave?”: *A Newly Discovered Diary from 1921 with Historical and Analytic Commentary*], ed. A. Kollreuter. Giessen, Germany: Psychosozial-Verlag, 2010.

velopment. Still others, myself included, have been persuaded by Bion's assertion that the mind needs truth to grow in the same way that the body needs alimentation.² He wrote: "There can be no genuine outcome [in an analysis] that is based on falsity. Therefore the outcome depends on the closeness with which the interpretive appraisal approximates to truth" (Bion 1970, p. 28).

But Bion also warned us about the impossibility of ever truly knowing or surmounting that ever-present spur toward tendentiousness and self-deception that we call countertransference.³ He argued that the true subject of analysis—psychic qualities, the unconscious, and indeed any experience viewed from the *psychoanalytic vertex*—is ineffable and not available to perception via the modality of the senses; that when it comes to the recognition of and verbal communication (*publication*) about the *psychoanalytic object*, there can be a big difference between theoretically valorizing the truth and finding the actual words needed to state it.

Much of Bion's later work, from 1970 on, centered increasingly on the structural problem of how the truth of psychic qualities can come to be known:

The psycho-analyst and his analysand are alike dependent on the senses, but psychic qualities, with which the psycho-analyst deals, are not perceived by the senses but as Freud says, some mental counterpart of the sense organs, a function that he attributed to consciousness. [Bion 1970, p. 28]

Given all that we know about the way unconscious forces impact the mind, a "mental counterpart of the sense organs" that is an attribute of consciousness seems a rather shaky foundation on which to build a

² In a memoir, Francesca Bion (1995) said of her late husband: "First and foremost, he placed respect for the truth, without which effective analysis becomes impossible. It is the central aim and as essential for emotional growth as food is for the body; without it the mind dies of starvation" (p. 106). See also Grinberg, Sor, and de Bianchedi (1977), who described Bion's belief that "truth is essential for mental growth. Without truth the psychic apparatus does not develop and dies of starvation" (p. 108).

³ "One of the essential points about counter-transference is that it is *unconscious*. People talk about 'making use of' their counter-transference; they cannot make any use of it because they don't know what it is" (Bion 1980, p. 16, italics in original).

search for truth, especially when recognition of that truth is apt to be painful,⁴ because it may:

- expose our previous ignorance and lack of omniscience;
- be based on and require that we tolerate frustration;
- be linked to the disturbing concomitants of psychic growth that Bion called *catastrophic change*.

And yet, that shaky foundation is all we have. Clearly, the problem of truth is not a simple one.

DEFINITIONS OF TRUTH

Traditionally, “truth” has been defined as “that which is in accordance with fact or reality; conformity to fact or reality; exact accordance with that which is, or has been; or shall be” (*Merriam-Webster Dictionary* 1913). At the heart of this definition is a *correspondence theory*—that which is “true” is a statement or proposition that asserts something that *corresponds* to something else that exists or is real. We might hesitate at the thought of truth conforming to what is “not yet but shall be,” because how do we know what shall be when it has not yet happened? But for the most part, this definition seems to make good sense in terms of everyday parlance and experience.

But does this definition serve as well for psychoanalysis? If Bion is correct and psychic qualities cannot be directly perceived by the senses, does this definition hold up when examined in the light of psychic reality, intersubjective narrative co-construction, and other transformations of unrepresented and weakly represented states? How does it fare in regard to conceptualizations of the *unformulated* or *emergent unconscious* and the investigation of psychoanalytic objects? Is there some inherent difficulty in the concept of truth in psychoanalysis that produces an inevitable slippage or even confusion in usage as we try to define and apply it?

⁴ According to Grinberg, Sor, and de Bianchedi (1977), Bion believed that “the human being’s capacity to tolerate truths about himself is fragile; truth is a permanent source of pain and the wish for knowledge can never be satisfied or completed; therefore the tendency to evasive action is great and the mind is always prepared to create lies to oppose this pain” (p. 110).

Consider, for example, the recent paper “Intuiting the Truth of What’s Happening: On Bion’s ‘Notes on Memory and Desire,’” by Thomas H. Ogden (2015), undoubtedly one of our most prolific, influential, and sophisticated analytic writers. I feel very much aligned with the main thrust and conclusions of this paper, which affirms Bion’s assertion that analytic interpretations of the unconscious rely more on the analyst’s *intuition* and *at-one-ment* than they do upon objective, empirical observations.⁵

Among the many cogent and useful points that Ogden (2015) makes are the following:

- “Bion supplants ‘awareness’ from its central role in the analytic process and, in its place, instates the analyst’s (largely unconscious) work of intuiting the psychic reality (the truth) of the session by becoming one with it” (p. 287).
- “*Genuine thinking, which is predominantly unconscious, seeks out the truth (reality)*” (p. 290, italics in original).
- “Without the truth (O), or at least openness to it, thinking is not only impossible; the very idea of thinking becomes meaningless” (p. 290).
- “The realm of the unconscious, Bion vehemently insists, is the realm of the psychoanalyst The unconscious is the realm of thinking and feeling that together form the psychic reality (psychoanalytic truth) of an individual at any given moment” (p. 292).
- “If the psychoanalyst is to be genuinely analytic in the way he observes, he must be able to abjure conscious, sensory-based modes of perceiving, which draw the analyst’s mind to conscious experience and to modes of thinking (for example, memory and desire) that are fearful/evasive of the perception of the unconscious psychic reality (the truth) of what is occurring in the session” (p. 293).

What I would like to call the reader’s attention to in this selection of excerpts are the different but related assertions or equations concerning

⁵ It was Bion’s distrust of empirical evidence in relation to the *psychoanalytic object* that led to his admonition to attempt to encounter the patient at each moment without memory or desire. (See, for example, Bion 1970, 2005.)

truth and *psychoanalytic truth* that they contain. Truth is equated with “reality” (p. 290), “psychic reality” (p. 287), “unconscious psychic reality” (p. 293), and O (p. 290), and there is a reference to something called “psychoanalytic truth” (p. 292) that may or may not be equivalent to any of these or to the more common and socially validatable meanings of the word *truth*.

If we look closer and assume that these cognates are not all equivalent and interchangeable, we must then ask: what *is* “truth” in psychoanalysis, and is there a “psychoanalytic truth” that is different from what we mean by *truth* in its ordinary social sense? This parsing of the truth and truths inevitably leads us back to some of the foundational questions that have bedeviled psychoanalysis from its inception and are perhaps insoluble in any definitive form: What do we think we know and how do we think that we come to know it? What is our data and what is our evidence in regard to our observations, assumptions, and beliefs? How are each of these categories verified or proven false, and do they affect and influence each other?

Later in his article, Ogden (2015) refers to “multiple coexisting, discordant realities, all of which are true” (p. 300). If there are “multiple coexisting, discordant realities,” are there also multiple coexisting, discordant truths? In the everyday world of external reality, truth tends to *feel* singular and never discordant: a shirt is blue or not blue. It might be blue and white, but its white stripes do not nullify the fact that it is also partly blue; its blueness is not in question.

As described by Ogden (2015), his patient Ms. C (pp. 297-300) both loved and did not love her baby. One could characterize this condition and try to solve the problems that it might entail by saying that she was ambivalent or that she possessed both feelings, alternately or even simultaneously. But I would suggest that to do so might miss something of what Ogden was describing: that perhaps an oscillating or ambivalent “love/no love” relationship with the baby did not feel “true” to something of this patient’s feeling state or Ogden’s belief about it, and that “all love and only love” *and* “all no love and only no love” felt more to Ogden to be the “truth” of the patient’s O—what both Ms. C and her analyst had to accept and face. Hence Ogden’s assertion in regard to his patient that “the baby was dead, *and* the baby was alive” (p. 300, italics in original).

Ogden posits a truth that we might call *conditional*: “The truth of each component of this emotional situation was real only when in dialectic tension with its counterpart” (p. 300). And, more to the clinical point, he asserts his belief that:

If I were to have sided with one component or the other . . . I believe the patient would have felt that I was afraid to know who she really was at that moment—a mother who loved her baby and a mother who was unable to love her baby. [p. 300]

Ogden also offers a comment on the very unique, very precious, and sometimes strange-seeming domain of psychic reality, when he wonders to whom these feelings belong:

Ms. C and I were experiencing a wide range of deeply felt emotions . . . the origins of which were unclear; were they my feelings or were they the patient’s feelings, or were they those of a third subject that was the unconscious creation of the two of us . . . ? Probably all three, in ever-shifting proportions. [p. 300]

Here, too, the reader can feel the once seemingly obvious and solid ground beginning to shift. We find ourselves per force caught up in the complexities of epistemology, a subject defined as the study of “the theory of knowledge, especially with regard to its scope, methods, and validity, and the distinction between justified belief and personal opinion” (Horvath 2013). Perhaps a philosophical vertex will prove useful here.

TRUTH AND PHILOSOPHY

Turning to *Stanford Encyclopedia of Philosophy* (2013), we learn that:

Truth is one of the central subjects in philosophy. It is also one of the largest. Truth has been a topic of discussion in its own right for thousands of years The problem of truth is in a way easy to state: what truths are, and what (if anything) makes them true. But this simple statement masks a great deal of controversy. Whether there is a metaphysical problem of truth at all, and if there is, what kind of theory might address it, are all standing issues in the theory of truth.

As confirmation, the encyclopedia then lists many different philosophical theories about and formulations of the meaning of truth and plunges us into deeply complex discussions of such things as correspondence theories, coherence theories, pragmatic theories, pluralistic theories, etc.

Clearly, the investigation that we have embarked upon is far more complex than a cursory first glance has suggested. Might the arts offer us some clarification?

TRUTH AND THE ARTS

Here are some relevant comments drawn from literature, painting, and film:

- Playwright Luigi Pirandello is said to have described truth as a blur in motion (Bentley 1986).
- Pablo Picasso's portrait of author Gertrude Stein was originally not well received by those acquainted with its subject. Stein (1933) wrote about Picasso's response to the complaint that the portrait did not look like her: "Yes, he said, everybody says that she does not look like it but that does not make any difference, she will, he said" (p. 12).
- Film director Werner Herzog began his documentary about the oil fires in Kuwait that followed the first Gulf War, *Lessons of Darkness*, with what turned out to be a spurious quotation from philosopher Blaise Pascal: "The collapse of the stellar universe will occur—like creation—in grandiose splendor." Herzog later explained: "The words attributed to Blaise Pascal which preface my film *Lessons of Darkness* are in fact by me. Pascal himself could not have said it better. This falsified and yet . . . *not* falsified quotation should serve as a first hint of what I am trying to deal with To acknowledge a fake as fake contributes only to the triumph of accountants. Why am I doing this, you might ask? The reason is simple and comes not from theoretical, but rather from practical, considerations. With this quotation as a prefix, I elevate [*erheben*] the spectator, before he has even seen the first frame, to a high level from which to enter the film. And

I, the author of the film, do not let him descend from this height until it is over. Only in this state of sublimity [*Erhabenheit*] does something deeper become possible, a kind of truth that is the enemy of the merely factual. Ecstatic truth, I call it" (Herzog 2016).

- Author David Vann (2010) recalled: "I had this class once with Grace Paley in which she told us that *every line in fiction has to be true*" (p. 3, italics added).

Fiction, of course, is by definition "not true," and yet what is more true in the sense of being "true to life" than *Macbeth* or *King Lear*? What is the truth of a poem—especially if we look at its psychological impact, beyond its ideational content? And what are we as analysts to make of the truth of the unconscious or of psychic reality, those ineffable realms that are of the greatest concern to us and our patients?

Returning to our starting point, we can see that the penumbra of associations that surrounds, accompanies, and influences our use and sense of the word *truth* tends toward binaries and the absolute.

PSYCHOANALYTIC TRUTH, EMERGENT TRUTH

In common parlance, something is either true or false, right or wrong, correct or incorrect. Psychoanalytic truth, however, the "truth" of psychic reality, like that of poetic truth, aesthetic truth, ecstatic truth, may be of another order. If we agree with Bion—and a broad range of philosophers, from Plato to Kant and beyond—that raw existential Experience, what I have termed *Capital-E Experience* (Levine 2011, 2015a), can never be fully known, then all truths, especially unconscious truths or those that partake in or follow from unrepresented states or reflect psychic reality, are apt to be partial or incomplete. They are emergent and therefore ineffable, in search of representational expression rather than fully formed and disguised or hidden, and so not capable of being spoken unless or until they undergo some form of transformation.

Bion's (1970) examination of the distinction between O and K—that is, between ultimate reality and the portion of that ultimate reality that can become known to us—alerts us to the fact that there may be dif-

ferent levels of truth and different idioms and levels of ideational saturation through which these truths may be expressed or the terms within which they may come to be known.

In relation to the analytic situation, the (repressed) hidden truth that is one-half of a binary (that is, true and not false), fully formed and discoverable, may best correspond to the truth of Freud's topographical theory and the dynamic unconscious. It is what we know, but what we cannot let ourselves know or do not consciously notice that we know. (That is, repression requires us to constantly unconsciously "remember" what it is that we are supposed to forget!⁶) This truth is the truth of the archeological metaphor, the dynamic or repressed unconscious, represented mental states, and the treatment of the organized, neurotic sectors of the mind in conflict (Levine 2012).

But as analysts have been becoming increasingly aware, the saturated, formed, and hidden truth of repression, representation, and neurosis is not necessarily the only or central truth relevant to the analytic encounter. This awareness has been accompanied by a shift in our understanding of the aims of analysis. We have become less exclusively interested in helping analysands find the formed, preexisting truths that they have not allowed themselves to know, and equally interested, and sometimes more so, in helping them develop the capacities that would make the discovery/creation of the truth—indeed, knowing itself—possible.

Thus, Hartke (2013) noted a shift in the goals of contemporary analysis, which he suggests aims "primarily at the expansion of the mental container, instead of the predominant work on unconscious contents" (p. 132); Ferro (2015) stated: "the purpose of analysis is to work not so much on insight, the overcoming of splits, repression, or historical reconstruction, as on the development of the instruments for thinking" (p. 512); and Botella (2014) argued that the true object of study for psychoanalysis is not remembering, but what lies behind, generates, and forms the memory and makes it capable of reorganizing psychic life.

Nosek (2015) summarized the work of analysis in the following terms.

⁶ I am indebted to the late Harold Boris (1970) for this witty and epigrammatic formulation.

We do not capture knowledge but expand our expressive repertoire. As when climbing, we broaden our field of vision and also see what we do not know further away. We do not fill in gaps, we gain height. We create new stories and successively reinterpret old accounts. If we do not do this, we tend to become paralyzed in the security of dogmatic narratives. [p. 527]

A number of Bion's analysands have reported that he sometimes said to them in regard to an interpretation that he had offered, but one that they did not recognize as "correct": "You do not now agree with what I have said. Perhaps some time in the future you will agree with what I have suggested to you" (Brito 2015). Parsing this intervention, one can see several possible meanings of Bion's remark. At its most direct level, it is possible that he felt the patient had not yet arrived at the point at which he/she could understand and accept an existing "truth" about him-/herself that the analyst was offering.

At a somewhat more ambiguous level, Bion may have been planting a seed or laying down a direction in which the patient's thinking *might* evolve. But at its most ineffable and complex, perhaps he was saying to them something like what Pablo Picasso said to Gertrude Stein—not that someday she would look back and recognize that he was right because he knew something that she had yet to learn, but rather that he had an intuition about what she would become, and the truth of that intuition might emerge over subsequent time. For purposes of my argument, I would like to think that both Bion and Picasso were saying that they had an *imaginative conjecture* about something that was potential and emergent, but that did not yet exist, and that perhaps in the future, this conjecture would be realized through further evolution of the subject.

This shift in the aims of analysis, from the recovery of repressed thoughts to the development of the capacity for thinking, from "a metapsychology of contents to a metapsychology of process" (Roussillon 2014), may be further illustrated by considering certain ideas and assumptions in Freud's (1937) paper on constructions and contrasting them with those of Bion. Freud's paper, which presages a shift toward a more fully intersubjective view of the analytic process and relationship (Levine 2011, 2015b), nevertheless still, for the most part, implies that the aim of construction is the positing of actual but unremembered

childhood experiences—i.e., construction attempts to get at the “truth” or probability (Collins 2011) of what actually happened as event, wish, or fantasy.

The potential problems of suggestion and compliance that this might entail are, in my view, too easily dismissed. Freud’s archetype of construction continues to center around the “truth” of what “really” happened in a form that is similar to his interpretation of the dream of the Wolf Man (Freud 1918). In contrast, Bion’s writings offer a subtle but profound shift in relation to the fundamental questions of psychoanalytic epistemology. Bion’s (1970) focus upon O, ultimate reality, its distinction from K, that part of our reality that is knowable, and his introduction of the terms *becoming* and *at-one-ment* serve in some sense as replacements for the analyst’s *insight into*, *understanding*, *realizing*, and other forms of *knowing* and *knowing about* the factual truth of real events, concrete and psychic.

Bion’s terms imply a change of existential state on the part of the mind of the analyst that is promoted and made possible by the analyst’s reverie.⁷ It is the latter that enables the analyst to be open to and to absorb the patient’s projections, allowing these projections to “sojourn” (Bion 1958, p. 146) within the psyche and personhood of the analyst long enough for them to be worked upon by the analyst’s alpha function and transformed into something that can be either *thought with* or *thought about* by the analyst. This transformed something can then become the basis for an alteration or shift in the analyst’s listening stance, style, tempo, pace, or other quality of intervention, or of a more saturated and specific interpretation based not on the analyst’s “knowing the truth” about the patient, the analytic situation, or the analytic relationship, but rather on what the analyst may *believe* to be the truth at that particular moment. Hence, the paradox—of (ill) timing and *après coup*—that a factually correct intervention may interrupt analytic process and psychic growth, while a well-meaning but incorrect (false) interpretation may lead to a new experience or new thought that opens the mind to true discovery.

⁷ The Botellas’ (2013) description of *regredience* provides a similar view within a different, but I believe analogous, conceptual model.

While these formulations have been found by many analysts to be clinically useful, particularly in the treatment of non-neurotic patients and areas of the mind (e.g., Botella [2014]; Botella and Botella [2005, 2013]; Ferro [2002, 2015]; see also Levine 2012, 2015b), they also preclude certainty as to what is true or where that truth lies, thereby returning the issues of compliance and suggestion to the forefront of analytic concern.

Although Freud never used the word *intersubjectivity*, I believe that a dawning recognition of the inherently intersubjective nature of the analytic enterprise was a truth that ultimately came to haunt Freud, and that this explains his repeatedly returning to the question of suggestion and compliance after 1920.⁸ His 1937 paper on constructions contained the seeds of the assertion that it was not only what was true (uncovered from hiding) that counted in analysis, but also *what came forth and was created and co-created in the analytic situation for the very first time, which could also prove to be decisive*. This tilt toward the importance of and reliance on *de novo construction* rather than discovery valorizes *emergent truth*, exposing the subjective and intersubjective roots of many successful analytic treatments. And subsequent experience with more severely disturbed patients, leading to formulations concerning the less verbalizably structured, non-neurotic portions of the mind, have only further underlined their importance.

From this perspective, the challenge for the patient is not simply to remember what is unacceptable, terrifying, or painful, but also to appropriate and assimilate the sources of that terror or pain to one's sense of self in the service of psychic growth. Roussillon (2011) described this eloquently, noting that an important implication of Freud's structural theory is that:

The work of analysis has to take into account the conditions and preconditions under which meaning can be brought forth and become conscious Meaning, therefore, is no longer always there, hidden somewhere in some corner of the analysand's unconscious. It will gradually be produced within the psycho-

⁸ See Roussillon (2011) for a discussion of suggestion, compliance, and intersubjectivity in Freud.

analytic process itself and with the—often active—help of the analyst. Meaning, therefore, is more produced than revealed; by the same token, it is inevitably more relative than a truth that has been placed somewhere awaiting revelation; it is more polysemous. Interpretation and hermeneutics make way for the work of construction or of reconstruction of meaning and of psychic impulses; associative or symbol-making generative capacity replaces the quest for truth. [p. 53]

In the context of our present discussion, I would take Roussillon's conclusion even further by pointing out that the singular quest for an unchanging, interpretive truth of yesterday has been broadened to include the creation and co-creation of the emergent truth of today—and even tomorrow's truths, which may not yet have come into being (cf. Picasso and Stein).

To put the matter in still another way, the "factual truth" of an analyst's intervention may be necessary, but may not in itself prove sufficient to effect a necessary or desired transformation in the patient's psychic state or development. The goal of that intervention, should such goals prove necessary, might be stated as twofold: "to say something that feels both true to the emotional experience of any given moment of an analytic session, and that is utilizable by the analytic pair for psychological work" (Ogden 2003, p. 593).

It is the processual, potentially transformative dimension to the patient's encounter with and recognition of truth, uncovered or created, upon which the therapeutic action of psychoanalysis often stands. As Bion (1967) noted: "In any session, evolution takes place. Out of the darkness and formlessness something evolves This evolution is what the analyst must be ready to interpret" (p. 18). And that interpretation, in turn, will produce further evolution, *ad infinitum*.

Is it, then, the process and what it gives rise to that are of importance, beyond the static moment of any statement's factuality? How often do we find that an interpretation an analyst offers because he or she believes it to be true, and that the patient feels is not correct, turns out to be useful because it helps the patient feel or see something, or put

something into words, that the patient then deems to be true but had not quite noticed or articulated before?

This change in the orientation and understanding of therapeutic action and analytic process has also altered and deepened our understanding of interpretation, which no longer has an exclusive emphasis on uncovering or decoding. Just as Freud has helped move the goals of analysis from “making the unconscious conscious” to “where id was there ego shall be,” Bion, Ferro, and others have led us even further to create the conscious and the unconscious from the formless void of the unrepresented. Thus, Capello (2015) has written:

An interpretation can be said to work well not insofar as it discloses a hidden ultimate truth about the patient, but insofar as it can be used by the latter as a tool to build a more sustainably multilayered point of view on his reality (internal and external); a point of view, in other words, that allows him to create new, more meaningful stories—stories that do not merely reflect a rational or operational way of thinking, but which resonate with emotions in relation to which the patient can increasingly afford to feel more alive without the need to split them off or deaden himself to them. [p. 472]

In regard to truth and the analytic process, an emergent truth may sometimes take precedence over a hidden, unnoticed, or forgotten “fact.” It is for this reason that Green cautioned that sometimes questions of vitality—which in our current context may relate to the truth of what has occurred but has not yet been experienced (Winnicott 1974), or even what has not yet occurred—must preempt those of “factual truth” of the moment. Green wrote:

Sometimes, paradoxically, it will be less damaging to the process to allow a lively countertransference reaction to be expressed, even if negative, in order to gain access to the internal movements animating the analyst. These are all evidence of . . . spontaneity . . . having more value for the patient than a conventional pseudo-tolerant discourse which will be experienced by the patient as artificial and governed by technical manuals. [2005, p. 35]

(IN)CONCLUSION

Bion (1962) asserted that: "In psycho-analytic methodology the criteria cannot be whether a particular usage is right or wrong, meaningful or verifiable, but whether it does or does not promote development" (p. ix).

In one of his Tavistock Seminars, when he was asked if there was a psychoanalytic way to the truth, Bion replied, "None whatever." And he cautioned that:

Psychoanalysis is only a technical instrument, something we can make use of for any purpose we want—to make confusion worse confounded, or to mislead or deceive people, and so on The profound question . . . is the problem of whether the person who is searching for the truth is genuinely trying to arrive at the truth, or is a fake, an artificial representation of a seeker after truth. It is a very difficult question to answer. [Bion 2005, p. 87]

In his tenth São Paulo lecture, Bion (1980) reminded us that:

It is questionable whether any patient ever comes to a psychoanalyst unless they feel the situation is desperate; it is usually a last resort when everything else has failed. So in spite of appearances to the contrary the whole weight of the experience when a patient comes to an analyst suggests that the patient himself feels that he needs a powerful injection of truth even though he may not like it. [p. 126]

Reflecting on our innate discomfort and even hatred of any reminders of our own ignorance, and how little of the truth of life any of us may truly come to know, Bion (1976) seemed to question the entire enterprise of psychoanalysis when he mused: "What if the whole of psychoanalysis turned out to be one vast elaboration of a paramnesia, something intended to fill the gap—the gap of our frightful ignorance?" (p. 244).

Is the whole—or large portions—of psychoanalytic thinking merely a bedtime story for analysts and their patients, and, like all bedtime stories, is it meant to calm and reassure us in the transition from one psychic state to another? For children, it is the separation and aloneness of

the transition from wakefulness to sleep. For analysts, it is the transition from consensually verifiable social reality to the psychic reality of the analytic process; from K to O; from separation of self and object to intersubjectivity; from the wakefulness of negotiating the “real world” (so called) to the oneiric state of free-floating attention and reverie without memory and desire.

Where, then, does all this leave us in regard to the question of truth and psychoanalysis? I myself feel left with the dizzying perspective of standing upon oscillating, ever-shifting ground. And yet, it *is* the ground upon which I believe, as analysts, that we must stand. As Bion (1979) put it, all that analysis can ever do is make the best of a bad job. We have no recourse other than doing what we can, with the means that we have, in the situation that we find ourselves. And so we go on

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ON LANGUAGE AND TRUTH IN PSYCHOANALYSIS

BY THOMAS H. OGDEN

The author's focus in this paper is on the role that language plays in bringing to life the truth of the patient's lived experience in the analytic session. He discusses particular forms of discourse that enable the patient to experience with the analyst the truth that the patient had previously been unable to experience, much less put into words, on his own. The three forms of discourse that the author explores—direct discourse, tangential discourse, and discourse of non sequiturs—do not simply serve as ways of communicating the truth; they are integral aspects of the truth of what is happening at any given moment of a session. The truth that is experienced and expressed in the analytic discourse lies at least as much in the breaks (the disjunctions) in that discourse as in its manifest narrative.

Keywords: Truth, language, non sequiturs, analytic discourse, metaphor, dreams, unconscious, disjunction.

Psychoanalysis as a therapeutic process centers much of its energy on helping the patient experience, and give voice to, a truth that has been disturbing him for much of his life, a truth that he has been unable to think or feel because it has been too much to bear. Language plays a pivotal role in bringing to life the emotional truth of previously unbearable experience in the analytic session.

The patient and analyst develop ways of talking to one another and use those ways of talking to get at the truth as it is lived in the session.

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I discuss three ways that my patients and I have talked to one another, which I call *direct discourse*, *tangential discourse*, and *discourse in non sequiturs*.

The language that patient and analyst use in talking with one another is an inherent part of the experience of the truth, and the truth of the experience, of any session. To put it in slightly different words, the ways in which patients and analysts talk to one another, including all that is not said but expressed in tone of voice or in what is left to the imagination, are an integral part of what is happening in the session.

I take as a starting point for this discussion the idea that human beings are fundamentally truth-seeking animals, though we are afraid of the truth in almost but not quite equal measure. I will be discussing particular forms of discourse that enable the patient to experience *with the analyst* the truth that the patient has previously been unable to think or feel, much less put into words, on his own. Often the truth of the session involves events that the patient has not yet been able to experience (Winnicott 1974) and consequently remain “unlived” (Ogden 2014) aspects of the patient’s life.

There are innumerable forms of discourse (a term I use interchangeably with *dialogue* and *conversation*). I will be addressing only the three I mentioned: direct discourse, tangential discourse, and discourse in the form of non sequiturs. (I have invented the names for these types of discourse as a form of shorthand with which to discuss the similarities and differences among these ways of conversing.) All three of these forms derive their shape from the very structure of language, a structure that inherently involves an active interplay of manifest and implicit meaning.

In the analytic setting, the experience of the truth is shaped, colored, textured, structured, and so on by language. Patient and analyst develop forms of discourse that not only serve as the medium in which the truth is conveyed; the discourse itself is a critical part of the truth of what is occurring at any given moment of a session. Each form of discourse is expressive of a truth that bears its mark. In the present paper, I am not simply illustrating three different forms of analytic discourse; I am hoping to convey a sense of the ways in which three of my patients and I developed different ways of talking with one another that were

unique to the work I did with each of them, and allowed us to bring to life the truth of what was occurring between us.

While each of the three forms of discourse that I will discuss serves to express the truth in its own distinctive way, all three, to my mind, hold in common the following quality: the medium for the communication of the truth is not to be found primarily in the declaratives, in the story being told, but in the parts left out, in the breaks in the discourse. What I have in mind when I refer to the breaks in the discourse are the places where there is disjunction—sometimes a lack of correspondence between the words and their usual meanings, at other times a seemingly incomprehensible gap between what one person says and how the other responds, and at still other times a divide between the feeling or idea that is expected and the one that is actually stated or implied.

When these and other sorts of disjunctions occur in the discourse between patient and analyst, an emotional climate is generated in which both participants experience some degree of feeling lost, confused, perplexed, at sea, and almost always mystified. Mystified because patient and analyst, at points of break in expected coherence of dialogue, not only feel shaken; they also experience a feeling of marvel in the face of the unknown, in the face of unanticipated possibilities. The analytic pair can no longer rely on what they thought they knew, for what they have known no longer feels sufficient to meaningfully contain the elements of experience now in play. They must either attempt to deaden, obscure, and ignore what is occurring in the break, or attempt to make themselves open and vulnerable to something of the reality, the truth, of what is happening.

The truth sensed in the breaks is merely suggested, as if perceived through a mist in which discernible shapes are vague, but doubtlessly real, doubtlessly true. The imperfectly perceived truth leaves the individual feeling a combination of amazement and fear. The truth of the individual's experience that is nascent in the moment cannot be passively "taken in" in a moment of epiphany; unconscious psychological work must be done. What is true to that moment must be created psychically—"dreamt up"—as patient and analyst together engage in the conscious and unconscious experience of being changed by the truth of

the moment, a truth that is always on the move, accruing verbally symbolic meanings as it goes.

The analytic setting—with its unstructured mode of conversation; the maximization of the role of language and sound by means of the patient's use of the couch; the effort to release analyst and patient from the hegemony of secondary process thinking, and in so doing, allowing waking dreaming (reverie) to become a form of intrasubjective and intersubjective communication—all of this together is designed to help the analytic pair enter into a state of mind in which an experience of the truth, and the truth of the experience, may unfold, both in the form of what is said and what is left out.

Before proceeding to a detailed discussion of different forms of discourse, I would like to offer three clarifications. First, when I speak of patient and analyst “dreaming” together, I am referring to their unconsciously thinking and feeling, individually and collectively, the truth of an experience that was, for the patient, previously unthinkable. To my mind, this overlap of the dreaming of patient and analyst lies at the heart of the analytic experience (see Ogden 1997, 2004, 2007, for discussions and illustrations of patient and analyst “dreaming up” the truth of an experience together).

Second, the unconscious, in the way I understand the term, is an aspect of mind capable of realistically perceiving internal and external reality, and encompassing the two in the process of generating a form of psychic reality that I think of as the psychic truth of one's experience.

Third, it is essential not to overvalue the names I have given to the three forms of discourse that I will discuss. I am not wedded to the terminology, nor do I see clear dividing lines that indicate precisely when a segment of dialogue ceases to be direct discourse and becomes tangential discourse, and when tangential discourse begins to be discourse of non sequiturs.

DIRECT DISCOURSE

The manifest level of a conversation consisting of a series of direct responses *appears* to limit itself strictly to questions and statements pertaining to the subject at hand.

I think of this exchange as *direct discourse* because of its form—a series of declarative sentences and questions with little in the way of metaphor, visual imagery, irony, wit, syntactical variety, and so on. And yet direct discourse may succeed in conveying a truth that can only be created in this form of exchange.

I will now turn to an analytic experience in which direct discourse played a prominent role in creating an experience of the truth, which evolved in the course of the analysis.

In the early stages of analytic work, Ms. V described the neglect and verbal abuse that she had received at the hands of her mother, and the isolation she experienced in response to the absence of her father, who was home only briefly between lecture tours. Once she had given me all the “history” that she could “recall,” she felt at a loss regarding “what more to say.” She then adopted a pattern of describing in detail the events that had occurred in the interval between her sessions.

After more than a year of this five-sessions-per-week analysis, I was reminded, as Ms. V was talking, of a comment made by a beloved, deceased mentor of mine who had said that when this sort of description of daily life went on too long, he felt tempted to say, “And how much salt, Mrs. Jones, did you say you put on your green beans?” I was struck for the first time, as the remark came to me during this session with Ms. V, that it was addressed to “Mrs. Jones,” an imaginary patient—it was a joke, after all—but the fact that it was not addressed to a real patient caught my attention.

The deprecating nature of my mentor’s comment also struck me in a way that was different from the ways it had before, in that it resonated with my already growing feeling that Ms. V’s listing of her activities was meant to provoke anger in me. It seemed to me that the patient was unable to experience feelings of her own, and was trying to evoke them in me in her stead—most prominently, feelings of anger and despair. The importance of my recalling my mentor’s comment at that particular juncture, in conjunction with intense feelings of missing him, led me to bring into focus for myself how lonely I felt while sitting with Ms. V.

As these thoughts and feelings came to me during the course of the second year of analysis, I found myself talking to Ms. V in a way that was unusual for me. I repeatedly asked her to tell me what she was

feeling during one of the seemingly endless series of events she was describing—for example, by inquiring, “How did you feel when J [a man she had been dating for six months] was yelling at you?”

The patient would give me one-word replies to my questions, such as “angry,” “scared,” “disappointed,” and “horrified.” I said to Ms. V in exasperation at one point, “Your naming a feeling, and then saying nothing further about it, feels as if you’re trying to provoke anger in me, which would result in my feeling something that would substitute for your having a feeling of your own.”

Ms. V said, without pause, “That’s right. I do that a lot.” This response seemed to me at the time to be a continuation of the patient’s provocations. I recognized that, in my persistent questioning of Ms. V, I was trying to get blood from a stone, just as she had attempted in vain to extract love from her mother and father. Even though my comment was in some ways accurate, it failed to capture the truth of the moment because it was spoken in a way that was belittling of the patient.

One day during this period of analysis, in response to the patient’s telling me she felt “sad” when a friend said she was unable to attend an event with her, I asked, “Did you really feel sad?”

Ms. V was silent for some time, which was unusual for her. She then said, “When you ask me how I’m feeling, I say what I think a person should feel, or what I think *you* think I should be feeling, but I really don’t feel anything.” I said, “What you’re saying to me now seems to me to be one of the first truthful things you’ve ever said to me.” The patient said, “Yes, it feels that way to me, too.” I asked, “Do you really believe that?” She said, “I don’t know.” The sound of the patient’s voice, as she spoke those words, felt sadly true to me.

In this period of work with Ms. V, there was a predominance of direct discourse (“What are you feeling?” “Anxious.”). There were many ways in which the patient and I were protecting ourselves from the truth of the emptiness and despair of the situation we were in. She tried to elicit, sometimes successfully, anger-filled statements from me that helped her experience my statements as expressions of emotions she felt incapable of feeling and felt she should be feeling. For my part, I engaged in imaginary conversation with my mentor with whom I had had a real exchange

of thoughts and feelings, though it was significant that this “conversation” was with a person who was dead.

Once Ms. V and I became better able to talk with one another about her feeling that she was unable to feel emotion, our conversations felt more real and alive. She said at one point, “My father was a somebody, I’m a nobody.” Ms. V had not been aware, until the words came out of her mouth, of the double meaning of the word “nobody” in her sentence. This was one of many instances in which Ms. V’s way of talking became more interesting in this period of analytic work. Words carried layers of meaning, when earlier they had felt as if they carried only literal meaning or less than literal meaning (empty verbiage). Direct discourse began to be infused with life as it was spoken with feeling that rang true (“I don’t know [if I believe what I said]”), and gestured toward a truth not yet known (what is it *for her* to be nobody?). The form of our discourse—simple declarative sentences in which there was only sparse imagery, metaphor, wit, and the like—did not change very much at this juncture in the analysis. What changed was the way we spoke these rather unadorned sentences, and the range of feelings and ideas communicated and elicited by them.

TANGENTIAL DISCOURSE

When two people are engaged in what I am calling *tangential discourse*, responses on the part of both participants glance off “the subject” (in both senses of the word) and allude to other subjects, other meanings, other people. Metaphor, simile, irony, wit, ambiguity, hyperbole, unexpected word choice, syntactical shifts, errors in grammar or verb tense—all these events in language and many more make up the sorts of language usage found in the realm of *tangential discourse*. This type of discourse lives in the realm of metaphor, the realm of one feeling or idea or image becoming linked with (transferred to) another, and in so doing, creating new meaning in the space that is created between the two elements being linked to one another.

The word *metaphor* is derived from the Greek *meta* (across or beyond) and *pherein* (to bear or transfer). In tangential discourse, we carry meanings across or beyond the border of the apparent subject of con-

versation to another subject. Sometimes, in literature, a neologism performs this metaphorical work. For instance, Shakespeare, in *The Tempest* (1610), invented the word *sea-change* (1.2.400), for which I believe there is no translation. *The New Shorter Oxford English Dictionary* (1993) tells us that *sea-change* means “radical change” (p. 2742), but the word *sea-change* and the phrase *radical change* are not at all the same. It is impossible to find other words to express the meaning of *sea-change*, a word that alludes to the sea, but the sea is so many things: it is vast and powerful, it ebbs exactly as much as it flows, it kills and gives life, and so forth. Metaphor creates a space between the two things being compared, and in that space meanings proliferate.

So, too, in the case of dreams, we cannot say what a dream “really” means. Dreams are what they are. Like the metaphor embedded in the word *sea-change*, dreams allude to meaning, but refuse to be reduced to a meaning or even a set of meanings. This is what is difficult and wondrous about dreams and reveries. They allude to unconscious meaning, but they never define it, spell it out, or serve as translations or decodings of it. They are predominantly a visual experience for which no words suffice as an expression of that experience. Dreams and reveries are metaphors for unconscious thoughts and feelings. We are dreaming all the time, both when we are awake and asleep (Bion 1962), and consequently, we are all the time engaged in metaphor-making.

In the act of dreaming, we carry meaning “beyond” the limits of one order of experiencing (the visual experience of dreaming the dream) to another (the largely verbal experience of “understanding” the dream [Grotstein 2000; Sandler 1976]). But I believe that the term *understanding* is a misnomer for what we do with our dreaming experience. We never *know* or *understand* unconscious experience because unconscious experience is, by definition, inaccessible to consciousness. I believe it is more accurate to say that we are sometimes able to *experience metaphoric renderings* of the unconscious, which spew meaning (often surprising and disturbing meaning) forward and backward in time. As is the case with a poem, there are no other words with which to say it, explain it, understand it, translate it, paraphrase it, or the like. A poem is immutably itself, as is a dream.

Turning now to tangential discourse in the analytic setting, I will present a fragment of an analysis that occurred at a time in which the patient, Mr. Q, and I had come to know one another quite well over the course of many years of analysis. He was a reclusive man who, when he began analysis, seemed to have relationships exclusively with figures in his internal world; his relationship with me had consisted almost entirely of projections of those figures onto me and into me, which often led me to feel taken over by them in an oppressive way. He had told me in the beginning that, ideally, he would have an analysis in the form of slipping under my door a piece of paper on which he had written something he wanted to say, and after reading it, I would slip a piece of paper back under the door to him with my response written on it.

Several years into this analysis, I met Mr. Q in the waiting room and said “Hi” to him, as I always did. When I said, “Hi” (not “Hello”) to Mr. Q one morning, I was oddly aware that in saying “Hi” in the way I did, I was as usual trying to inject life into my voice, but was feeling the flatness of my attempt and was anticipating that I would get nothing in return from Mr. Q. I was aware on that particular day that I did not use the patient’s name as I greeted him. I rarely address patients by their name—first name or surname—so it was a mystery to me why I would notice that absence with Mr. Q on that particular day.

All of this occurred as I said the word “Hi” and as Mr. Q silently rose from his chair without looking at me. As I looked at him, his rising from his chair seemed almost begrudging, and yet I could feel that I liked him, even as I was feeling locked out by him.

In his usual way, he made no verbal response to my greeting, nor did he lift his gaze from the floor as he stood and led the way into my consulting room. Halfway to the couch, he mumbled, with his back to me, “How are you?”

It struck me, as he said these words, that in using the personal pronoun “you,” he was, in a sense, speaking my name for the first time. I could not remember his ever using that pronoun in that way, much less asking me how I was. I did not know what I was going to say until I heard the words come from my mouth.

I began by saying, “I’m good.” But on hearing those words, I felt a need to tell the patient that I recognized all that was entailed in his

response to me, so I said (again without formulating it ahead of time), "I'm very good." I thought, after I said these words, that it would have been condescending to congratulate Mr. Q for saying, "How are you?" but in saying, "I'm very good," I was telling him (in a somewhat disguised way) that I recognized the risk he had taken in expressing his recognition of me and the beginnings of his feeling concern for me.

I think of my "two-part response" to Mr. Q's question as a direct response followed by a tangential one. The second part of the response, "I'm very good," glanced off the "subjects" of his question (me and my well-being) to say something about new "subjects" (Mr. Q and his question).

My questions to myself, as I said "Hi" to Mr. Q in the waiting room, reflected the ways in which I was unconsciously in a state of flux in my ability to face the truth of the ways I had closed myself off to Mr. Q, perhaps out of fear of feeling humiliated by his turning his back on my feelings of affection for him. I had "known" that Mr. Q had experienced the humiliation of having his love ignored and rejected by his mother, and that part of him had died as a result, but I had never *really known* his fear of being humiliated in this way until I felt subjected to a version of it myself.

My saying "I'm very good" offered a response to the unconscious meanings of his statement (in the form of a question), which meanings had to do with his hope that I would feel the truth of the highly personal event that was occurring, and would give him an equally personal and truthful response. My two-part response, "I'm good" and then "I'm very good," opened a space of its own (though not as striking and surprising a space as Mr. Q's question/statement had opened). In the second part of my response, I reached for something more personal, something that felt as if it were made specifically for Mr. Q under these circumstances. The space my two-part response opened was unique to Mr. Q and me, and to our joint effort to say more of the truth than we had ever said before, without saying too much, too soon. It was an open invitation (and an invitation to open ourselves) to reach for more in our efforts to speak to one another the truth of our feelings for each other.

In the years that followed that exchange, Mr. Q told me several times how important that session was to him. He said that he had said "the

question” to himself many times before he was able to say it to me. (His use of the words “the question” made me think of a wedding proposal, “popping the question.”) Only at that point did I recognize that Mr. Q’s question was not the literal “How are you?” but rather the metaphorical “Who are you?” I wished I could have sensed that, and found a way of responding to it, years earlier when he asked me how I was.

In a session much later in our work, he said, “I didn’t know you then. I didn’t know what to expect. If you had just given me an impersonal or canned response, I don’t know that I could have ever come back.” In the silence that followed his saying this, I felt an intense feeling of sorrow. I could feel, and I think he could, too, that he was, without spelling it out, referring to his sense that he had died in childhood and would never completely “come back” from that.

In subsequent years, in this long analysis, Mr. Q developed, or slowly showed me—I never could be sure which it was—a wry sense of humor. We laughed deeply together. On one occasion, I could not stop myself from laughing at several points later in the session when the mood of that earlier laughter returned to me. We both could feel at these times that he was feeling real and alive, emotions that until recently he had never experienced.

DISCOURSE OF NON SEQUITURS

In the analytic setting, discourse in the form of non sequiturs is an extreme form of tangential discourse in which the connection between the two thoughts or feelings making up the (seeming) non sequitur pushes the envelope of comprehensibility; and yet the non sequitur manages to open a space in which previously unexpressed thoughts and feelings may be communicated. I use the word *seeming* to modify the term *non sequitur* because the gap between the two statements that form the non sequitur is unintelligible from the point of view of the conscious mind but intelligible, to some extent, from the point of view of the unconscious mind. I will not always use the word *seeming* to modify *non sequitur*, but the modifier is always implied.

The fact that the truth communicated in the form of a non sequitur is unconsciously grasped by patient and analyst, at least to some degree,

does not mean that the psychic truth communicated in this way is not disturbing to both patient and analyst. Quite the contrary—unrecognized truths are unrecognized because they have been too painful to bear.

Communication by means of non sequitur is a form of discourse in which meaning is obliquely suggested. It requires that the two people engaged in this form of discourse (which never occurs in pure form) do a good deal of unconscious psychological work as they are encompassing, as a pair, the seemingly disconnected elements of the non sequitur. Such conversation has a deeply intimate quality. Only the two people engaged in this kind of discourse are able to experience the full range and depth of feeling encompassed by the way they are using language. An imaginary eavesdropper on this form of conversation hears primarily the conscious level of the communication (which makes “little sense”) because patient and analyst are together generating and thinking about unconscious meanings that only they are privy to.

While non sequiturs both create and traverse a divide, that divide need not announce itself in an obvious way; it may go unnoticed *consciously* by the two people conversing, but it never goes unnoticed by them *unconsciously*.

What follows is a segment of dialogue in which discourse by non sequitur is the dominant, but by no means the only, form of discourse taking place. I have excerpted a portion of a much longer exchange that I have previously discussed in connection with the idea of working without memory or desire (Ogden 2015). Here I will put in brackets my thoughts concerning the nature of the discourse taking place in this portion of the session.

I had been working with Ms. C for several years in a five-sessions-per-week analysis when this exchange occurred. About a year before the analysis began, Ms. C, who had no other children, had had a miscarriage four and a half months into her pregnancy, which had left her severely depressed. She felt that her body was telling her that she was unfit to be a mother. In the course of our work, Ms. C’s depression lifted significantly, but she still held steadfastly to the belief that she was unfit to be a mother. She doubted her capacity to love or to be worthy of anyone else’s love, particularly the love of her dead baby.

On meeting Ms. C in the waiting room, I had the feeling that she was in the wrong place, and that I should tell her politely that the person she had come to see was located in another building on the same block as mine. This feeling was particularly puzzling because I was fond of Ms. C, and I almost always looked forward to seeing her for her sessions.

When the patient lay down on the couch that day, I had the impulse to say, "I love you." [These thoughts and feelings may seem odd to the reader, as they did to me, but they also felt natural to me at the time. There was not time to try to grasp in the moment what it meant that I was feeling that the patient was in the wrong place and should be seeing a therapist down the block, or to try to understand why I felt the impulse to tell her I loved her. I felt that I was in the grip of something I did not understand, but at the same time, I felt open to allowing these thoughts and feelings to take what course they would.]

In response to Ms. C's telling me a dream in which she had lost something, but did not know what she had lost, I said, "Is loving me such a terrible thing that you have to leave it somewhere else when you come to see me?" [I had not planned to say this to the patient, but it felt true as I said it. Ms. C and I were now talking with one another in a discourse of (seeming) non sequiturs in which unconscious truth linked what was left out of the manifest level of what we were saying to one another.]

Without pause, Ms. C responded by saying, "You've never told me that you love me before." [Of course, I had not told her I loved her, but I had in fact imagined saying it to her. What I had actually told her in the sentence just cited was that I thought she felt that "loving me" was a "terrible thing" for her to bring into the room with me, so she left it somewhere else before coming to see me. This comment was a spontaneous (non sequitur) response to the patient's dream in which she lost something, but did not know what it was; my comment was also informed by the feeling I had had in the waiting room that Ms. C (her love) was in the wrong place, and should be "down the street" with someone else.]

I said, "Would my love be in the wrong place if I were to love you?" [This non sequitur was my way of saying to Ms. C (in the form of a semi-rhetorical question) that, despite her feelings to the contrary, it might be that she was worthy of my love, which in this moment was inseparable from being worthy of the love of her dead baby.]

The patient said, "Yes, I think it would, but I would feel empty if I were to give it back." [Here the patient was saying that my love (and her dead baby's love) would be misplaced if it were directed at her. But she was saying more than that. She was adding something very complex and ambiguous. Ms. C was saying that she would feel empty if she could not accept my love (that is, if she were to "give it back" to me unreciprocated); *and* she would feel empty if she were able to reciprocate ("give back") my love. Why she would feel empty if she were to reciprocate my love and her baby's love was still a mystery.]

Because my commentary disrupts the flow of (seeming) non sequiturs, I will provide the uninterrupted dialogue in order to re-create something closer to my experience in the session:

In response to Ms. C's telling me a dream in which she had lost something, but didn't know what she had lost, I said, "Is loving me such a terrible thing that you have to leave it somewhere else when you come to see me?"

Without pause, Ms. C responded by saying, "You've never told me that you love me before."

I said, "Would my love be in the wrong place if I were to love you?"

Ms. C said, "Yes, I think it would, but I would feel empty if I were to give it back."

Without the unconscious linkages underlying this series of non sequiturs, the exchange is baffling. But even when I add to the sentences that the patient and I actually spoke—add my own unspoken thoughts and feelings, and my very tentative grasp of what was happening at an unconscious level in this dialogue—there remains much that is "unexplained." This is so because unconscious thoughts and feelings are "inexplicable"—untranslatable into conscious, secondary process narratives. Discourse in the form of non sequitur, I believe, closely reflects unconscious experience because, in a discourse of non sequiturs, there are far fewer linkages between lived experience and verbally symbolic meaning than in direct discourse, or even in tangential discourse. So much more is left to the imagination in this form of discourse. The "commentary" I have offered in my discussion of the very brief exchange between Ms. C and me reads like a poor translation of an ancient language no longer

spoken, but which is nonetheless the foundation of the language we are currently speaking.

CONCLUDING COMMENTS

The way in which patient and analyst talk to one another (the form of discourse in which they engage) is not simply a way of conveying the truth of what is happening at a given moment in the session; the experience of talking together in a particular way (the experience of a particular form of discourse) is itself an integral part of the truth of what is occurring at that moment in the session. I have discussed three forms of discourse in the analytic setting—direct discourse, tangential discourse, and discourse in the form of non sequitur. Each of these forms of discourse involves a different form of closeness between patient and analyst, none necessarily involving greater intimacy than the others, but each involving a different type of intimacy.

The truth in the analytic setting is extremely difficult and painful to experience and express, for the truth that the patient seeks when asking an analyst for help is the truth of experiences that were unbearable when they occurred, and remain unbearable. Every analytic pair is engaged from the outset in the task of creating a way of talking together that is adequate to give expression both to the patient's fear of the truth and to the patient's need to know the truth of his or her experience.

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ILLUSION, DISILLUSION, AND IRONY IN PSYCHOANALYSIS

BY JOHN STEINER

*The author draws a parallel between an analyst listening to a patient and a member of an audience watching a play. In both situations, it is important to be able to adopt a dual identity in order to participate in the action through identification and then to withdraw from the identification to adopt the position of an observer. The author discusses two plays, Ibsen's *The Wild Duck* (1884) and Sophocles's *Oedipus the King* (5th century BC, a), and concludes that an ironic attitude to these works can help the spectator to adopt these dual identities and to recognize the value of truth, while at the same time appreciating that reality can be harsh and sometimes unbearable. A similar ironic vision in relation to his patients can enable the analyst to retain a respect for truth alongside a sympathetic awareness of the need for illusion.*

Keywords: Illusion, *Oedipus the King*, disillusion, *The Wild Duck*, irony, truth, drama, identification, Greek tragedy, Ibsen, fantasy, reality, denial.

DUAL IDENTITIES: PARTICIPANT AND OBSERVER

As we listen to our patients, it is important to be able to identify with them, to empathize with their situation, and to participate in their dramas. It is equally important, however, to be able to limit our participation and to be able to withdraw from the identification in order to

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function as an observer. We need to be able to engage in the patient's conflicts and also to retain a questioning attitude in which observation of the patient and trying to understand how his mind works is our primary aim.

Normally, we alternate between these two states, being emotionally engaged as participants on the one hand and becoming separate to be able to observe on the other, and to achieve this dual role requires a capacity to identify in a flexible and reversible manner. Keeping a proper balance is not always easy, and the analyst may behave inappropriately if he allows himself to get trapped in identifications with his patients or their objects. Equally, he will fail to understand his patient if he behaves only as a detached observer without feeling himself into the patient's experiences.

In thinking about the effect of a theatrical performance on an audience, I was struck by parallels between the role of the analyst when listening to his patient and that of the spectator of a classical drama. In her discussion of Aristotle's theory of catharsis, Turri (2015) summarizes the classical view that the emotions of terror and pity are central to the experience of tragedy. Moreover, she explains that, according to Aristotle, terror involves a fear of something happening to ourselves, while pity, by contrast, is based on feelings for the person whom we are observing. I take this to mean that when we in the audience feel terror, we have identified with the hero of the drama and are feeling what we imagine he is feeling. However, when we feel pity, we have withdrawn from this identification and are observing the suffering as it is happening—not to us, but to someone we have come to care about.

To understand a play and the effect it has on us requires that we engage in both roles, and later in this paper, I will utilize the ideas of Schafer (1970) and others (Lear 2003, 2014; Stein 1985; Walsh 2011) to suggest that this dual identity as participant and observer is achieved through a capacity for irony. The two states are irreconcilable: we cannot be both involved and detached, but when we are involved there is a lingering awareness of a capacity to observe, and when we are observers we know that we have been, and again will become, involved. Because neither position is stable, this awareness leads to self-doubt, which is essential to irony and can serve as a reminder of our human frailties. Without irony, the situation can become so real that there is no gap between the drama and the audience, or so unreal that the drama seems

to have nothing to do with us. The parallel with the psychoanalytic situation raises the possibility that we can learn something about the analytic attitude from a consideration of the impact of a theatrical performance on the audience.

Critics commonly use Sophocles's *Oedipus the King* (5th century BC, a) to illustrate irony in a situation in which the audience observes the tragedy from a position of knowledge that is not available to the protagonists in the drama. For example, Fowler, in his *Dictionary of Modern English Usage* (1926), states:

[Ironic] drama had the peculiarity of providing the double audience—one party in the secret & the other not All the spectators, that is, were in the secret beforehand of what would happen. But the characters, Pentheus & Oedipus & the rest, were in the dark, . . . the dramatist working his effect by irony. [pp. 295-296]

I will suggest that this double attitude, one in ignorance and one in the know, reflects an internal situation in which we both know what is happening and at the same time deny that knowledge. I will explore this theme in *Oedipus the King* (Sophocles, 5th century BC, a), but first I will look at a similar situation in *The Wild Duck* (Ibsen 1884).

A central theme in both plays is the devastating impact of reality on lives that have been based on evasion of truth. These evasions have allowed an illusion of superiority to develop, which does not appear to be a problem until it collapses into catastrophe as the truth becomes known. This is a common if not universal theme in tragedy, and it is also a recurring if not universal experience in analysis, in which the impact of reality may be felt as a cruel expulsion from a period of blissful existence. To varying degrees, we all have a Garden of Eden fantasy of an idealized time when we were sole possessors of the breast, and this may support a belief that the idealization can be recovered and does not have to be relinquished (Steiner 2013, 2015). Our awareness of pretense, falsehood, and self-deception varies from the gross lying of the impostor to a dim awareness that all of us have something to hide because none of us can live up to the standards of the ideal (Deutsch 1955; Greenacre 1958; Steiner 2011).

Both these plays deal with the growing impact of reality on the lives of protagonists who have been living under the spell of an illusion, and it is the sudden dramatic impact of reality as it shatters illusions that gives rise to the plays' tragic element. Examining this theme can remind us that illusions serve important functions, and that there are dangers if reality is forced onto an individual who is not equipped to deal with it. In both plays, we have a protagonist who is determined to expose the truth, and in both, the truth proves to be unbearable and the consequences tragic once it is revealed.

HENRIK IBSEN'S *THE WILD DUCK*

The Brutality of Truth

The drama in *The Wild Duck* (Ibsen 1884) centers on a confrontation between truth and illusion that follows the reunion of two childhood friends, Hialmar Ekdal and Gregers Werle. They knew each other when their fathers were business partners prior to the disaster that struck Hialmar's father, Old Ekdal. He was convicted of a fraudulent forestry deal, imprisoned, and stripped of his army rank, while Gregers's father, Hakon Werle, was acquitted and went on to become a prosperous merchant.

The humiliated, lowly status of the Ekdal family compared to that of the Werles is evident when the play opens with a sumptuous dinner given by Hakon Werle for his son, who has accepted his father's invitation to return after some seventeen years of resentful absence following the death of his mother. In defiance of his father, Gregers invites his friend Hialmar to this dinner, in the course of which Hialmar gives an account of his recovery after his family's disgrace. Thanks to Gregers's father, Hakon, Hialmar has been able to establish a photographic studio and to meet the woman to whom he is now happily married. He adds that his wife, Gina, was once in service with the Werles, and Gregers is shocked when he realizes that she was not only the person who kept house for them during the last year of his mother's illness, but also the one with whom he suspected his father had a relationship.

Hialmar's presence is an embarrassment to the gathering, and the awkwardness is even more painful when the shabby, doddering Old

Ekdal walks through the company and is looked down on by everyone—even by his own son, who averts his gaze.

Hialmar leaves early, and Gregers then confronts his father and attacks him for allowing Old Ekdal to take the blame for the crime that both partners were guilty of. This Werle denies, and Gregers goes on to accuse him of helping the Ekdals with money to cover up his guilt. Moreover, he also accuses him of covering up his relationship with Gina by marrying her off to Hialmar. Hakon asks if it was Hialmar who has accused him of this, and Gregers tells him that it was his mother who told him about his liaison with Gina. Exasperated, Hakon responds by saying that Gregers sees everything through his mother's eyes and has ignored her clouded vision. Despite the long-standing animosity between father and son, Hakon is seeking a reconciliation with Gregers and has invited him to return home to join the business as a partner, so that Hakon himself can retire to the country and marry his present housekeeper.

Gregers sees this as an attempt to get him to collude with yet another cover-up by condoning his father's behavior and concealing the family's ugly secrets, including rumors about his mistreatment of Gregers's mother. As the two argue, Gregers's idealization of his mother and his hatred of his father clearly emerge, and their row ends with Gregers refusing to support his father and leaving, insisting that they will never meet again. When his father asks him what he will do if he will not join the business, Gregers proclaims that he has now found his mission in life. It is clear that this mission is to expose the lies of Hialmar's marriage, and we realize this has more to do with exposing his father than with helping his friend.

The remainder of the play takes place in Hialmar's studio, where we see the various illusions and self-deceptions that the Ekdal family lives by. Despite these, Hialmar and Gina manage to live a contented life and, albeit with hardships and tensions, they care for each other, so that Hialmar can say, "Our roof may be poor and humble, Gina; but it is home. And with all my heart I say: here dwells my happiness" (Ibsen 1884, p. 35). They gain great comfort from their love for their daughter, Hedvig, now age fourteen, who is described as their greatest joy, but also as their deepest sorrow because she is going blind.

Hialmar and Gina each cope with their humiliation through enacting a pretense. Old Ekdal escapes to the attic, which contains a make-believe forest where rabbits and hens are kept, and where he can put on his old uniform and pretend he is still an officer shooting bears. Hialmar, instead of working in his studio, dreams of his great invention, which will restore the family name and allow him to rehabilitate his father. Gina supports these illusions, keeps the business going, economizes to make ends meet, and pretends that it is Hialmar who is the breadwinner. Hedvig adores her father but like her mother, she treats him as a difficult child, and she continues to believe that she is loved despite the growing evidence of his selfishness and neglect.

Also in the attic, in a special basket, sits the wild duck, shot and wounded by Hakon and given to Hedvig, after being rescued from the "depths of the sea" by Hakon's dog. The wounded wild duck has many resonances—most obviously, perhaps, as a symbol of the objects damaged by Hakon and given to the family to look after.

Gregers becomes the Ekdals' lodger, and his passion for truth grows as he sees the make-believe world they inhabit. He invites his old friend Hialmar for a long walk, in the course of which he reveals Gina's secret liaison with his father and the dubious motives for his support of the family. He has embarked on his mission to rescue Hialmar from a life based on illusion to one founded on truth.

Gregers has always been an idealist, and he expects Hialmar to have identical views, which would lead him to embrace the truth, accept what has happened, and rebuild his marriage on a new, sound footing. However, Hialmar is nothing like Gregers, and when he discovers Gina's past and the support that Hakon has secretly provided, he reacts with righteous indignation: he is determined to leave the family and to return everything he has received from Hakon Werle. In his rejection of all he has been given, he even tells his daughter, Hedvig, that he would like to strangle the wild duck and that the only thing preventing him from doing so is that he knows how much it would upset her.

Another blow to Hialmar's pride takes the form of a letter from Hakon that contains a deed of gift, which Hialmar tears up in a rage when he learns that it provides a pension for Old Ekdal until his death, and after that for Hedvig. However, the final blow comes when he begins

to recognize that Hedwig may not be his daughter. It becomes clear that Hakon is himself going blind, and this creates the conviction in Hialmar that Hedvig's blindness is hereditary, and that Gina was already pregnant when she married him. Gina confesses her affair and admits that she cannot be sure who Hedvig's father is. Hialmar's cruelty becomes most poignant when he rejects Hedvig and calls her an interloper.

Gradually, however, Hialmar allows himself to lean on Gina once more, and as he begins to feel less righteous and more needy, he glues together the fragments of the torn letter so that the legacy need not be rejected. When he hears that Hedwig intends to sacrifice her precious wild duck to demonstrate her love for him, his rejection of her also softens—but it is too late, because the drama comes to its tragically fatal conclusion when Hedvig, instead of shooting the wild duck, shoots herself. She has come to believe that it is she who is the burden on her family, having been damaged by Hakon Werle and shunned by Hialmar.

A voice of reason appears in the form of Dr. Relling, who explains that in his view, it is Gregers who is disturbed, saying, "But one disease he has certainly got in his system He is suffering from an acute attack of integrity" (Ibsen 1884, pp. 71-72). Dr. Relling has been trying to support Hialmar despite his illusions because of his belief that: "Rob the average man of his life-illusions and you take away his happiness at the same stroke" (p. 100). Gregers has failed to recognize that Hialmar is an average man, and he has no understanding of his feelings. Moreover, Gregers's motivation for revealing what he did had less to do with Hialmar's happiness than with the wish to expose the alleged wrongdoing of his father. Gregers's hatred arises in part from his idealization of his mother and his denial of her paranoia and alcoholism, which led to her husband's alienation and hastened her death. This means that the truth Gregers wants to impose does not take into account the wider picture and is equally based on illusion.

The Role of Irony

In *The Wild Duck*, Ibsen forcefully reminds us that truth can be cruel and that we can become blind to the tragic consequences of its impact. The tragedy raises the importance of feelings such as pity and kindness

as they are evoked in the audience, who are made aware of Gregers's inability to feel them.

The need for kindness is a theme pursued by E. M. Forster, an admirer of Ibsen (Forster 1936) who argued that kindness is as important as truth—not only to mitigate the harshness of truth, but also to make it more true. In *A Passage to India* (1924), his heroine, like Gregers, felt only “cold justice and honesty” and “no passion of love for those whom she had wronged” (p. 217). Forster asserted that: “Truth is not truth in that exacting land unless there go with it kindness and more kindness and kindness again” (p. 217).

Forster's point is not simply that truth without kindness can be cruel, but that truth without kindness is not fully true. Nevertheless, we also know that truth is essential for our mental health and that pursuing truth is one of the basic goals of psychoanalysis. We find ourselves in agreement with Freud when he asserts that “we must not forget that the analytic relationship is based on a love of truth—that is, on a recognition of reality—and that it precludes any kind of sham or deceit” (1937, p. 248).

Moreover, in *The Wild Duck*, Gregers's view of the benefits of truthfulness is close to that held by psychoanalysts in their model of healthy development. We argue that facing the reality of loss allows us to mourn our lost objects, to recognize our guilt, and to repair the damage we have done. What we sometimes forget is that in order for guilt to be accepted and to motivate us toward reparation, it has to be bearable—and this is often the critical factor, as it proves to be for Hjalmar. As we relinquish and mourn our illusions, we must also relinquish and mourn our omnipotence; paradoxically, this means that facing reality includes an acceptance of our limitations, including the limits to the reality we can accept.

Freud recognized that a love of truth is not the same as an idealization of truth. He was very aware that we all need defenses and that neurotic compromises are part of ordinary existence. In his words:

It is not his [the analyst's] business to restrict himself in every situation in life to being a fanatic in favour of health We must allow that in some cases that flight [into illness] is fully justified, and a physician who has recognized how the situation lies will silently and solicitously withdraw. [1917, p. 382]

Freud was a great admirer of Ibsen, and in relating one of his own dreams, he described a sentence “written in a positively *norekdal* style” (1900, p. 296). He concluded that *norekdal* was a condensation of *Nora* and *Ekdal*—the first a character in *A Doll’s House* (Ibsen 1879) and the second in *The Wild Duck* (Ibsen 1884). In discussing this dream, Anthi (1990) suggests that, at the time, Freud was beginning to become aware that his studies in hysteria were exposing him to criticism from his colleagues, and that, in identification with Old Ekdal, he feared humiliation and disgrace. Anthi also suggests that Freud’s partnership with Fliess was coming to an end, and that the imprisonment of Old Ekdal reminded him of his guilt about their dangerous collaboration in the case of Emma Eckstein (Masson 1984). I suspect, however, that Freud was also becoming aware that, in his treatment of hysterical patients, he had been exerting pressure on them *to accept the truth*, and that the portrayal of Gregers in *The Wild Duck* may have alerted him to the harm that can be done by overzealous idealists.¹

Freud could recognize both the value of truth and the dangers of an insensitive imposition of it on others, and this capacity is essential to irony. By contrast, Gregers’s concrete solution to the problem shows that he is completely without a capacity for irony, and he cannot extricate himself from identification with Hialmar; hence he cannot observe what he has done or feel pity for those whom he has exposed. He cannot feel tolerance or kindness toward them and is intent only on taking action that is unrestrained by thought or self-doubt.

OEDIPUS THE KING

Collusions to Avoid Reality

In *Oedipus the King* (Sophocles, 5th century BC, a), we have a similar though even more dramatic example of a determination to expose the truth that results in tragedy. This time it is Oedipus who pursues the

¹ Other analysts have recognized the importance of *The Wild Duck* in understanding the complex relationship we have with reality. Anthi (1990), Killingmo (1994), and Szalita (1970–1971) have contributed interesting papers on the play’s relevance to psychoanalysis, and Zachrisson (2013) explored the search for truth and the need for illusion in both *The Wild Duck* (Ibsen 1884) and *Oedipus the King* (Sophocles, 5th century BC, a).

truth without realizing where it will lead, and we identify with him as he gradually discovers what a disaster this exposure will be. If we emerge from our identification, however, and temporarily become sufficiently detached, we can also observe how the collusions and evasions among the drama's participants led to a denial of the truth for so many years. Having triumphed over the sphinx, Oedipus, along with his family and indeed the whole city of Thebes, lived under an illusion of stable prosperity until a plague disturbed the status quo.

Like the original Greek audience, we are familiar with the story, but we do not always recognize that each of the main characters had his or her own reasons for evading reality, and how this led them to collude in establishing and sustaining their ignorance of the facts. At the beginning of the play, Oedipus is confronted with the crisis of the plague, which leads him to embark on a quest to determine its cause. Seventeen years previously, he had entered Thebes as a homeless fugitive from the court of Corinth, to be welcomed in triumph because he had solved the riddle of the sphinx. He was made King of Thebes in place of Laius, who had been killed a few days earlier, and accepted Jocasta, the former queen, as his wife. However, in order to enjoy his good fortune, he had to evade a number of facts that, had he pursued them, would have led him to discover the truth and to avoid the false premises on which his good fortune was based.

Moreover, the other characters in the drama—Jocasta and Creon in particular, but also the elders of the city—found it expedient *to turn a blind eye* in order to ignore events that would have enabled the truth to emerge (Steiner 1985).² It was this unconscious collusion that established Oedipus as an upright king and a respected father in what turned out to be an illusion of normality. Furthermore, it was an illusion that

² In an earlier paper (Steiner 1985), I use the term *to turn a blind eye* to denote a situation in which we have access to reality but choose to ignore it because it proves convenient to do so. This mechanism involves a degree of ambiguity as to how conscious or unconscious the knowledge is; most often, we are vaguely aware that we are choosing not to look at the facts, but without being conscious of what it is we are evading. These views of Sophocles's play are based on the work of Philip Vellacott, an idiosyncratic classicist who is known for his translations of Aeschylus and Euripides but whose views on Oedipus (Vellacott 1971) have not been generally accepted.

has enabled the family and the city to survive until it is shattered as the facts emerge in the course of the play.

When the tragedy's disillusion arrives, we in the audience are moved to terror and pity as we witness the unfolding events. In identification with Oedipus, we share in his determination to discover the truth, and we are terrified as each new discovery implicates him more certainly as the source of the corruption. However, we are also able to disidentify with the hero and observe the total situation, and this allows us to acknowledge the facts that Oedipus has been evading, as well as the complex involvements of all the characters in the cover-up. As we withdraw from the identification and stop to observe and think, we are bound to ask: "If these things can be brought to light now, why were they not discovered seventeen years ago when Oedipus first entered Thebes?"

The Attitude of Oedipus

We can begin by imagining the thoughts going through the mind of Oedipus when he first entered Thebes to be acclaimed as a hero. He has left Corinth determined to avoid the prophecy at the center of the play, and he has just killed an older man with a retinue outside the city. He has married the widow of the king, a woman old enough to be his mother, and he did this within a very short time of being told by the oracle that he was destined to kill his father and marry his mother.

We know the fateful history, but we watch attentively as it becomes clear that Oedipus failed to make the crucial connections. The city must have been buzzing with news of the recent murder of King Laius, but Oedipus had not asked where the king had been killed, by whom he was attended, or what he looked like. Instead of pursuing the obvious inquiries, Oedipus has erected a plausible facade to cover up the truth, which he persuaded himself and others to accept. He felt safe in Thebes because he convinced himself that the one thing he feared was a return to Corinth, where he might kill King Polybus and marry Merope, the couple he believed to be his parents. He overlooked the fact that he had gone to Delphi expressly to ask about his parentage because doubts had been cast on it, and the oracle had failed to provide the answer. He accepted his new situation without qualm because, as Green (1987) sug-

gested, the desire to enjoy Laius's throne and Jocasta's bed made him a poor logician.

The Testimony of Teiresias

One of the remarkable moments of the play occurs quite near the beginning when Oedipus swears to find and banish the killer of Laius, and the ancient soothsayer Teiresias is sent for. At first he refuses to identify the guilty man, but when Oedipus becomes childishy abusive, Teiresias gets angry and tells him in plain terms first that the killer Oedipus is seeking is himself, and then that it is he who is "the cursed polluter of this land . . . living in sinful union with the one you love" (Watling 1947, p. 36).

Creon, the elders, and Oedipus all hear this, and all go on to act as if they have not heard it. The remarkable thing is that we in the audience also hear it and, while knowing it to be true and witnessing the wholesale denial, we identify with Oedipus and join in the collusion, apprehensively waiting for the denouement as the play gradually and with many diversions leads inexorably toward the truth.

Jocasta's Attitude

Jocasta must have been told of the death of her husband, and she knew of the prediction that led him to fear that his son would murder him. Despite this she agreed to the marriage and repeatedly expressed her contempt of prophecy. In the play, she reassures Oedipus by insisting that guilt is inappropriate because all lives are ruled by chance. Marriage to the youthful Oedipus offered her the opportunity to remain Queen of Thebes and once again to bear children. It is not difficult to suppose that these advantages led her to turn a blind eye to the truth and to collude in the cover-up.

As psychoanalysts, we recognize that the oedipal illusion is universal and includes a fantasy of mutual love between mother and child, irrespective of differences in age. Jocasta's fate, however, reminds us of the tragic consequences if these illusions remain untouched by reality.

Creon's Attitude

Jocasta's brother, Creon, was responsible for ruling the city after Laius was killed. He explains that he had no ambition to rule and was

content to retain an influence in the background. He shows no surprise when told of Teiresias's accusations, despite their terrible import, saying only, "If he did so, you know best" (Watling 1947, p. 40). Earlier, when Oedipus asks what stopped them from tracking down the king's killer there and then, Creon replies, "The Sphinx with her riddles forced us to turn our attention from insoluble mysteries to more immediate matters" (Watling 1947, p. 29).

Oedipus asks why Teiresias was not summoned to identify the murderer at that time, only to be told that he *had been* summoned but had remained silent. When Oedipus asks why he has now spoken after staying silent for so long, Creon answers simply, "I do not presume to say more than I know" (Watling 1947, p. 41). It makes sense for Creon to deny his complicity; Oedipus cannot be saved, but Creon can—and in fact he comes out of the drama unscathed.

The Attitude of the Elders

Finally, the chorus of elders, on stage throughout the unfolding of the drama, are shown to be concerned with their own interests as they begin to suspect that all is not well with Oedipus. When Oedipus proclaims that he will find the guilty party, they deny having had anything to do with it and indicate they prefer divine knowledge to that arrived at by investigating reality.

Even though the elders heard Teiresias make clear that it is Oedipus who is the killer of Laius and the polluter of the land, they avoid all reference to these accusations. Instead, they speak of an unknown robber with bloodstained hands who has committed the most unspeakable of unspeakable crimes, and refer to him roaming the countryside at large. Eventually, they admit that Teiresias's testimony is disturbing, but they affirm their compliance and decline to take sides. They are terrified of the chaos that they think will arise if their king is dethroned, and they are also playing it safe while there is a chance that he might survive.

The Cover-Up

A cover-up requires conspirators who agree either overtly or tacitly to collaborate. If Creon had called for a proper inquiry, the witness would have been interrogated and the truth would have come out. If

Jocasta had not ignored the oracle that she so hated, she might not have turned a blind eye to her young husband's resemblance to Laius, to the fact that his age was precisely that of her son had he lived, or to the scars on his feet that must have puzzled her. If the elders, too, had been more vigilant and not so concerned about backing the winning party, they might have demanded an inquiry, or at least asked about their new king's background.

The cover-up could only take place because it suited several parties at the same time and thus enabled the participants to be of mutual service to each other. We in the audience also collude in the cover-up because we empathically identify with everyone's need to do so.

Oedipus's Remarkable Pursuit of Truth and the Horrible Denouement

If we recognize the only-too-human evasions of truth that led to the massive cover-up in *Oedipus the King*, then the determination and courage shown by Oedipus as he faces reality is even more remarkable. We see him vacillating and struggling with his ambivalence, but this only makes his final achievement so impressive.

The climax of the play occurs when the shepherd who took Oedipus away as a baby makes the whole truth clear, and Oedipus accepts it with great courage and without prevarication or excuse. He admits everything, saying simply, "Alas, all out! All is known! No more concealment! Oh light! May I never look on you again, revealed as I am, sinful in my begetting, sinful in marriage, sinful in the shedding of blood" (Watling 1947, p. 56).

At this point, the truth, although awful, seems to be accepted by Oedipus, but the next event in the tragedy—the final blow of Jocasta's death—seems to make the situation unbearable. A messenger announces the suicide of the queen and describes what happens next: when Oedipus sees her suspended body, he cuts her down and then puts out his own eyes with her brooches. We are moved with horror and pity as we recognize that his guilt has led to this tragic self-mutilation, which seems to indicate that looking at the truth became impossible when it included responsibility for Jocasta's death. Her death was unexpected and doubly shocking. The murder of his father and his marriage to his mother were part of the prophecy, but nowhere was Oedipus warned that his crime would devastate and destroy his mother as well.

Moreover, the hero is now alone, with neither parent able to serve as a good object to make tragedy and guilt more bearable. After his determined pursuit of the truth and his courageous acceptance of responsibility, his self-blinding initiates a move away from truth, which deepens in *Oedipus at Colonus* (Sophocles, 5th century BC, b), where Oedipus adopts a godlike status and emphatically denies his guilt (Steiner 1990, 1993).

Sophocles highlights the conflict between the wish to face the truth and the wish to evade it, surely one of the deepest of human conflicts, and one that every patient who embarks on an analysis has to wrestle with. We can identify with the hero who espouses such devotion to truth, but I believe that looking again at *Oedipus the King* and *The Wild Duck* can lead us to temper our love for truth with a recognition of its cruelty and an acceptance of the need for evasions that can make life bearable. This means that the acceptance of reality is more complex than a simple facing of facts, and that different visions of reality are required to enrich our understanding and to make it more true. To support the patient as he embarks on developments in accord with reality requires the analyst to appreciate how complex, multilayered, and rich our relationship with reality is. The analyst needs to accept that reality can be cruel, that evasions and illusions are universal, and that understanding them is often possible only in a wider context, where the total situation can be taken into account.

COMIC, ROMANTIC, TRAGIC, AND IRONIC VISIONS OF REALITY

I have used *The Wild Duck* and *Oedipus the King* to argue that the discovery and acceptance of reality is complex, and that the history, circumstances, and personalities of the participants must be taken into account to gain a broader and truer view of the total situation. In an important contribution, Schafer (1970) explored some of these complexities and put forward the view that the apperception of reality depends on the attitude or state of mind of the perceiver. He considers four different attitudes to reality, which he discusses under the headings of the *comic*, *romantic*, *tragic*, and *ironic* visions. His thinking is based in literary criti-

cism (Frye 1957), and these visions have a relevance beyond the psychoanalytic setting, dealing as they do with basic human understanding and the definition of what it means to be human (Lear 2003, 2014). The relevance for the psychoanalyst is partly that these visions may help him better recognize attitudes and states of mind in his patients, but also that they may lead him to a clearer view of his own approach to reality.

In Schafer's *comic* and *romantic* visions, a hero is driven to recover an idealized state and to achieve the desired outcome by overcoming obstacles, rather than by trying to understand them. In this sense, these two visions support illusion and invoke the pursuit of success rather than the acceptance of truth. In analysis, they can be thought of as antithetical to prioritizing truth, and yet they play an important role in enhancing the patient's quality of life and they contribute to a liveliness that adds to the pleasures of living. Eventually, when attempts are made to face reality, a critical issue is whether or not the resultant experience of disillusion is bearable.

In contrast to the optimism of the comic and romantic visions, the *tragic* vision involves an acceptance of reality and a suffering of both the pain and the pleasures that reality bestows. The tragic vision gives depth to experience and makes a simplistic goal of avoidance of pain seem superficial. To give an example, Klein described how a deeper and more enduring meaning of love can arise only after we have suffered the pain and depression that follow attacks on our good objects (Steiner, in press). We do not fully appreciate people or things that we value until we face their loss.

Perhaps most significant is the fact that the tragic vision moves us because it maps the often catastrophic meeting of evasions of reality in confrontation with the truth. This means that the terrible pain and disappointment of the loss of idealized fantasies is part of the tragic vision and is, I think, an essential feature of it (Steiner 2013, 2015).

It seems to me that in both *The Wild Duck* and *Oedipus the King*, it is catastrophic disillusionment that gives the tragedy its bite. We witness how the people who have come to matter to us are crushed by the impact of reality, and we are moved to feel terror and pity that enriches our lives.

THE IRONIC VISION

A consideration of the tragic vision helps us to recognize that a gap has emerged between the protagonist in the throes of relinquishment of his illusion and the audience aware of the reality he has so energetically been avoiding. Moreover, this gap exists in all of us as we alternate between participation and observation in the dramas of others, but also in our own dramas, which we both live through and reflect on. The *ironic* vision involves an awareness of this gap and a willingness to tolerate both points of view. We realize that all along we have known something of the truth; we feel pity for the blindness of the protagonists, and we shudder as collusions and seductions are exposed.

Because these attitudes are contradictory, they cannot be resolved, and the conflict has to be recognized as inevitable and permanent. It is part of the human condition that we wish both to deny and to accept reality. I think it is a sense of irony that allows us to live with this contradiction and also with other contradictions, such as that between subjective and objective, symbolic and concrete, actual and ideal.

Irony as an Attitude to Life

We have considered irony to arise in the relationship between illusion and reality, and this includes a recognition of illusions we have about ourselves that affect our attitude to reality in general. This is the view of Lear (2003, 2014), who provides an extended discussion of the topic from a philosophical point of view that makes extensive links with psychoanalysis. He suggests, for example, that we all live a pretense in the sense that we make a claim to be something or someone, and that, to varying degrees, these claims are illusory. At the same time, we are concerned with the impact of reality on these claims, and the coexistence of the two gives rise to the ironic view.

The gap between pretense and reality is another version of that between illusion and reality, and one that is relevant to our identity and our aspirations and goals. In this way, irony can arise when there is a discrepancy between different views—for example, between the self as an active participant and a self that is self-reflective and skeptical.

The Subjective and the Objective

Lear also considers the relationship between subjective and objective knowledge, especially in relation to the psychoanalytic attitude. If we consider the subjective to arise from an experiencing self, we can link it with the feelings and thoughts that we have as we participate in our own or in other people's dramas. The objective view, by contrast, arises from our position as observer, self-reflective in our own dramas and experiencing those of others from the outside. The fact that we are human beings means that neither the position of the involved participant nor that of the detached observer is stable, and we alternate between them as we are pulled into and out of either position.

Sometimes the detached position as an observer is thought to be scientific and is pursued in attempts to make psychoanalysis respectable. Such attempts are valuable and important, but only if they are tempered by an ironic vision that recognizes that we can only transiently extricate ourselves from subjective involvement. This does not mean that objectivity is impossible, but rather that it is always suspect and open to self-doubt. An ironic view that recognizes the value of both the subjective and the objective can in this sense be more truthful than a simplistic objectivity.

Since it aims at detachment, irony may be used defensively to lessen the impact of tragedy. Fowler (1926) speaks of the delight of irony in a "secret intimacy" (p. 296) with those in the know, and it is these delights that may lead to feelings of superiority as we disengage from the tragedy and look down on those suffering it. This relief may contribute to the humorous element in irony, which causes us to smile as we see the discrepancy between the tragic struggles of the protagonists on stage and our own apparently deeper knowledge. Irony may then descend into sarcasm and mockery if self-observation gives way to action and condescension. The distinction is important; in true irony, the smile is always tinged with pain since we are simultaneously laughing at ourselves and identifying with the protagonists of the tragedy.

It seems to me that the ironic view allows us to appreciate the importance of both sides in the conflict between reality and illusion. It encompasses both the comic and the tragic, the subjective and the objective,

the concrete and the symbolic. If we are able to experience each of these states in turn, we can become aware of the conflict and contradictions in our complex relationship with reality. We can also recognize how easily the ironic view can collapse into a concrete certainty with the potential for insensitivity and cruelty.

IRONY IN PSYCHOANALYSIS

Having looked at the complexity of our responses to the characters portrayed in *The Wild Duck* and *Oedipus the King*, we can see a similar complexity as we listen to and try to understand our patients. I have stressed the fact that the ironic stance is also relevant to an intrapsychic conflict within ourselves. We can become keenly involved in our beliefs and actions if we are also able to stand back from them to observe what we have done and what the consequences of our actions have been. This sequence of action followed by observation and reflection repeats over and over as the analytic session proceeds, and we can observe the patient's responses to our interpretations and use them in part to understand the patient better, and in part to detect flaws within ourselves and to correct errors in our constructions.

In her unpublished lectures on technique of 1936, Klein suggests that a good analytic attitude involves a "rather curious state of mind, eager and at the same time patient, detached from its subject and at the same time fully absorbed in it." She says this requires a "balance between different and partly conflicting tendencies and psychological drives, and . . . a good co-operation between several different parts of our mind" (Steiner, in press).

These characteristics seem to me to be part of an ironic stance that, when it is functioning well, can allow an eager involvement with our patients, while a capacity to laugh at ourselves protects us from dangerous overinvolvement with passionate beliefs.

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TRUTH AS IMMEDIACY AND UNISON: A NEW COMMON GROUND IN PSYCHOANALYSIS? COMMENTARY ON ESSAYS ADDRESSING “IS TRUTH RELEVANT?”

BY GIUSEPPE CIVITARESE

Keywords: Truth, common ground, philosophy, epistemology, analytic theory, W. R. Bion, psychic reality, emotions, knowledge, thinking, unison, immediacy.

Let us be human.

—L. Wittgenstein (1984, p. 36)

First of all, I would like to thank Jay Greenberg for having asked me to comment on this group of essays by extremely well-respected authors who were invited to write about the topic of the relevance of the concept of truth in psychoanalysis. I find this discourse to be of great importance, not at all an abstract or philosophical one, and I feel that it has definite consequences on both theoretical and technical levels. In discussing the various papers—which I have very much appreciated for what they say, and perhaps even more for the questions that they raise—I will follow a path leading approximately from the more traditional positions toward the more innovative ones, in order to highlight an emerging paradigm in psychoanalysis. Here and there and in the concluding section, I will also express my own opinions on the topic.

I will try to identify in the various papers a kind of red thread in which the connections between *truth* and *immediacy* (Blass 2011) and between *truth* and *unison* are interwoven in various ways, both explicitly and implicitly. To my mind, in assigning value to these connections, we can begin to construct a new common ground in psychoanalysis. The

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differences among the various papers must not be silenced, nor must the conflicts they reflect, but just as important is the attempt to discover their points of convergence.

The history of psychoanalysis can be reread as the attempt to come up with ever more effective tools¹ with which to establish the truth of emotionally lived experience in the here and now in analysis, even when the objective could seem to be a different one—for example, when analysis is aimed more at the recovery of the repressed—in order to identify the ultimate basis of personal truth within the emotional unison. *Personal* truth, but also—I would add in the light of contemporary epistemology—*collective* truth. In this perspective, truth is seen as the food that nourishes the psyche in that it creates order; that is, starting from the meeting of minds, it simultaneously generates protoexperiences of “unity and multiplicity” (a scholastic definition of *concept*; see Heidegger 1977, p. 155). Initially of an emotional or sensorial type, these proto-concepts are gradually developed to the point of actual concepts. In this way, self-awareness is established and the subject can fully enter into the symbolic.

My theoretical frame of reference is Bionian psychoanalysis and the mother–infant relationship as the model of the mind’s growth. In his attempt to formalize psychoanalysis—or rather to start out again from its earliest principles in order to formulate concepts of concepts (an example of which is *unison*)—Bion could have had much greater success than I myself would have been prepared to credit him for until a short time ago. That is, restarting from the basic elements of psychoanalysis, he could have formulated theoretical systems of a more abstract type to encompass various tools that are analogous but come from different models. Bion’s phenomenological effort—think of the keywords of the titles of his most noteworthy books and some of his minor writings, and of their clear inspiration from Husserl: *elements*, *attention*, *experience*, *transformations*, *evidence*—opened our eyes to other models that have

¹ First, for example, is the tool of transference interpretations, and then that of unconscious fantasy, of enactment, the metaphors of the intersubjective third and of the analytic field, and so on. See Davies’s comment in her paper: “The very statement implicit in any moving interpretation, that ‘I think I understand something about you that you may not yet understand or see in yourself,’ is penetrating in that it puts the analyst at the core of the patient’s most hidden selves” (p. 383).

tried to, and continue to try to, carry out their own “return to the things themselves.”²

THE CAPACITY TO LOVE

I will begin with Rachel B. Blass’s paper because it most closely reflects the classical conception of psychoanalysis and can thus serve as a touchstone for the other papers. Blass recognizes that what counts in analysis, in the end, is that the patient reaches an openness to truth and a capacity to know more than the recognition of specific repressed contents, even though she sees the two things as joined together. What surfaces in the transference, Blass explains, are not so much factual truths, but mental attitudes—ways of thinking, libidinal impulses—not only contents but forms of contents. In this way, she makes it clear, if it is truth that one is dealing with, this cannot be reduced merely to its informative or biographical quotient. More than remembering in and of itself, what becomes fundamental in the analytic process is the working through.

The incapacity to know depends on the desire not to know, resulting from the struggle between hate and love, life and death instincts. If the capacity to know depends on the *capacity to love*, in the therapeutic relationship, it becomes important to develop this capacity; the only way to do so is obviously to endow the relationship with a particular quality. But Blass professes to be convinced that there is nothing new under the sun: “I see this as a stance that has always lain at the very foundation of psychoanalysis” (p. 306).

Blass argues clearly and convincingly for the importance of the search for truth (“the alpha and omega of psychoanalysis,” p. 306), both in Freudian theory and in the Kleinian approach. Toward that end, she cites Freud’s pointing a finger at the patient and reminding him of his responsibility: “The blame . . . lies with yourself” (p. 308). By definition, “one perverts [one of the most recurrent verbs in the paper] reality” (p. 328). But the truth that the neurotic denies, destroys, and conceals is something he knew and still unconsciously knows, as is seen by the fact that it reappears symbolically in symptoms. This is why, in the return of the repressed, Blass recognizes the patient’s wish/passion (epistemo-

² See Husserl: “We want to go back to the ‘things themselves’” (1900, p. 168).

philia/search instinct, *Wissbegierde*) to know the truth and not only to avoid it.

All this notwithstanding, Freud's evolution from the *thing* of the memory to the *how* of psychic functioning as the consequence of a given capacity to know/to love, and from the memory-as-a-content to remembering as a *process* of the recording of reality, remains incomplete. "[Freud's] notion of mental attitudes, as well as that of the patient's search for truth, are not sufficiently articulated or grounded in the rest of his thinking" (p. 317), Blass writes. Freud's position on love is ambiguous; on the one hand, he sees it as a denial of reality, while on the other, as the expression of a powerful desire for knowledge and an openness to reality. That uncertainty is reflected in the suspiciousness of classical psychoanalysis toward transference love, seen as "false" in comparison to its more genuine or "true" version. Equally vague and not sufficiently defined would be the principles of translating the unconscious into consciousness and bringing the id under the control of the ego.

Klein would have shed some light on these opaque points of Freudian theory, according to Blass: "[Klein's] way of thinking . . . *resolves* many of the basic difficulties that Freud encountered as he brought together ideas on memory, libidinal trends, and mental attitudes" (Blass, p. 318, emphasis added).³ But in what way does Klein "resolve" the problems encountered in Freud's theory? Mainly by introducing the concept of unconscious fantasy, not thoughts on something/someone, even if influential, but "building blocks," "the material of the ego and of the mind itself" (p. 318). Both the self and the object with which one is in a relationship in unconscious fantasy are parts of the self. Attacking an object is equivalent to attacking/damaging part of one's own mind. "Content" (fantasied action) and "form" (the process of psychic functioning) are thus reunited in a convincing way, from one theoretical viewpoint: the

³ In passing, it seems important to share an implicit aspect of this point of view: that one must attempt, in an atmosphere of mutual respect, to discuss which theory or which technique permits us to better frame our problems and seems to us to be *more effective* in treating psychic suffering. It seems banal to repeat it, but not everyone would accept such a "truth," perhaps because they are too worried about sinking back into the climate of "theological" disputes that have marked the history of psychoanalysis. This would indeed be a position of absolute relativism: admitting the difference, but considering the comparison unwarranted.

“instinctual trend” (the erotic or aggressive quality of the fantasy) and the “mental attitude” (the internal vision of the state of the object) and “the way one actually thinks.”

Focusing the analysis on the interpretation of unconscious fantasy would resolve the Freudian indecision about remembering versus repeating: “[Klein’s] notion of phantasy helps make sense of the idea that there is no distinction between coming to know split-off and denied truths of the mind and developing the capacity to think” (Blass, p. 322).⁴ The *thing/how* dichotomy would actually be erased. Recovering denied or split-off aspects of the self would coincide with the development of the capacity to think.

In then discussing a paper by Segal, Blass provides us with a clarifying example of the passage from Freud to Klein, showing how a possible interpretation of a patient’s material in an oedipal key⁵ (of a *thing*) might be transformed into an interpretation of an operative unconscious fantasy (of a *how*), read in the key of oedipal sexuality between the minds of analyst and patient in the here and now. The fantasy of penetrating the mother comes to be understood as the fantasy of penetrating the analyst’s mind with projective identification. In addition, Blass quotes Segal, who wrote perceptively: “What should be an awareness of his thoughts is experienced as an external fact—something happening in mother’s body” (Segal quoted by Blass, p. 325). To my ears, these statements sound very much in tune with post-Bionian field models, which also concentrate on the detailed analysis of the here and now, as well as on a transformation of past events and the external world, in the “oneiric” account of what happens between patient and analyst.

Now I will mention some problematic points that in my opinion are yet to be clarified. In the first place, in this perspective, there is at least a part of the patient that is seen as an enemy: the part that does not want to know and has no desire for sturdier truths, or in which the death instinct predominates (those who do not accept that notion will find

⁴ See, elsewhere in this issue, the distinction made by Allison and Fonagy between pathologies of representation and pathologies of psychic processes.

⁵ Consider Bion’s comment: “Thus, if the content is oedipal material, I do not concern myself with this, but with the transformation it has undergone, the stage of growth it reveals, and the use to which its communication is being put” (1965, p. 35).

themselves discomfited with respect to this point). My suspicion is that it can easily happen that this (hostile) part may come to be unconsciously identified with the whole, with the result that we sometimes witness the establishment of subtly moralistic and paranoid attitudes in the analyst. It is true that any model can be “perverted” in this same way, but in my opinion some have more antibodies than others to defend against this risk—to be precise, those models that favor more systematically raising questions about the role played by the analyst’s subjectivity.

In the second place, the question of the analyst’s authority remains unaddressed. As we know, this is precisely the point that other psychoanalytic models—for example, relational ones—have incisively criticized. Let us now examine this factor in greater detail, and it is a factor that closely correlates with the question of truth in psychoanalysis. As we have seen, for Freud, analysis is a struggle in which the analyst must conquer the patient’s resistances to knowing. For him, a fundamental idea is that it is the patient who misunderstands and distorts the truth of a given emotional experience. Hence there is a risk of imposing one’s own truth on the patient through a pedagogical-educative demand, and this risk was anticipated and dramatically experienced by Freud in the crisis of his “neurotica,” as Blass reminds us. In short, the patient is certainly not seen as “the analyst’s best colleague”—the one who, in the event of necessity, “treats” his therapist and continually points out to him how he is functioning via derivatives of unconscious thinking. Here we are fully immersed in what Ricoeur (1965) defined as the *hermeneutics of suspicion*.

The same is true, and perhaps even more so, for Kleinian interpretations.⁶ Since there will always be an unconscious part of the patient’s mind that receives them, one abstains from making use of other parameters in order to have an idea of the effect produced by them. Profound, fearless, indifferent to the degree of tolerance on the patient’s part or to the psychic pain that may be engendered (“without ‘fear of causing psychic pain or out of more theoretical concerns such as ‘timing,’” Segal and Meltzer quoted by Blass, p. 329), and aimed at the unconscious (which would “automatically” recognize their goodness): this is how

⁶ This is in contrast is the typical position of the Lacanian analyst, who on the one hand denies identifying himself as the subject who is supposed to know, and on the other remains the absolute master of the situation.

Kleinian interpretations are characterized. The analyst is portrayed as though he is “naturally” capable of “understanding” what happens in the transference relationship. But how can one know whether an interpretation is “well founded on the presenting material” (Segal and Meltzer quoted by Blass, p. 329)? And on what criteria for truth is this conviction based?

Blass herself expresses the concern that “in the eyes of contemporary culture, this approach to authority and responsibility belittles the patient, blames him for his predicament, and makes him vulnerable to abuse by authoritative figures” (p. 333). In contrast, she hopes to have presented a portrait that is different from the usual Freudian-Kleinian approach, one that does not belittle the patient. In part, this is true. If, however, the central tenets remain the concepts of distortion/misunderstanding/perversion of transference, and of destructiveness tied to the death drive, of an “enemy” to be defeated, then *how* does the capacity to love, the royal road to knowledge and thus actually *identified with truth*, become a theoretical-technical parameter?

Blass allows us to glimpse a possible line of thinking to support her point, which will appear clear in the perspective of some of the contributions that I will address after this one, and in Bionian theory, through the connection between truth and *the capacity to love* and *an offer of truth* and an *act of love*. But this part, in my opinion, is still presented in a way that is not sufficiently developed on a theoretical level. A strongly content-focused tone is still prominent here: the analytic encounter is indeed a “lived encounter” (p. 306), but how can one make Eros win? What is the value of truth that is intrinsic to emotional unison, just as, in Freud’s terms, a great knowledge of the object is intrinsic to the love for it? The impression is substantially that—even though some notable new perspectives are offered—we are still in the neighborhood of the evidentiary paradigm (Ginzburg 1979).

Not by chance, the end of Blass’s article is polemic, with approaches that aim more at grasping the inevitably emotional-aesthetic truth of the encounter. That seems to be symptomatic of what the author’s theory works hard to integrate, which I would say is all that is not on the order of psychic representation, and not only from the standpoint of pathology and of trauma (not necessarily in relation to a deficit), but also from

that of the aesthetic/corporeal/material/semiotic quotient of human signification. Not for nothing did Bion restore emotion to the center of psychoanalysis (and not for nothing did he introduce the idea of a *truth drive*). When, furthermore, in following up on a quotation from Freud, Bion asks himself about the vestiges of fetal life, is he abandoning the idea of truth?

The truth, Blass laments, may be seen by some as only the “detached, objective concern of scientists that does not encompass relational needs. *People . . . do not need understanding, but to feel understood, loved, appreciated, and validated*; their capacities—often viewed as stunted because of environmental limitations—need to be developed” (p. 334, my emphasis). Certainly, scientific truth, too, has been brought into the discussion by contemporary epistemology, and furthermore, we understand that truth can be based only on a process of mutual validation (with the other, an “integrated” form of comprehension). I would not say, however, that the idea of truth has gone out of fashion. Blass stigmatizes the crisis of a “neutral, truth-seeking stance” (p. 332n), as though this concept of neutrality might still be predominant. I would not confuse a metaphysical vision of truth with the crisis of this vision itself or the search (painful as well) for alternative methods. Nor would I say that the analyst avoids taking responsibility for his knowledge; on the contrary, it seems to me that the one who assumes more responsibility is the analyst who takes into greater account, based on the instruments he has at his disposal, his own subjectivity.

Certainly, nowadays the search for Truth with a capital *T* is believed to be an illusion, though not that of a “human” truth, the only possible one. The fact is that Blass seems to take for granted the concept of truth; she does not much deal with issues that might contribute to formulating a more *general* definition that pertains to *how* we reach a consensus—for example, on the interpretation of unconscious distortions. In the same way, the criterion of “immediate accessibility” as the royal road to what truly happens—a method common to all modern philosophy and all psychoanalytic models—is extremely useful, but not enough. If it is not bound to other concepts (for example, those of unison and consensual validation), it could itself actually embody a para-metaphysical principle of presence as perfect transparency of the subject to himself.

Blass alludes to other approaches that are not well identified except through the description that Greenberg gives in presenting this virtual symposium on the relevance of truth in psychoanalysis. She denies that they can add anything to Freudian and Kleinian approaches: "from the perspective of the traditional approach, addition of other approaches is not possible" (p. 332n), and she negates even the possibility that these other approaches could be integrated with traditional analysis, because they start off from a viewpoint too distant and "incongruent." She wonders, then, what justifies looking at these radical new developments of theory as "psychoanalytic" (p. 332)—if indeed they even merit that designation.

To some, this could appear to be a drastic way of settling her question at the beginning of the paper on the problem of competition among theories. The terms of the matter could actually be reversed. One could legitimately ask whether models still merit being called psychoanalytic when they adhere faithfully to its past iterations, by now canonized, or whether those that, for example, do not take into serious consideration the findings of the neurosciences or of infant research can be called psychoanalytic. Although not the case with this author, how many times in our discussions have we heard an authoritative principle invoked as a guarantee of a certain vision of things?

Therefore, with respect to the opinion expressed by Blass, I would personally not support the idea that taking into consideration the way in which protoexperiences that have not been memorialized as representations—either because they occurred too early in life or were the result of trauma—and that might be symbolized "in some way" through transcription/intersemiotic translation/transduction, etc., would make the reference to truth in psychoanalysis irrelevant. One would not understand how all that belongs to the dimension of feelings, and not to that of meanings, would end up. For us as human beings, all that pertains to sense (as different from denotation) is equally true, if not *more* true, and I cannot think of it as foreign to the dimension of language or culture, or to what defines us as human.

All in all, on the one hand, I do not think it is possible any longer to continue to cling to a psychoanalysis based on the "empire of representation," as it was for Freud. And on the other hand, I do not see why one cannot think that, even though in infancy an ego is not yet established,

the mother can transmit conflicts tied to the culture and inscribe them in the infant's body. At a later time, these conflicts would also find a psychic transcription. This could be a way to rethink the deficit/conflict dichotomy. Is it possible to think that a kind of originary repression may be produced in the infant through maternal manipulation and nonverbal communication, and that a transmission of cognitive patterns may therefore occur, patterns that are fully determined by culture and by its demands?

Blass brilliantly lays out the two versions of the classical vision, but skips over the problem of internal congruence between the two models and what passing from one to the other might mean from an epistemological point of view. (If it were this easily accomplished and were not debatable at all, no one would still be working according to the Freudian model.) Instead, Blass presents the Kleinian innovation as a natural and self-evident development of Freudian theories (and what, then, do we make of the *Controversial Discussions*?). But as we know, the two models remain quite different from each other, from both theoretical and technical points of view. For example, they involve different conceptions of the unconscious. It would be interesting to ask what Klein's "addition" to Freud, and then those of Winnicott, Fairbairn, and Ferenczi, produces. Isn't it true that all these authors introduced new conceptual vocabularies and new lexicons and elaborated new metapsychologies? Not under discussion here, of course, is the possibility, which always exists, of identifying elements of continuity among them, or of development and integration between parts of them, but rather how the shift from one to the other is theorized.

The inconsistency among models that the author regrets could perhaps be seen simply in terms of the concept of incommensurability among different paradigms, of which Kuhn (1962) speaks—a concept that is useful in taking stock of differences, but without thereby denying that any paradigm (nor any of the various models that mark the transition from one to the other) legitimately belongs to the same disciplinary realm, and one that can thus be used as a lens for understanding even what happens in the passage from Freud to Klein.

THE IRONIC ROAD TO TRUTH

Through a brilliant analysis of Ibsen's *The Wild Duck* and Sophocles's *Oedipus the King* as models of what is true in analysis, John Steiner brings the aesthetic experience into our discussion. In these plays, he highlights the role of tragic irony, an expression referring to an omen of catastrophe that seems to be contained in the words uttered by a character who apparently does not intend them to have that effect. By analogy, analysis becomes a game (as I myself have defined it in one of my papers) of immersion and interactivity (Civitarese 2008). Like the spectator at a play (and the same could be said in relation to any of the arts), the analyst must both identify with the patient as he participates in the staging of his dramas in the analytic setting, and also maintain a minimal sense of distance and critical capacity. Since it is difficult, however, to dwell in both these attitudes at once, this will be more of a continuous oscillation between different levels of participation. The awareness of this disparity that the double role of spectator and actor engenders in the analyst is the source from which a feeling arises that can be defined as *irony*.

The contradiction underlying the concept of irony—as if it were a fiction that expresses a complex position that is both ethical and epistemic—is located between the thought and the word, between the idea and its “publication,” between the “true” sentiment and its antiphrastic (ironically opposite) expression. In speaking, one says the opposite of what one thinks. The practice of irony is therefore a form of honest pretense. But irony is also the exercise of a certain type of violence that, according to the situation, can be sweet (bearable) or bitter (traumatic—the subject does not have a space in which to receive and contain it). In the end, irony is always the appraisal of a victorious outcome: of one's own triumph and defeat of an other, and also of another within the self; the analyst cannot help but doubt himself and see even himself reflected in the mirror of irony.

Steiner is well aware of this violent side of irony, and indeed of the difference of irony from sarcasm and derision: “In true irony, the smile is always tinged with pain” (Steiner, p. 444). And he correctly points to the

concept of the *tolerability* of truth, and asks whether truth must always be “gentle” or whether it can also be cruel. After having analyzed Ibsen’s drama according to this perspective (a commentary that I do not have the space to recapitulate here), he brings in an apt quotation from E. M. Forster, with which one cannot disagree: “Truth is not truth in that exacting land unless there go with it kindness and more kindness and kindness again” (Forster quoted by Steiner, p. 434). Steiner notes that, for Forster, “kindness is as important as truth—not only to mitigate the harshness of truth, but also to make it more true” (p. 434).

This is an important point. It is not just a matter of avoiding useless injury and of being merciful, but rather that “kindness” also points out what is (more or less) “true.” It is not only a critical factor in the cure, but also a key technical factor by which to understand what is meant by truth. Steiner comments: “Forster’s point is not simply that truth without kindness can be cruel, but that *truth without kindness is not fully true*” (p. 434, emphasis added). In fact, the word *kind* links back etymologically to “the feeling of relatives for each other,” and is synonymous with *compassionate*. *Compassion* means “sympathy, pity,” from the Latin *com-pati*—that is, “to feel pity,” from *com-* (together) and *pati* (to suffer), thus “participating in the other’s suffering.” Steiner does not venture beyond this theme, but if we think of Bion, it will be easy to do so in our turn. For Bion, what is born only in the analyst’s mind is not true for the patient. It can be true with respect to a consensus between the analyst and the members of other ideal communities of human beings, but will certainly not be useful to the patient, and will even risk damaging him.

Steiner therefore criticizes analysts for having too often forgotten that the truth must be *bearable* for the other, or else it is not truth—something that can easily happen if a rationalistic attitude predominates. We can add that, in effect, to idealize truth for its own sake, without having sufficient consideration for he who must accept it, is at times nothing more than a fig leaf pulled over the analyst’s striving for power, the shadowy appearance of a denied ideological stance. The Freud of the hermeneutics of suspicion, of the evidentiary paradigm, often gives us the impression of wanting to force patients to accept supposed truths; to convince ourselves of that, we need only reread the case of Dora (Civitarese 2015a). But today we no longer have the alibi of positivism.

In regard to the temptation toward authoritarianism, in Steiner's eyes, irony and self-irony (remember that this, too, is an element of post-modernism) represent effective safeguard systems. In Bion, they become the use of systematic doubt. I myself prefer (with Barthes 2015) to speak of a (benign [in Italian, "dolce"]) skepticism that loses its punch in the sense of translating itself into an offer of acceptance. After all, a principle of skepticism is part of the foundation of modern philosophical reflection—from Descartes onward, through Nietzsche, Husserl, Heidegger, Merleau-Ponty, and Wittgenstein—that appears to be aimed with increasing radicalism at placing between parentheses what has already been noted. For Steiner, the ironic vision of analytic work involves an exercise of tolerating the paradox of many perspectives on reality, each of which can be valid if taken by itself.

It would be beyond the scope of this paper to discuss, then, how the effect of tragic irony may contribute to the aesthetic experience, to the greatest pleasure (Freud 1920) that tragedy produces in the spectator, and that I consider has to do with, at bottom, the negative pleasure of the representation as inevitably influenced by the object's absence. Steiner touches only lightly on this point, but I think that the discussion could be deepened in the light of the aesthetics of the sublime (Civitarese, in press).

In any case, Steiner's contribution is an elegant and useful one to the definition of truth (with the important "apocryphal" concepts of *kindness*, *tolerance*, and *irony*) and supports its ongoing relevance in psychoanalysis. More generally, Steiner portrays the change in psychoanalysis, in process today, from the evidentiary paradigm to the aesthetic one. The type of truth that we can obtain in our field, and that we must pursue, is the same as the aesthetic experience. I would add: this is because it is a somato-psychic truth, an integrated one that is not split. But Steiner suggests his own reason why, perhaps more implicitly than explicitly: *kindness* refers us back to the notion of unison and consensuality, and *irony* to the feeling of what is real (as a sense of the antagonistic solidarity that ties together different viewpoints⁷; etymologically, *irony* can

⁷ Blass expresses something similar when she speaks of two unconscious tendencies that coexist and come to know each other, so to speak; they become integrated and are overall beyond awareness.

be traced back to the verbs *to ask* and *to interrogate oneself*; Chantaine 1999), to transitionality and poetic ambiguity.

TRUTH OR PSYCHIC REALITY?

Among all the contributions, perhaps Fred Busch's paper explores in greatest depth the topic of the change in paradigm and the emergence of a new common ground in psychoanalysis—not only in general terms, but also against the backdrop of a personal evolution. Thus, it, too, is a paper that helps frame all the others.

For Busch, what does the change of paradigm consist of?

- More than offering insight to the patient, the analyst aims at creating the conditions so that insight may be possible;
- The focus of the session is on what emerges in the here and now;
- What counts is the development of a way of knowing *how* one knows, more than directly knowing *what* dwells in the patient's mind;
- The historical reconstruction paves the way to the construction of representations that are gradually more complex;
- The patient contributes to the exploration and is not simply the passive receptacle of the analyst's discoveries;
- The concept of transformation takes the place of dissolving repression;
- What "truly" happened cannot be known in an unequivocal way;
- The search for factual truth instead of psychic truths (in the plural, at various levels and according to many perspectives) can be misleading;
- The investigation in and of itself and the acquisition of a relevant method are more curative than the revelation of presumed truths, which are by nature unstable;
- The patient's narratives are the royal road not to the historical past, but to knowledge of his internal world;

- Some of these narratives are expressed in nonrepresentational, nonlinguistically codified forms and as vague sensations and affective states, and are disguised as actions;
- It is better to adopt the technique of not asking the patient about his past history because this could portray a stereotypical idea of analytic work, and operating on this level could take on a defensive nature;
- The aim of analysis seems to be more in the investigation itself than in the conclusions reached through it; and
- The acquisition of the method of successfully thinking more freely about the self is the goal of analysis.

What, then, is the truth? Is it *One, No One, and One Hundred Thousand* (Pirandello 1926)? Is the truth that there is no truth? With Alex, the patient in the vivid clinical vignette that Busch presents, was the analyst too tough—"hard on him"—or not? The answer remains (felicitously) ambiguous. We are left with some possibilities. As in a remake of the film *Rashomon* (1950), the analyst allows the patient "the freedom to consider other possibilities about what had happened in the previous session" (Busch, p. 352). The analyst leaves open to himself as well the possibility of thinking that he was really hard on the patient, but also that he was not so hard.

In short, here we have an analyst who, like Steiner, is disenchanted and skeptical in the more noble sense of the words. It remains to be better understood, however, why the truth would be intrinsically therapeutic. In the emphasis that he places on the process (the *how*) in relation to the content of truth (the *thing*), Busch comes close to giving a convincing answer, but without yet reaching a clear position, at least in my reading, on a more abstract but still necessary level.

A possible criticism I might make is that, to my ear, this position appears to indicate a certain indefinite quality in the concept of truth and to raise a question about consistency between the chosen theoretical system and the clinical practice derived from it. The reader might wonder, in addition, whether the problem of truth does not end up being evaded in some way. Why? Because if the truth is leveled to the patient's subjective experience, to what is true *for the patient*, there would

be no need to bring up the concept of truth. By the way, in adopting this attitude, the analyst positively allows room for the patient's point of view and is less likely to give abusive interpretations—which is far from, for example, the Kleinian “indifference” that Blass mentions.

The truth for Busch would lie in tolerating the dizzying array of all the possible meanings. This is something that can be shared, but *how* does one arrive at sharing with the other the idea of the existence of this multiplicity of perspectives? If the patient's truth were *already given*, so to speak, and it is that which the patient avows/sees, then there would be no need to go on to explore something true, obviously *more* true. But Busch himself maintains the importance of understanding whether the patient's truth correspond to the reality of things.

The essentially unconscious nature of our psychic processes—it is true that one does not need to consider *only* unconscious truth, but in order to know more about how and where to meet the patient, one must consider *especially* unconscious truth—calls for a recourse to interpretation. And then we are again referred back to our basic queries on the reliability of interpretation, made explicit or not made explicit as they may be. I understand that, by *reality* here, Busch means “something that really happened in the past,” but I question the usefulness of applying the name of psychic truth—even with the qualifying adjective *subjective*—to what we have always indicated as psychic *reality*. The impression is that one falls back into the problem that one wanted to resolve in avoiding the use of the term *reality*, apparently already confused with *objective reality*, replacing it with psychic truth.

At any rate, beyond questions of terminology, what remains a key factor is the dramatic redimensioning of the analyst's authority and consequently of our faith in what he can authentically know. I appreciate Busch's portrayal of a certain skeptical sensitivity that comes to embody a “respectful” style of working—a point that is important in understanding what the change of paradigm actually consists of, and what can hopefully be a new common ground for psychoanalytic models. One takes the patient's point of view seriously, letting go of the “suspicious” attitude of the classical tradition. This availability is typical of relational approaches in the broad sense.

Within this vast galaxy, the differences among models can be very broad, with extremely diverse theoretical systems being utilized—for example, among interpersonalists and the so-called post-Bionians. The type of listening, for example, can be very different: whether the analyst gives precedence (it is not, then, a matter of all or nothing) to the conscious experience, and the unconscious dimension is in some way restricted to the interpretation of enactments, or whether he tries to be fully receptive, at 360 degrees, to the unconscious dimension of the dialogue and thinks of it as virtually always active.

DANCING WITH TRUTH

Jody Messler Davies begins her paper by offering us the clinical vignette of Jake, a “compulsive liar,” perhaps “sociopathic” (pp. 362, 363). In the beginning, the analyst tends toward a certain suspiciousness and doubts about whether or not to take him into treatment. The “characters” of two previous analysts who “angrily dismissed” him (p. 362) and a thought/sensation that can be summed up as “Stay away!” (p. 363) warned her to keep her distance and to ignore the siren song of therapeutic omnipotence. One could say that, through projective identification, the patient immediately makes the analyst play the part of an object that abandons him, and at this point we understand that the real problem is whether or not *he* can believe in *her* (in general, in the other), and that, due to some of her mental reservations, the one who is “lying” is the analyst.

The author describes the case at length with a literary eloquence that is truly admirable, worthy of novelist Philip Roth:

Jake’s mother was blonde and fair skinned, the un-Jew, New England WASP-girl, painted in soft pastels, pink cashmere sweaters and pearls, having attended debutante balls in her youth, balls to which she defiantly brought her darkly handsome Jewish boyfriend to mingle among the Ivy League chosen—he of the deep, penetrating, black-silk, smiling-sad eyes. [Davies, p. 364]

This same eloquence, she writes, is also displayed by the patient: another detail of the intense identification taking place between the two of them—which, moreover, is not devoid of intellectual overtones and is intensely self-aware. (Can these two other elements be seen in this context

as signs of an emotional distancing that must still be bridged in order for them to meet up with each other?)

Now, on the one hand, Davies refers to the Winnicottian notion of a transitional area, according to which it would not make sense to ask whether something is true or not ("The question is not to be formulated," Winnicott quoted by Davies, p. 367), and on the other hand, suffering the dilemma of the Cretan liar,⁸ she returns to asking herself what she will think if the patient is deliberately lying. For the second time, she uses the word *sociopathic*, this time together with *diagnostically*. On this second occasion, it is even more apparent that the problem arises if we forget that the paradigm of the session is the dream, and if we again assume an "objectifying" perspective on the patient, like that of psychiatric semeiotics would be. But the "objectifying" perspective that creeps in here could again symbolize an excessive emotional distance (from "light-years away," pp. 362, 363) between patient and analyst.

There seems to be a certain friction, then, between the different positions adopted toward the patient. In fact, the author writes: "But I would really like to ask Winnicott: what of a patient who openly makes these distinctions for himself and tells us forthrightly that much of what he will relay is untrue?" (p. 367). We play this game; "I invite the reader to play with ideas about these issues" (p. 362), Davies authorizes the reader at the beginning of the paper, and we try to respond. Perhaps Winnicott would get himself out of this by saying, first of all, that the transitional area (to refer to the quotation in the text) "is a matter of *agreement* between us and the baby" (Winnicott quoted by Davies, p. 367, *italics added*). I emphasize *agreement* to indicate that, for Winnicott, the establishment of the transitional area follows from an agreement/unison between the parts—an agreement, that is, that is not at all extraneous to the problem of truth, but instead illuminates its intimate nature. If, then, the transitional area is based on something true that comes to be shared, transitionality cannot really represent a simple solution to the question of whether or not to take into account the fact that the patient

⁸ *Translator's Note:* "Epimenides was a Cretan who made one immortal statement: 'All Cretans are liars.' A paradox of self-reference arises when one considers whether it is possible for Epimenides to have spoken the truth" (https://en.wikipedia.org/wiki/Epimenides_paradox).

tends to lie. The problem is again simply pushed back upstream to what lies at the basis of anything that is heard as true.

So the solution must be sought at another level (at the level, I would suggest, of receptivity to unconscious communication as the compass with which to emotionally meet the other). In fact, perhaps Winnicott (1989) would explain that, just as children play with toys, adolescents (and adults, we would add) play with the things of the world, and so we would always be dealing with “play.” It is the same question that immediately comes up after Davies quotes Ferenczi in relation to Jake: whether this, too, is not about seeing the therapy as “child’s play.” But as we know, play, like literary fiction, involves the willing suspension of disbelief.

We see this in the text, which is a kind of mandala in which the microcosm of the analysis is reproduced to perfection if it is listened to according to the perspective of the analyst’s dream about the analysis. Davies “mimes” the continual movements of approaching and distancing that have characterized her relationship with Jake over the years. At a certain point, the essential question becomes “lying or playing?,” and whether transitionality, understood as a refusal to question the truth or falsehood of the patient’s statements, cannot represent a defense against *actual* truth. Obviously, the answer would differ according to the chosen theoretical perspective and the role assigned to “truth” factors, the past and material reality. It would represent a defense if it had the meaning of a sleight-of-hand maneuver, but it would not do so if it were the compass used to contain the patient’s anxieties.

After some early hesitation, the analyst chooses the path of transitionality as constructive of the analytic scene and as the only way—just as with children—to gain access to the goal of a shared truth. What Davies presents as a tailor-made strategy for Jake would not be anything other than the golden rule according to other models of psychoanalysis, however: “I could believe in the unconscious reality of certain ‘lies’” (p. 370), a kind of “emotional truth” (p. 371). For example, one thinks of the Bionian concept of the *waking dream thought* and of the technical consequences that it involves in relation to the analyst’s listening.

My tendency would be to see what Davies defines as “this oddly constructed transitional space” (p. 372) as the norm, even though I myself would prefer to speak of the *field* to make use of the entire constel-

lation of concepts of which this metaphor forms a part. Again taking up the question that Jake poses to the analyst ("True or not true—it doesn't matter?"; "No," I tell him," p. 371), I would add that, from another point of view, we would certainly take this into consideration, but there, too, strictly speaking, we would have to use analytic listening and ask ourselves: now what is this patient saying from the unconscious point of view in revealing to me that he has lied/that he lies? Who is lying to whom? What is the character/hologram "lie" talking about? In fact, the analyst succeeds in ceasing to worry (or at least sufficiently ceasing to worry) about factual reality and about being manipulated, and this opens a space of authenticity for the analysis.

I will conclude my discussion of this impassioned clinical vignette at this point and go on to develop some further theoretical reflections brought to mind by this paper. At the beginning, Davies questions herself about therapeutic factors and wonders (translated into my preferred form of jargon): "insight or unison?" It is true that psychoanalysis cannot simply base its therapeutic action on implicit or nonspecific relational processes. The challenge, however, is not one of putting these processes between parentheses in order to concentrate on rationalistic psychoanalysis, but to theorize them, in turn, as accurately as is possible with the tools that we have—with new conceptual equipment, new lexicons,⁹ and new models, without fear that "this is no longer psychoanalysis."

Would it be useful to take from the "play therapy"—or from the fiction of the analysis—the "father," the "mother," the "compulsive lying," the "Holocaust," the "Ivy League," "the abusive father," and so forth, and interpret them as characters of the analyst's (or of the couple's) "internal" dream about this analysis, and not only in their referential meanings? What would happen, then, if we were to drag what is created in the act of writing and reading this paper into the new transitional space?

Davies asks whether the "precondition" (a kind of "parameter") that she devised in order to treat Jake—of making parenthetical the veracity of facts reported by him, and of explicitly asking him to avoid the true/false distinction—might not have had a sadistic connotation ("I stuck

⁹ For example, in Davies's paper, we find the terms *faith*, *play therapy*, *transitional space*, *characters*, and *field*.

to my psychoanalytic guns," p. 373). Certainly, an alternative way of resolving the problem would have been to agree to fully participate in the game proposed by the patient, without the necessity of explicating to him the technique adopted to resolve the problem of intentional lying. Moreover, insistence on not wanting to consider the issue of reality in the patient's discourse reveals, conversely, an enormous concern precisely around this same issue. Refusing to judge whether or not what Jake says is true means confirming how important all this is.

Declaring to the patient, furthermore, that for the analyst everything is true could sound mystifying and belittling in relation to the patient's statements. (In Jake's words, the analyst defined truth in a "crazy, 'internal' sense," p. 375, as though, if he is such a liar, he is no longer even taken into account.) In addition, it could have an overly intellectual flavor, at the cost of the emotions that the true/false game—if one agrees to play it—could mobilize. (Here a comment of Bion's comes to mind, to the effect that, when the child needs milk, he does not need to be indoctrinated in the anatomy and physiology of the digestive system.) After all, as Steiner maintains in his paper, shouldn't the emotional attitude of a kind of "tragic irony" be the rule in analysis?

One could also ask whether the technical artifice introduced by Davies really cleared the way for her to move away from feelings of humiliation and rage at having felt herself deceived, and from triumph in the patient for having successfully lied to her, and whether what the patient experienced as an imposition could really have established an authentic potential space.

Jake's response does not leave us in the dark. At a certain point, he loses patience and says to the analyst, "God damn it, you really *are* such a pain in the ass!" (p. 378). But . . . we might say that to the pure man, all things are pure (*omnia munda mundis*), and the analyst, too, needs to protect herself—by using the right pot holders to take the pan off the fire without burning her fingers: "I needed to survive the patient's attempts at negation and destruction" (p. 374). Furthermore, it seems that the "precondition" permitted her to keep open the possibility of maintaining an intense investment in the patient without too much fear of being manipulated or destroyed. In the end, it seems that the analyst succeeded in silencing her inner "sneaking suspicion" (a feeling that

often has both a subtly persecutory and a moralizing implication), carrying out a true transformation in O.

As with Blass's paper, here, too, the text ends polemically and in some ways touches on the same points. Davies stigmatizes the naive idea that one might be able to cure by behaving as a good object substitute; she reaffirms the necessity of focusing on listening to the unconscious in order to avoid gross errors. However, I would object that, if one manages to transmit new relational patterns to the patient and to promote the development of his mind without making gross errors and without avoiding conflict, even to the point of setting aside some more common, "obligatory" contents of the analysis (as in child analysis), I do not see why this would not be sufficient to positively influence the analytic relationship and the patient's relationships outside the analysis. The dichotomy that the author sets up between more relational moments and more cognitive ones no longer needs to exist if one acts according to a principle of bearable truth guided by careful listening to unconscious communication.

If, then, she criticizes the classical formulation of conceptualizing interpretation from the standpoint of "one-person authoritarianism" (p. 382), Davies also worries that psychoanalysis may totally lose a cognitive point of view, and she finds that the empathy/confrontation opposition may have become too dichotomous. I would be in agreement if *empathizing* has to mean using only the patient's conscious experience, without paying attention to what is revealed through unconscious communication—a criticism that we ourselves have made of the interpersonalist trend (Ferro and Civitarese 2013). Like the author, I do not trust a romanticizing conception of empathy, and at any rate I rarely use this term, preferring the Bionian one *unison* (or *at-one-ment*), which seems to me both more precise and more versatile.

To my mind, the problem is that terms such as *empathy*, *unison*, *attunement* are at times understood in too vague of a way and are not translated into precise clinical instruments. I would say that the cognitive contribution of analysis is not in question, but rather what we mean by *cognitive contribution*. If, for example, we discover that a transference interpretation in reality carries a defensive aspect belonging to the analyst, where would the cognitive value (in the broad sense) lie for the patient?

Wouldn't it reside, rather, in the transformation by which the analyst eventually becomes capable of returning to his greatest level of receptivity after having been in a situation of emotional closure? Aren't two tango dancers who dance in unison sharing the "truth" of their movements in harmony? Why must truth be wholly equated with representational content?

What might be helpful in conceptualizing the overcoming of the empathy/confrontation dichotomy is the concept, well illustrated by Steiner, of *kindness* as a dimension of truth. Davies touches lightly on this point as well when she refers to the analyst's "tact and poetic capacity" (p. 383). In the field theory perspective, the problem of confrontation somehow disappears (Ferro and Civitarese 2015). Unison can be both a quality of the encounter and a confrontation. There are useful and bearable confrontations, and there are others that are not useful and are actually disruptive. Unison can be achieved at a nonverbal level, or even in pondering together the phenomenological interpretation of Kant's *First Critique* (1781). Being on the same purely emotional wavelength is what I see as the first step toward the acquisition of a first "concept," and I view the concept itself as the result of fine tuning, first bipersonal and then collective.

For Davies, the truth is "interpersonally negotiated" and has to do with the "consensual validation of an external world" (p. 381). I agree with the necessity of external validation, but only if we take into account that validation is reached also through unconscious processes, and not exclusively conscious and rational ones. Furthermore, I am not inclined to so clearly differentiate the internal from the external, and I prefer instead to speak of a concept of continuity.

THE SOCIAL NATURE OF TRUTH

The standpoint from which Elizabeth Allison and Peter Fonagy start out is that of the theory—which they themselves formulated—of psychopathology as a deficit of *mentalization*, with the latter defined as: "the ability to interpret both our own and other people's behavior in terms of underlying thoughts, feelings, and wishes . . . a multidimensional capacity that is acquired in the context of attachment relationships" (Al-

lison and Fonagy, p. 285). They also refer to the therapy based on this concept: *mentalization-based treatment*, or MBT.

Perhaps because of a common Bionian root ("our . . . indebtedness to Bion," p. 280), I found myself substantially in agreement with some of these authors' points regarding the problem of truth in psychoanalysis. I believe that this is one of the papers most in line with my proposal of locating a new common ground, of trying to work out a theory that might tie together the concepts of truth, unison, and immediacy within a broader epistemological theory.

Bion (1959) speaks of attacks on linking between thoughts—that is, attacks on the capacity to think more than attacks on single ideas or representations. Ferro (2002) writes that there are at least two principal areas of pathology: the first is at the point at which the transformation of beta elements into alpha elements occurs, from protosensations to protoemotions in images that can be utilized for thinking, and the second is at the level of articulation of alpha elements among these usable images. Ogden (2003) speaks of patients who have never managed to dream and of others who have started to have nightmares. Like all these authors, Allison and Fonagy establish a clear pathway leading from *thing* to *how*. In studying seriously disturbed patients, they have arrived at the same conclusion—that patients do not suffer so much from memories (as Freud would have said), but from the defensive inhibition of the capacity to think.

Therefore, the truth we deal with in analysis does not pertain as much to mental representations as to interactive patterns stored as implicit memories. And not even those truths that emerge in the transference can restore the purity of what truly happened in the past. The eventual recovery of memories is an epiphenomenon, defined by Meltzer (1984) as a byproduct; it is the consequence and not the cause of psychic change. Allison and Fonagy see the objective of the analytic encounter less in terms of contents ("the recovery of threatening ideas and feelings," p. 280) and more in terms of psychic processes: "to gradually reactivate the inhibited mental process by elaborating the patient's preconscious mental content and giving him opportunities to explore the analyst's mental states in the context of transference" (pp. 280-281).

More precisely, they aim for “validating, clarifying, sometimes challenging, and elaborating on the mental state perspectives adopted by the patient” (p. 285). In their model, the analyst confers a collaborative stamp on the work and respects the patient’s sense of agency, recognizing and valuing his perspective on things. The analyst is prepared to learn from the patient, demonstrates curiosity and mental openness, and does not hide his own ignorance or his own doubts; he is motivated to understand the meaning of what happens.

Central in Allison and Fonagy’s essay is the theory of *epistemic trust* and of *ostensive cues* in caregiving and treatment relationships. They write:

The key signals that allow this kind of learning to take place are the communicator’s *ostensive cues* . . . signals used by an agent to alert the addressee that the agent intends to communicate relevant pieces of cultural knowledge. Ostensive cues for infants include eye contact, turn-taking contingent reactivity, and the use of a special vocal tone (“motherese”)—all of which appear to trigger a special mode of learning in the infant. Ostensive communicative cues, such as being called by name, trigger the *pedagogic stance* . . . By using ostensive cues—both in childhood and in adulthood—the communicator explicitly recognizes the listener as a person with intentionality. [p. 289]

It is not enough for something to be true in order for it to be assimilated by the infant or by the patient; it must be *personally true*. When it is present within a relationship of secure attachment, *ostensive cueing* guarantees a nonsplit, integrated, and therefore “true” communication.¹⁰ In this situation, thoughts and affects say the same thing; they express a somato-psychic truth, the same truth that the analyst pursues in using gradually more sophisticated techniques of *immediacy*. The result is that the subject to whom the communication is directed lives an experience of agency and acquires the “faith” necessary for learning from the other.

Following Bion, one could say that *epistemic trust* is the favorable resolution of what Meltzer calls the aesthetic conflict in the mother–

¹⁰ Allison and Fonagy see *ostensive cues* as the offer of clear communicative signals. Framed in this way, the concept seems cold and mechanical, but later on the authors allow the idea to slip out that this is a “loving and caring” (p. 291) attitude.

child interaction (but also in any meaningful relationship—see Civitarese 2011a). “What I see is equal or similar to what I hear; and when what I hear is equal/similar to what I see, I notice an emerging sensation, that of becoming true and real”—this is what *aesthetic truth* means. When the environment fails to engender a basic faith in the child, a state of hypervigilance is set up, of suspicion, mistrust, and rigidity, that makes it difficult to learn from the experience or from the other.

From time to time, the mentalization approach has been criticized “from the right” for not being able to arrive at historical truth, which would be necessary to modify psychic conflicts in a positive way and which impedes falling into a sort of *folie à deux*. It is clear that this risk always exists, but the corrective is found in the fact that the couple is simultaneously operating within several other areas of consensuality, which partially overlap each other to varying degrees. So this problem does not arise much because, sooner or later, the couple’s delusional truths would be disconfirmed by the wider community. Patient and analyst are never truly alone; the space that they share is always public.

The mentalization approach has also been criticized “from the left” for failing to grasp the psychic truth of active unconscious conflicts, due to the emphasis given to the role of environmental deficits and trauma and the marginalization of insight. Accusations of superficiality have also been launched, of providing only corrective experiences. We should keep in mind, however, that for Alexander (1950), the point was not the corrective experience in itself—how could it not be in some way “corrective”?—but the active manipulation of the setting as a means of reaching it. At any rate, in response to these criticisms from “left” and “right,” Allison and Fonagy appeal to the impact of infant research and to the centrality of the mother–child relationship.

Now we come closer to the topic of truth in the therapeutic relationship, and, more in general, as an epistemological problem. In Allison and Fonagy’s language, what Bion calls *psychic growth* becomes *mentalization*, and mentalization becomes the truth: “Truth, if relevant, rests in the reality of perceiving the object (self or other) as fully mentally functioning” (Allison and Fonagy, p. 281). Truth would coincide with the (intersubjective) experience of “presence, vitality, and at oneness” (p. 286) that patients undergo in mentalizing. Contained in frequent references

to attachment theory, and implied in the idea of *vitalization*, is, at the most basic level, the equation of truth with unison. In fact, the authors highlight the contributions of the Boston Change Process Study Group and the theory of *moments of meeting*, which, as we know, are called by various names here and in the literature (*now moments*, *moments of truth*, *kairos*, *unison*, *mutual sharing of mental states*, *co-consciousness*, *oneness*, *dyadic connection*, *socialization*, etc.). But in Allison and Fonagy's paper, the identification of truth with unison is never clearly expressed in these terms, or at least not in the explicit terms that I am putting forward here in attempting to interweave truth, unison, immediacy, and language into the same realm.

Furthermore, the experience of truth would serve only the purpose of learning, and therefore which truth we are talking about remains open. A point that is not clear to me is Allison and Fonagy's vision of the experience of truth as relevant not in itself, but only because it represents an *ostensive cue* that, in arousing an experience of "felt truth" in the patient, fosters acceptance and usage—both within and outside the consulting room—of the knowledge they offer. Mentalization would not be of use in better understanding the self or others, but only in better negotiating one's own relationships; here I find the distinction to be so subtle that it is difficult to grasp.

That the topic of truth is a thorny one is in fact evidenced by this paper. Why? Because, in tilting the truth toward the aesthetic (the *how*), it seems that one loses contact with the truth as knowledge (the *thing*, the transmitted "relevant knowledge," p. 289), and a problematic dichotomy is revived: truth—in this case, emotional or "felt truth"—versus "social knowledge." And what if the ostensive cue serves to transmit false truths in perfect good faith? Who guarantees that what is communicated is true? Instead, I suggest that we view "felt truth" and "social knowledge" as two sides of the same coin or, alternatively, as in continuity with each other and by gradual degrees subjected—virtually infinitely—to other and ever more extensive intersubjective "verifications."

Allison and Fonagy find it necessary to broaden the area of discourse to more general considerations. In the light of what they have observed clinically—that is, the presence of epistemic hypervigilance in borderline patients—the authors interpret within a wider frame the tendency

of some to cling to the idea of an absolute truth, and of others to that of an absolute relativism. The two attitudes would be, respectively, an expression of *nonmentalizing* conditions, or of *prementalizing* conditions, in particular of *psychic equivalence* and *pretend mode*. But between the Scylla and Charbydis of the two extremes of the debate on the issue of today's concept of truth, here, too, it is not clear what the authors' position is. The solution to the question of truth cannot reside simply in a neither-this-nor-that.

The epistemological background of the discourse remains vague. One could object that this is the stuff of philosophers, but I believe, by contrast, that the thing pertains directly to us—because to question ourselves on this level of the concept of truth is useful in refining our tools, to rid the field of useless conflicts, and to identify felicitous and even unexpected areas of convergence, as well as to legitimize psychoanalysis in the field of science.

I share the criticism of absolute relativism. I consider absolute relativism, however, more of a phantom than a cultural position that really exists; and even if it really existed, i.e., if it were sustained by a respected author, it would not be anything other than the affirmation of a sort of “negative” absolute truth: it would be merely the reverse side of a metaphysical position. What is less consensual, however—because it could be exactly the opposite—is the idea that “the relativization of truth can similarly [to the hypervigilance that is observed in certain clinical contexts] serve as a protection against learning and the conferment of ‘better ideas’” (p. 277). Would forms of fundamentalism facilitate the development of this capacity? I see individual hypervigilance—collective hypervigilance, as well—as associated with paranoid positions that are not relativistic in relation to truth; there the truth is one truth and only one, and all the rest is heresy. Relativism, if it is authentically understood, cannot be associated with a form of repression or cynicism, but rather with hospitality (Civitarese 2007a; Derrida and Dufourmantelle 1997), as long as it does not itself become a form of dogmatic thinking.

In contrast, when Allison and Fonagy make reference to philosophy, they quote Hume. But even if, at bottom, one is dealing with eternal themes, I would rather seek illumination in the philosophy of the last century, because there a closer reflection of our own sensibilities can be

found. If one turned one's gaze in that direction, it would not be possible to say that "to the philosopher, truth cannot be guaranteed if it is learned from others" (p. 296), because it is precisely that which in some way contemporary philosophers have supported and are supporting, at least if by *learning* here, we are referring to the intersubjective constitution of the individual.

Moreover, the current skeptical tendency in psychoanalysis (according to Eco's [2002] formula, a kind of *minimal realism* or *negative realism*) is presented as a reaction to the dogmatism and authoritarianism of more orthodox North American psychology (to the "intellectual reign of terror" that it set in motion). But this is only a small part of the story, because what has changed enormously is the overall world in which psychoanalysis lives, and in particular epistemology—the very same reaction we have in relation to the arena of science (e.g., Kuhn 1962).

Allison and Fonagy are more convincing when they offer a sociobiological picture. Their proposal in that regard would be difficult to disagree with. Evolution is not determined only by genetics, but also by the genetics of ideas and by the transmission of knowledge that has already been accumulated by humanity. The truth would lie at the heart of the interpersonal transmission of knowledge. As we know, ontogeny models phylogeny; it arranges things so that phylogeny continues to evolve and move forward. While of course the life of the individual is limited, phylogeny, by definition, will not be interrupted until the human species disappears.

I fully agree with the emphasis that the authors place on the aspect of socialization. They appropriately refer to Freud's famous statement that brings together individual and social psychology: "From the very first individual psychology . . . is at the same time social psychology" (Freud 1921, p. 69).

In a passage from their paper (which I can refer to only briefly here due to space constraints), Allison and Fonagy touch on the same critical point alluded to by Blass and by Davies. In the role attributed to everything of the nonrepresentational type (the implicit, and nonverbal communication), they foresee the risk of losing sight of the moment of knowledge (insight, and verbal communication). To this reservation, Allison and Fonagy respond by reaffirming the traditional psychoanalytic

hierarchy that assigns primacy to the word (“the backbone of the therapeutic encounter,” p. 284). If this did not happen, they maintain, one would have an imprecise theorization.

As already mentioned, I would be more in favor of the idea of transcending the caesura of cognitive/not-cognitive: of seeing as well the cognitive value that is intrinsic to what is not stated semantically. From another point of view, I would radicalize the importance of language, and I would say that it must be maintained also at another level—in the sense that nothing happens beyond language, not even when there is a nonverbal, paralinguistic communication in the foreground. The explicitness of the word always transmits the implicit as well, and the implicit is never outside the laws of language.

To conclude my comments about Allison and Fonagy’s paper, nuances and particular points aside, I think that these authors—though without specifically saying so—are approaching the point of placing the “aesthetic” of the mother–child or analyst–patient encounter at the center of the therapeutic relationship. In fact, I think that, overall, every contributor to this special issue of the *Quarterly* on truth is prioritizing, in different ways, the presence of this aesthetic in the therapeutic relationship. For Allison and Fonagy, too, the goal of therapy is to provide the patient with tools for negotiating present and future relationships with maximal success. This is very similar to the idea of the analytic field, according to which whatever is said is always aimed at negotiating the relational “closest/farthest” in the here and now.

I would not want to stretch these authors’ convictions, but it seems to me—notwithstanding some uncertainties and perhaps inconsistencies—that what emerges from their argument may be a *social* theory, and thus one that is relativistic in relation to the truth. But again, it is certainly not so in the sense of a presumed absolute relativism—or, caricature-like, not in the sense of the notorious *anything goes*. The intersubjective, negotiated, interhuman nature of truth could not be stated in clearer terms.

The process of mentalization is clearly interpreted as tied to the experience/feeling of truth, but here, too, what is missing is the link I propose—and that seems to me more precise—with the idea that what is created is a sort of protoconcept. For this reason, the direction of

the process moves toward self-consciousness and “vitalization.” That this protoconcept of a sensorial-emotional type is always important, together with actual concepts, is evident in clinical work, as the authors observe from forms of pseudo- or hypermentalization. I would call both of these, perhaps, *depersonalization* (Civitarese 2013a), in which language is present but split off from affect, and therefore it does not lead to genuine experiences of truth.

FORMS OF CONTENT

In his outstanding contribution, Thomas H. Ogden puts forward a “traumatic” theory of truth that presents in analysis, relative to unprocessed, painful events of childhood—not thought, not actually experienced, nor ever put into words. These aspects can finally be contacted when they are relived *with the analyst* in sessions. *To relive* here means to succeed in giving personal meaning to the experience. Analysis privileges the means of language, but the author observes that truth is multidimensional, and in a given moment, it can be represented by the manifest content of a statement, but in another by the tone of voice or by silence. The form of the content (the material body of language and its syntactic organization) is as related to what is heard as true as the content itself is. And not only that—at times it is precisely when this semiotic aspect of language comes to light that, for the first time, the possibility arises of successfully giving meaning to what was set aside, not claimed, and not experienced.

In Ogden’s view, this is a way of emphasizing the importance of style. Style—not only content, but also the manner of speaking—is a person’s signature, the most authentic expression of the patient’s and the analyst’s subjectivity. It is style that transmits affective aspects—perhaps more than the content of the discourse, which is primarily indebted to the speaker’s rational side. (Notice the resonance here with Allison and Fonagy’s *ostensive cues*.)

It seems to me that, in placing the formal aspects of language at the center of his discourse, Ogden, in approaching the problem of the relevance of truth in psychoanalysis, is also using a criterion of the aesthetic or “poetic” type. In contrast to a rationalistic vision of truth, the “aesthetic” criterion of truth is a way of overcoming the mind–body split, and

of leaving behind the dry terrain of a technical-scientific objectivization of the facts of analysis that would be disastrous for its very goals. Using such a criterion is a way of claiming the emotional aspect of truth and the role that emotions play both in analysis and in life—the “sensitive” or “musical” aspects, so to speak.

Something that sounds true is always complete, somato-psychic, not split. On the one hand, what Ogden describes is easily comprehensible; we think about how true we find the voice of John Fante in the novel *Ask the Dust* (1939), that of Ralph Ellison in *The Invisible Man* (1952), or of Philip Roth in *Indignation* (2008). But on the other hand, as we know from the vicissitudes of criticism, to say why and how one might reach that degree of authenticity is completely another matter. The method of psychoanalysis is to avail itself of the poetry of the dream (in its negative form as well—that is, at times, being aware of its absence). The dream-thought is the type of thinking in which this reconnection can take place. This is why so much importance is attached to the types of analytic dialogue that make it possible to approach the thought-dream and the multiplicity of perspectives that it can offer us.

Ogden examines three types of discourse (*discourse* here is used as synonymous with *dialogue* or *conversation*). These specific, formal organizations of discourse promoted the appearance in analysis of elements of truth with three of his patients, and each patient used one of these forms to successfully find his own voice, to express the most complete range of his being. Ogden’s admirable development of clear and distinct ideas—which one might call Cartesian—is something we consistently see in his writing; his descriptions of the three forms of discourse, which he calls *direct discourse*, *tangential discourse*, and *discourse in non sequiturs*, are no exception.

These three types (which of course do not represent all the possible forms of discourse that can be utilized) can ideally be placed along a gradient that goes from secondary process to primary process. One can consider them, that is, as expressive forms that are gradually more effective in allowing unconscious truths to surface. The gradient actually expresses a growing level of destructuralization of conscious discourse.

In each of the three clinical cases described, the particular formal organization of the discourse, and not the story being told, is the starting

point of an interaction that lands on something true. The vehicle or medium of truth therefore becomes the “symptomatic” articulations of the discourse—moments of disjunction between expectations and actual realizations, occasions of apparent misattunement in the manifest dialogue or of idiosyncratic use of the lexicon. In the first case (that of *direct discourse*), the outline of the discourse is too literal, too “consistent.” In the subsequent cases (*tangential discourse* and *discourse in non sequiturs*), unravelings are revealed through which something new but also something threatening is glimpsed; the discourse is less “consistent.” These ruptures in communication produce anxiety and disorientation, but they can be the doors through which something unexpected and surprising glimmers.

I have described similar moments with the concept of *transformation in hallucinosis*. These are moments that derive, however, from the reawakening of micro-delusions and micro-“hallucinations.” A misattunement/disjunction is first introduced unconsciously into the discourse, and then, when it is eventually noted, often a true impression about what is happening is produced (Civitarese 2015b). In the same way that Ogden describes in relation to the three forms of discourse, however, it is not enough to realize the “error”; one must carry out particular psychological work in order for it to become truly meaningful.

But how can we know when something truthful is happening? Why is it necessarily *more true* than the manifest discourse? Here we can only invoke a principle referenced by Ogden at the beginning of his paper: that the unconscious speaks with an accent of truth that is missing from the conscious experience. Why? Because, we might speculate, the unconscious actually uses a more well-rounded and complete way, not a divided one, of expressing the two sides of the truth-coin of the experience of life that human beings can draw from—the emotional and the rational—and its truth is more profound precisely because of this “aesthetic” and inevitably ambiguous/“poetic” character.

If we wanted to express the thing in linguistic terms (for Lacan, the unconscious is structured *as* a language, as we know), we could say that, as we are not only speakers of a language but are also spoken by it, and since the language is created by virtually all its terms operating in a re-

ciprocal dialectical relationship,¹¹ it is not surprising that new impressions of meaning escape our control. And when these new meanings become manifest, they bring with them an increased knowledge that is not of the individual but of the language—or rather, of the community and of the culture.

In that sense, one could reformulate the concept of the unconscious as the not (yet) thought, but as existing in the virtual state of language, in the game of signifiers, in the body itself as a signifier. Furthermore, this vision corresponds to Bion's idea of the unconscious, which is that it is not endowed at birth, but is gradually transmitted from the mother to the infant as a system of symbolization. It is also understood that, as Ogden writes, this unconscious is not by definition truly comprehensible or graspable; the most we can achieve is at times to intuit its presence and action through felicitous metaphors.

Ogden's attention to disjunctions of the discourse make us think of the method of deconstruction adopted by Derrida in his very close rereadings of classical philosophical texts (see, for example, Derrida 1990), which are obviously an investigation of their truth quotient and performatively on the nature of truth. Derrida positions himself similarly in listening to these texts, and he takes them apart in order to bring them to the level of a thought-dream. (In relation to Ogden's formula of *talking-as-dreaming*, one could say that Derrida *writes-as-dreaming*.) This is the same way in which every poem and some literary canonical texts function in relation to themselves (creatively self-deconstructing)—for example, *Finnegans Wake* (Joyce 1939), but also Bion's *A Memoir of the Future* (1975). Is it so, once again, that truth shines through in these circumstances? I would say that the truth of our *social* essence does. Through being spoken by language, we rediscover that we are not masters of ourselves, because new and surprising perspectives are shown to us, and from this knowledge we can progress toward greater integration.

Ogden's paper helps us get a glimpse of what today might be a unified, livable theory of truth for all of us—a consensual agreement within the couple, that is, but also in language and through language (not un-

¹¹ The word *table*, for example, means nothing in itself if it is not in opposition to all the other words and terms that a language is composed of.

derstood only in its semantic value, however, but also semiotically) in the wider community. This is why the disturbing experience must be “dreamed” by patient and analyst, individually and together. (Ogden writes “collectively” (p. 414), which on first reading I connected not only to the couple, but also to their being inserted into the broader human community, and so it is as though every individual dream cannot really be other than a collective dream.) In fact, patient and analyst, as proto-community or intersubjective unity, are the metonymic representatives of the entire ideal community of speakers.

It is not enough, however, to avail ourselves of the forms of meaning that have already been deposited, so to speak, into language. In order to progress toward subjectivization, consensual validation is also necessary—validation, that is, of the experience lived out in the here and now. A shared thought is already a “sublimated” or abstracted thought (see Civitarese, in press); a third thought that is born of two single thoughts as the germination of a principle of unity in multiplicity opens the way to a concept (to the growth of the capacity to think).

What I am here trying to call attention to is the double articulation between the “unconscious” discourse of language and the individual appropriation of this discourse that can only happen in the context of a meeting between minds. Language puts an infinite virtual repertoire of meaningful impressions at our disposal, but these can come to life only if they are “claimed” in the immediacy of the shared emotional experience. Perhaps something of the sort is expressed in existential philosophy (Heidegger 1927) in the theory of the movement from “they” (*das Man*)—that is, from the horizon of shared meaning among all human beings as an already given, preliminary form of understanding the world—to the individual’s achievement of an authentic life: one of responsibility, choice, and acceptance of the finite nature of life.

TRUTH AS LINGUISTIC PLAY

Howard B. Levine moves within a Bionian paradigm (Levine and Civitarese 2015). He emphasizes the intersubjective dimension of truth and the priority assigned to the procedural and the interpsychic over the content-related and the intrapsychic. In treatment, repressed memories

are no longer as sought after, but instead the development of the psychic container is pursued. According to Bion, truth is the food of the mind, and the subject is guided by a truth drive (Civitarese 2013b). But the truth that interests us from a psychoanalytic standpoint cannot be directly grasped by the senses but only by educated intuition. It has to do with the psychic qualities that characterize the emotional experience at hand. Bion goes so far as to assert that their somatic correlates, too, can block comprehension.

It would be different and much simpler if psychoanalytic knowledge pertained to objects situated in a concrete spatio-temporal dimension. But beyond whether or how we can grasp it, the question remains of the *nature* of this truth: “What is ‘truth’ in psychoanalysis, and is there a ‘psychoanalytic truth’ that is different from what we mean by *truth* in its ordinary social sense?” (p. 396), Levine asks.

Stimulated by Levine’s question, I would respond that the nature of an act of cognition, whether it pertains to concrete objects or to psychic qualities, is not in essence any different. Therefore, I would say that one can respond positively to this question on one side and negatively on the other, invoking the concept not of a clear dichotomy between emotional truth and logical truth, but rather that of a continuum, with both truths anchored in the linguistic root that forms the basis of self-consciousness and thus of humanity.

The truth of emotional unison, of *at-one-ment*, is achieved when the felicitous recognition between mother and child springs forth, creating a “primordial concept”¹²—a sensitive/musical idea that is not, however, extraneous to the world of concepts and self-consciousness, represented by the adult couple (by definition, an element of unity among various terms is identified), and that is still preverbal (even though not a-cultural). It gives order to chaos, nevertheless, and at bottom it is the basis of every human truth, even those of the sciences.

The distinguishing characteristic of psychoanalytic truth would be, rather, that it locate itself at the most basic level, where what counts is to promote the processes of the mind’s growth at the molecular level. It is not enough, however, to get out of a fix, as Bion does, by saying

¹² “Every word immediately becomes a concept, draining away with its pallid universality the differences between fundamentally unequal things” (Eco 2002).

that what counts is whether or not a certain intervention by the analyst promotes growth, because we are then brought back to the problem of deciding whether or not this is true growth.

But why is truth so important for psychic growth? This is not at all trivial. I would say that it is so important because Psyche dwells in the house of Love: what we call *truth* is none other than a process of *at-onement*, of unison. This dimension is closely tied to pleasure; see Allison and Fonagy's paper: "An upshot of fitting together is vitalization, experienced by both partners, which in turn leads to a greater feeling of liking each other" (Boston Change Process Study Group quoted by Allison and Fonagy, p. 283). Through the process of unison, the mind is developed, step by step, in the presence of another mind.

One should use the word *truth* less often as though it pertained only to content, and more as expressive of a process, one of becoming real. That is to say, one can state that being true—or rather, meeting the other—coincides with the very process of subjectivization. Self-consciousness is identifiable with language, even though it cannot be limited to semantic language. The subject's processes of verification are carried out according to a model that it would be appropriate to view as fractal. Social agreement, which does not need to be ingenuously restricted to verbal agreement, nor even less to be based only on verbal meaning, represents at bottom the realm of *all* knowledge.

Levine writes:

Ogden (2015) refers to "multiple coexisting, discordant realities, all of which are true" (p. 300). If there are "multiple coexisting discordant realities," are there also multiple coexisting discordant truths? In the everyday world of external reality, truth tends to *feel* singular and never discordant: a shirt is blue or not blue. It might be blue and white, but its white stripes do not nullify the fact that it is also partly blue; its blueness is not in question. [p. 396, italics in original]

One could respond that, certainly, *blueness* is not in question, but only if one accepts reasoning based on the ingenuous realism with which we move in practical life—but which in the modern era, at least from the time of Kant onward, we have had to mourn the loss of.

For Kant, knowledge is not the passive apprehension of the object as it truly is, but rather a modification of the knowing subject. What is under discussion can never be the object of perception in itself (this expresses the notion of a *thing-in-itself*, or of O in Bion), but rather interhuman agreement in making an interpretation of it. This vision could also be defined as *postmodern*, even though it may have been elaborated with the contribution of psychoanalysis long before Lyotard (1979) coined this term as a sort of master key. And in relation to postmodernism and relativism, see the recent monograph issue of *Psychoanalytic Inquiry* devoted to postmodernism and psychoanalysis (Civitarese, Katz, and Tubert-Okländer 2015); I find totally incomprehensible how, as Eco (2007) says, the specter of relativism has come to be built up as a standard ideology, “the canker of contemporary civilization” (p. 36). Indeed, I would not be able to find any serious author in the psychoanalytic literature or on the broader cultural scene who has truly maintained or maintains agnoseological or moral absolute relativism. This is very far from Nietzsche’s assertion that facts do not exist, but only interpretations, or Derrida’s that there is nothing outside the text. These affirmations, in my opinion, are to be interpreted as a way to strongly emphasize the inevitable role of linguistic mediation that renders us human and capable of self-reflection, but that obviously cannot place us directly in contact with Kant’s *thing-in-itself*. The authentic markers of postmodernism are, rather, the end of the great narrations, the ironic revisit to the past, and the crisis of a transcendental concept of truth.

What some object to in a vision such as Kant’s, mentioned earlier (that knowledge is not the passive apprehension of the object as it truly is, but rather a modification of the knowing subject), is that then anything could be considered true. Such a position—which is certainly not Levine’s—expresses only the difficulty of letting go of a fundamentalist or metaphysical vision of truth, of accepting the relativist *but not anti-fundamentalist* vision (because that itself would be absolute) of the bottomless abyss underlying every principle. It would also be the reassertion, through invoking the opposite, of a new fundamentalism, in the same way that an atheist is none other than a “negative” believer.

The concept of *adequatio rei et intellectus*—that is, of a strict correlation between words and things—has not been current in philosophy for

centuries now. In fact, we might correctly state that blueness *is* in question (see Braver 2014). What is less in question is the socially shared rule, entirely contained within the system of language, of calling *blue* or *red* a certain condensation of pigments on a surface. Without a similar reference to the *third* represented by society, we would again fall into a metaphysical vision of perception and truth. More than one truth, for example, can exist within a logic that does not obey the *principle of non-contradiction*, a dialectical logic—or rather one of correlatives—in which “A” is at the same time both “A” and “not-A.” So the logic that we employ also changes according to the situation. Bion’s explanation of how representation is born, for example, certainly does not obey a logic of noncontradiction.

In the same way, isn’t the logic of psychoanalysis really one of non-identity or difference? The dialectic, the process on which Hegel based subjectivization, describes a relationship in which “A” can be “A” only if in relation to “not-A,” and not simply if present together with a second property, “B.” The two terms reciprocally define each other. Without “not-A,” “A” would not exist as such and vice versa. Now, what I am pressed to reaffirm is that neither the logic of noncontradiction nor dialectical logic (or a logic of non-identity) can aspire to a privileged foundation. All these—the same concepts that I am discussing here in order to frame the problem of truth—are expressions of linguistic games.

In his paper, Levine emphasizes the Bionian principle of systematic doubt. Bion seems almost to make us think of a form of absolute skepticism, while on the other hand, he assigns the maximal possible importance to the concept of truth within a psychoanalytic theory, with almost mystical overtones. I think there is no contradiction here; Bion is not invoking a special mandate for the emotional truths of analysis, but is simply practicing the phenomenological principle of transcendental reduction (also known as *epoché* or “suspension”¹³)—the philosophical but also the psychoanalytic one—of starting up again from a criterion/postu-

¹³ “In phenomenological research, *epoché* is described as a process involved in blocking biases and assumptions in order to explain a phenomenon in terms of its own inherent system of meaning. One actual technique is known as bracketing. This involves systematic steps to ‘set aside’ various assumptions and beliefs about a phenomenon in order to examine how the phenomenon presents itself in the world of the participant” (<https://en.wikipedia.org/wiki/Epoché>).

late of immediacy: the truth that is before our eyes (it is more probable that it is true), or that we experience with all of ourselves in the here and now, after having put between parentheses, as much as possible, the knowledge already acquired. (It is clear from a certain point of view that this is a paradox, because nothing would be knowable if we had not already constructed a trustworthy system of knowledge.)

It would not make sense to give contradictory definitions of truth. If Bion takes from Kant the concept of *thing-in-itself* and calls it O, it is to force us to be suspicious of our senses and to carry out an operation similar to Kant's—that is, to shift the problem of truth from the thing to the subject that knows it, or, better yet, to their relationship, and certainly not to allude to a mystical type of truth. If Bion opposes O to K (knowledge), it is to remind us that no truth/meaning is ever disembodied. The word, which is by definition *effabilis* (expressable), is at the same time ineffable, but it would not make sense to think of splitting one part from the other.

Thus, emotional truth, psychoanalytic truth, even though it is no longer identified with “the thing that really happened” in regard to rational truth, is none other than the other side of the coin. It expresses an emotional consensuality that is equally important as the rational in giving meaning to life and also in knowing how to manage affective relationships. We can perhaps do without this aspect of practical goals, but not every time that the meaning of existence is at stake. Emotion has an obvious and powerful cognitive value. But it is important to understand that, to paraphrase Winnicott, a pure emotion does not exist in itself as isolated. For human beings, even in the infant before he can speak, nothing can exist that has not already been brought into the network of the symbolic; nothing exists that cannot be seen as the result of a process of becoming “educated” to feel, the outcome of a process of a gradual acquisition of “somatic/emotional categories.”

Emotions are our bodily thoughts, the other half of truth. Why must the mind nurture itself with truth? I repeat: this is not at all self-evident. It is so because, if truth is the manifestation of our capacity for consensuality or for cooperative intentionality (Tomasello 2014), then truth *is* the mind and the mind *is* truth. A mind if composed of language, and language is exactly what results from this innate human capacity, which,

however, also needs exposure to culture in every instance. Saying that truth nourishes the mind because it puts us in contact with reality is true, but it is not specific, and it does not encompass all the implications of this statement. So when we speak of aesthetic truth and of an aesthetic paradigm, it would have to be clear that the reference is very precise and pertains to the truth of ideas *and* of emotions (or of the body).

Another dichotomy that should be reexamined, in my opinion, is that between what is discovered and what is created and produced for the first time. Discovering repressed truth is often contrasted with “making unconscious,” “unconscious-ing” (Civitarese 2011b), to contribute to the *emergent* or *unformulated* unconscious. In reality, this contrast, which is reflected in different treatment techniques, emanates from two different conceptions of the unconscious—the first from Freud’s unconscious as a prison, and the second from Bion’s unconscious as a psychoanalytic function of the personality. In Bion’s conception of the unconscious, the dichotomy can be overcome. If the capacity to think grows, it is easier for the patient to arrive at having a more consistent version of his history with fewer gaps; but the opposite is not always true, because the search for repressed content is not said to occur in regard to the patient’s ability to bear emotion, and thus it does not necessarily lead to a better integration.

The change in paradigm inheres in this: the reintegration in psychoanalysis of the meaning of affects and the development of a true theory of affects. Nothing is discovered to be as it was, apart from how much one agrees or disagrees on its reality quotient—just as nothing is created from nothing. Otherwise one could fall into differentiating among the contents, while the activity of transformation of minds and contact between them should be in the foreground. Every discovery is also an emergent truth, and every emergent truth is also a discovery. This is not the point, but rather, discovered or created as it may be, whether the truth in question is or is not the product of unison. If I discover a repressed memory, something new is born; if I transmit a new ability, it will also be easier to remember (contain) things that had been distanced.

A discourse of this type must highlight another relevant aspect of Levine’s paper—and here it is as though he were responding to Blass: his attention to nonrepresented states of mind and to what is not along the

lines of repression or what is hidden, but rather to the nonformulated. He affirms, and I cannot fail to agree, that all this belongs with full rights to the field of psychoanalysis. Otherwise, I would add, Bion would not have written, following Freud, that one must make the caesura between fetal life and postfetal life permeable, and he would not have spoken metaphorically of “thalamic” or “subthalamic” fears.

TRUTH-AS-UNISON

One must never forget that, although he operated within a positivist frame, Freud was one of those who brilliantly eroded the foundations of positivism. For example, in addition to the concept of the unconscious, with that of *Nachträglichkeit*, he posed the unavoidable question regarding the topic of which truth one might come to in psychoanalysis. If the memory of things is continually subjected to rearrangement and rewriting, for the subject, obviously, the past can truly change.

If we imagine, instead, an external observer, he would have a different text of the same subject’s past. Neither of the two would have the truth of what was, but from their hypothetical dialogue, a shared version of reality would emerge. As is evident, a theory of the role of the observer in the knowledge of things is intrinsic to the definition of what is true and of what is not true, and has always been especially the property of psychoanalysis.

After Freud, Bion is the author who has most investigated the topic of truth and the lie, and, finding himself halfway between the foundation of a bipersonal psychology and the residues of a psychology of the isolated subject, at times he did so with a subtly judgmental tone. It is enough to look at the terms in which he expresses himself regarding column 2 of the grid, for example, and at how brilliantly Grotstein (2007), by contrast, renamed it the column of the dream, no longer that of the “lie.” In this way, Grotstein brought Bion’s “Kantian” revolution to completion, writing along the axis of “I think → I lie → I dream . . . therefore, I am.” We recall that *mind* and *lie* have the same etymological root, and that *person* means *mask*.¹⁴

¹⁴ *Translator’s Note:* In Italian, both *mente* (mind) and *menzogna* (lie) derive from the late Latin *mens*, meaning “mind, reason, intellect.” *Persona* (person) derives from the Etruscan word *phersu*, meaning “mask.”

Far from being discouraged by the weak constitution of the concept of truth in psychoanalysis—the equivalent of Hume’s *philosophical melancholy and delirium*, to which Allison and Fonagy allude—we could make this weakness into a strength if we use it as a measuring device to demonstrate the material of which *any* truth is composed, including truths in the objective sciences, and then construct a new paradigm drawing on the idea of emotional unison as the original foundation of truth. Psychoanalysis is not a science in the same way that physics and chemistry are because it has to do not with the material world, but with the world of meaning. It is not that the truths of the hard sciences have more solid bases of consensuality; simply put, they pertain to less complex objects, and so for them it is easier to arrive at a consensus. (Within these sciences, however, there are and always will be conflicted and incompatible theories.)

The weakness of psychoanalysis is an unrecognized strength for analysts because, as human beings, they would like to delude themselves about having certainties on which to base their conduct (and with which to nurture—as is justifiable—their own narcissism). When, for example, we speak of *co-created narrative* and we fear losing the link to history, reality, and the subject, we are actually neglecting the enormous weight that the prefix *co-* brings with it: it connotes *interhuman* agreement (virtually generalizable to the entire community of speakers, in the same way that a single word takes meaning from all of language, and indeed from all languages in the plural). The freedom that we gain in ridding ourselves (or, according to tastes, in mourning this loss) of the idea of an ultimate and absolute truth is strongly linked—and to my mind in a revitalizing way—to the concept of *consensuality*.

In the papers that we are examining here, the various authors have each illustrated the linguistic game that they consider the most effective within the broader linguistic game of psychoanalysis, and within the even broader linguistic game of culture in its totality.¹⁵ None of them can claim that his or her views have a more sound basis than those of the others. But the reader will immediately experience differing reactions in reading each essay. Some of them will seem more persuasive, others

¹⁵ Wittgenstein (1984) wrote that *what belongs to a language game is a whole culture*.

less so. Some are moving; others appeal primarily to the rational side. It is in this way that, without particular disturbance and yet inevitably, not only a rational but also an “aesthetic competition” is played out among alternative theories. We might note that this competition is an integrated one in that both symbolic and presymbolic factors are incorporated, but always within the realm of language.

Furthermore, in considering: (1) the eclectic idea of a non-antagonistic, pure difference among models, without the criterion of greater or less adequacy (an acritical relativism); (2) an authoritarian, dogmatic, or ecclesiastical position (which implies only one and absolute truth); and (3) the human, “intermediate” conception that I am advocating here—each of these can be seen as nothing else than a legitimate rhetorical tool in this competition.

Truth in psychoanalysis has always been relevant and remains so. I maintain that it is not useful to complain about the excessive number of models, as though one could establish a central authority to regulate what is in the official canon and what is not—a sort of Congregation for the Doctrine of Faith of the Catholic Church.¹⁶ The competition among different psychoanalytic theories is always in process, has already been happening; it *is* happening now, here, through the dialogue offered by *The Psychoanalytic Quarterly* on the topic of truth in psychoanalysis. If one allows time to do its work, gradually, the new paradigm will be clearly delineated.

I repeat: if we try to carefully consider and think out our truths, to consider how we reach them in various areas of our experience of life, we see that the only secure basis lies in *socialization*.¹⁷ Through socialization, we learn to *be* in a certain way, to reason in a certain way, to use specific principles of logic. Above and below this ground level endowed by our own life forms, and preliminary to any prescientific and scientific understanding of things, there is nothing more secure unless one wants

¹⁶ *Translator's Note:* As many readers will know, this is the body responsible for promulgating and defending Catholic doctrine.

¹⁷ “We never explicitly learned our world-view but swallowed it down in the process of socialization This is not a choice but a matter of finding oneself magnetically oriented toward asking certain kinds of questions and accepting certain kind of answers, which is why Heidegger defines thinking as responding Wittgenstein speaks of ‘conversion,’ ‘persuasion,’ or ‘combat’ among language-games” (Braver 2014, pp. 199, 203).

to trust in metaphysical solutions. The truth cannot all be said because, at least in part, it is the same as living. We live our truth, and this truth can be “become,” but not said or said only in part. Our more sophisticated and higher-level truths submerge their obscure origins in criteria of the self-organizing livability of biological systems.

Truth, so to speak, coincides with *being*. Ideas are a part of this being, but not only ideas. As analysts, even if we are concerned with truths manifested in the body, with truths that are transmitted by emotions, it is as though we have a nostalgic wish to translate everything into perfectly logical linguistic formulas. But for us, the sense and not only the meaning is important. Wittgenstein’s exhortation in my epigraph to *let us be human* is an invitation to accept our finite nature and to give up wanting to have a divine point of view on things.

When all is said and done, what we do has meaning only within a certain context of norms shared by a larger or smaller social group. We cannot move beyond our linguistic games. Psychoanalysis is one of these games (Bion [1965] referred to a *psychoanalytic game*), but one can say the same of a physics experiment or of a *Lectura Dantis*.¹⁸ However, there is nothing like an *Ur-game* that excuses us from the rules of various other games. It happens that there is no attainable ultimate truth from which to derive all the principles of our rationality, just as it is not at all true that our way of being permits us to play any game, as would be affirmed by those who fear absolute relativism. We follow these rules almost (but not entirely) *blindly*. We can play infinite games, but not *all* games, and we really do not know why. There are limits to what we can know, and one of the consequences is that we can only live with truths based on a *groundless ground* and not on a *grounded ground* (Braver 2014). We cannot enter into the world if not through language, but we cannot use language to surpass language.

A NEW COMMON GROUND

If we embrace the point of view expressed here, we benefit on many fronts: on the one hand, there is a significant reduction of tension both

¹⁸ *Translator’s Note:* The Latin expression *Lectura Dantis* is used in Italian to refer to the reading out loud or public recitation of the works of Dante, and in particular of the verses of his *Divine Comedy* (Dante Alighieri 1320).

between the two terms of the hermeneutic/scientific dichotomy, to the point of making it appear false, and among different models. On the other, in drawing on modern principles of epistemology and finding in various models some shared elements along the immediacy-truth and truth-as-unison axes, we gain the possibility of identifying what might be a new common ground for psychoanalysis.

In regard to the first point—that is, relationships with the other sciences—even if psychoanalysis remains amphibious, a hybrid, both artistic and scientific, an art in the middle zone (Civitarese 2012), it should not be seen as in the middle between science and nonscience. One could say, however, that it lies between a knowledge of simple objects and a knowledge of hypercomplex objects (of course, in practical matters we would retain more pragmatic distinctions¹⁹).

By contrast, in regard to the relationships between theory and different psychoanalytic models, it would follow that recognizing there is no “transcendental” method for deciding if one psychoanalytic theory is better than another, and thus a renouncement of any dogmatism, there is no renouncement of competition in the area of the treatment of psychic suffering. Each theory plays a different linguistic game, but not all psychoanalytic games are equally effective. Each of them struggles with the others to proclaim itself the most valid. How a model develops and comes to prevail over another cannot be fully thematized—that is, it cannot be expressed in words, because factors other than those of semantic communication (emotional, aesthetic, cultural, etc.) enter into the game. The criterion of truth becomes in some way aesthetic, which does not at all mean *arbitrary*, but simply that it takes account of the existence of aspects that are not translatable into words.²⁰

A third point is that we would have a theory that permits us to respond more easily to queries such as that posed by Levine about the

¹⁹ One thinks of the field of economics and of the equal level of uncertainty about its scientific nature, even though, alone among the social sciences, it has the privilege of the award of the Nobel Prize.

²⁰ Bion (1965) gave two different versions of a clinical report. The first was more factual, verbally exact, almost a mechanical recording, but the second, which was very detailed—and, we might say, artificial—sounded much more “true.”

. . . paradox of (ill-)timing and *après coup*—that a factually correct intervention may interrupt analytic process and psychic growth, while a well-meaning but incorrect (false) interpretation may lead to a new experience or new thought that opens the mind to true discovery. [p. 402]

What can we say about this? That perhaps the intervention was correct on the level of content, but not on the “aesthetic” one in the first case, and vice versa in the second. Also, perhaps the “aesthetic” correctness predominates over that of the content. Truth is relevant in psychoanalysis because at this point it appears to us as another name for unison/*at-one-ment*/meeting of minds/dyadic expansion of consciousness (Stern et al. 1998)—that is, because it assumes an intensely *social* flavor. It is no longer limited to some contents of truth, but begins from an agreement of minds that gradually interweaves livable contents. In addition, and more readily, we would include within psychoanalysis the approaches that explore what Bion defined as the *inaccessible unconscious* (Civitarese 2013c).

In coming now to the topic of the common ground, we have arrived at the point that the paradigm of psychoanalysis can be either evidentiary (the search for the *thing*) or aesthetic (the development of the *how*). In the second case, the truth in question can be defined as emotional or aesthetic. Bion is the author who most clearly theorized and carried out the passage from *thing* to *how*. But what we have seen is that this passage is evident in all the papers in this issue of *The Psychoanalytic Quarterly*, and in Blass’s reading of the Freudian-Kleinian model, it is interesting to see that the tendency had already begun with Freud.

From truth-as-content, one moves to the process of arriving at feeling oneself to be real and *true*. It is not as important to recuperate certain contents relative to the past, but to develop a new ability to think—in short, to proceed in step with the other. If it is true that the investigation of contents and the development of the capacity to think are not at all in opposition, it is also true that, hierarchically, we have ended up prioritizing the former, and the theoretical challenge is now to arrive at a clarification of how much of the cognitive resides in the semiotic or

nonverbal, and how one can develop the mind by beginning from the music of the relationship, *before* words.

What we need is a well-articulated theory that, as I have tried to outline here, succeeds in locating some essential points in relation to each other:

- A certain idea of truth as the name that we give to what intrinsically develops the psyche in that it corresponds to unison (intersubjective agreement), which at birth (or in analysis with respect to still unborn and regressed parts of the mind in the immediacy of the here and now) transforms the disorder into order and the multiplicity into the abstract—which generates, that is, not only logical concepts or ideas, but also nonverbal/emotional “concepts.” This idea of truth involves transcending an overly rigid caesura between the representational and the nonrepresentational.
- The possibility of tracing a continuum between this truth-as-unison and the human truth as consensual truth and linguistic game—that is, a theory of emotional truth that can also bear up to a close epistemological examination.
- A strong conception of language as that which forms the basis of the subject and so of the unconscious not as something given at birth, but rather that is acquired from the object (from sociality).

In reading the various essays, more than by their differences, I was struck by some common elements, in fact, and in particular by the structuralization of progressively more effective tools in making *immediacy* a key parameter with which to arrive at something true. I was also impressed by the emphasis on the *process* in all the papers, and by the “skeptical” dimension in relation to the idea of an absolute truth. In this respect, both philosophy and psychoanalysis, in a parallel and ever more radical way, have followed the path of returning to the things themselves. Even in the exact sciences, one could say that technological progress has allowed researchers to embrace the phenomena that were earlier too distant or infinitely small, in a way that makes it possible to observe them while leaving all the rest between parentheses.

In fact, the interpretation of transference is indeed directed toward reconstructing the past and revealing contents, but it also *indirectly* establishes a criterion of immediacy because, with the rhetorical arrangement of the metalepsis, it powerfully draws our attention to the here and now (Civitarese 2007b). The same is true of systematic interpretation of unconscious fantasy in the Kleinian model and of enactment in the interpersonalist one. The most recent version of psychoanalytic *epoché* can be found in the post-Bionian model of the analytic field and the session viewed as a dream, in which we really try to bring in a totally new view of the facts of the analysis and to carry out the most extreme exercise of hermeneutic phenomenology of the unconscious that I know of. In particular, the field model embraces a criterion of radical immanence because it places between parentheses the question of how things really happened and how they happen outside, in order to increase the chance of truly intuiting what is going on in the here and now on a deep emotional level.

But this is nothing other than the more rigorous result that the application of the principle of the philosophical method, of linking truth with immediacy, is having in psychoanalysis. It is obvious that, on these premises, if the truth-immediacy and truth-unison connections become the abscissa and the ordinate with which to frame the various approaches in the discipline of psychoanalysis, it would be a great deal easier to identify the minimum common denominator of the various psychoanalytic models, and one could not only start out from infinite and abstract discussions about truth, but these would also come to be grounded in a fertile theoretical and technical conception in clinical work.

It is also true that we need to acknowledge Bion for having had this fundamental intuition of wanting to reform the basis of psychoanalysis by starting from a rigorous phenomenological principle, which he then translated into formulas such as *transcending the caesura*, *the truth drive*, and *without memory, desire, and understanding*, etc. Perhaps only with Bion are we truly able to descend from the abstraction of the concept of truth (even when we intend it as the obvious handmaiden of reality), to that of emotional truth as a protoconcept and the foundation of the individual mind, starting from the meeting with another mind. Thanks to

his contribution to thinking, contemporary psychoanalysis is not only in perfect harmony with the state of the art of modern epistemology; it can also contribute to epistemology itself in an essential way, making available its *own* theoretical-clinical method of research with which to clarify how the prescientific understanding of the world is formed on the collective level—the same level on which even the scientific understanding of things cannot fail to be built.

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THE EXPERIENCE OF TRUTH IN PSYCHOANALYSIS TODAY

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Keywords: Truth, thinking, contemporary psychoanalysis, hermeneutics, postmodernism, representation, therapeutic action, analytic theory, communication, love, mentalization, trust.

TRENDS IN TRUTH

Does truth still have a place in the practice of contemporary psychoanalysis? In relation to this special issue of *The Psychoanalytic Quarterly*, Jay Greenberg reminds us that, from its founding, psychoanalysis has seen “what is *not known*” as underlying the symptoms and problems in living that bring people to treatment. We have taken as fundamental the Freudian insight into the human tendency to *avoid truth* when it is painful:

The psychic apparatus is intolerant of unpleasure and strives to ward it off at all costs and, if *the perception of reality* involves unpleasure, that perception—*i.e., the truth*—must be sacrificed One cannot flee from oneself and no flight avails against danger from within; hence the ego’s defence-mechanisms are condemned to falsify the inner perception, so that it transmits to us only an imperfect and travestied picture of our id. In its relations with the id the ego is paralysed by its restrictions or blinded by its errors, and *the result in the sphere of psychic processes may be compared to the progress of a poor walker in a country which he does not know*. [Freud 1937, p. 392, italics added]

Thus, a therapeutic emphasis on revealing the mechanisms of avoidance and self-deception, and on uncovering what has been warded off—

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the truth—has long been central, even as theories of psychopathology, technique, and therapeutic action have differed across schools. Yet ideas about the *kind of truth* we can and should seek have also evolved. Most prominently, the Freudian emphasis on reconstruction of historical truth—whether of events in material or in psychic reality—has been subject to trenchant critiques derived from postmodernist, constructivist, and hermeneutic developments in the philosophy and sociology of knowledge.

For example, in an influential essay, Spence (1982) discussed the truth status of psychoanalytic interpretations or constructions and—by extension—of metapsychological or clinical theories. He argued against the prevailing empiricist viewpoint in favor of an emerging hermeneutic perspective—that the truth of a psychoanalytic interpretation is always contingent and contextual; and that it should be thought of as *pragmatic* and *aesthetic* truth, best validated by its processual sequelae, rather than by its correspondence to an ultimately unverifiable set of past or unconscious entities—that is to say, its *empirical* truth. The influence of postmodernism has contributed to significant change in the general psychoanalytic stance with respect to truth, even as psychoanalytic insights into the construction of reality themselves have played a role in the rise of postmodernist epistemologies. Furthermore, developmental research and clinical work with more severely disturbed patients have produced new ideas about the constitution of mind and what can be said to exist in it. Both of these factors have had implications for what we mean by *truth* and knowing about minds.

Greenberg asks whether a trend in contemporary psychoanalytic thinking—a shift from emphasizing “what has been known but lost to repression . . . to a focus on what has never and could never be known”—might render the once-central search for truth actually “irrelevant,” a mere shibboleth. The “new sensibility” to which Greenberg refers includes the increasing emphasis on complex intersubjective systems (fields) both in development and in analytic treatment, and a general deemphasis on notions of structure in explanations of mind. The specific trend he points to includes the thinking of analysts from diverse traditions who posit a lack of representation, formulation, or symbolization to account for at least some of what is experienced as obscure, fragmented,

chaotic, or perplexing in the analytic setting (e.g., Botella and Botella 2005; Green 1999; Levine, Reed, and Scarfone 2013; Stern 2003). This way of thinking about the mind leads to significantly different ways not only of understanding analytic material, but also of conceptualizing and carrying out the analyst's work.

Is *not knowing* in fact always “what happens when *we do not want to know* certain truths,” as Blass (p. 306, italics added), following Freud, writes here? Or might it also be, as Levine argues from a newer vantage point, what happens when the *capacity to know*—and underlying this, the *capacity to think*—has not developed adequately as a result of factors that are not solely, or primarily, motivational? Are there experiences, traumatic or uncanny, externally imposed or internally generated, that are *not represented* and yet remain “in” the person, causing disruptions and disturbances of the analytic process and becoming accessible to representation through the psychoanalytic encounter? Is the analyst's task, then, not only to help the patient discover what he does not want to know, but also to help him become able to imagine what he has never known? And if the latter, what might it mean to apply the term *truth* to these imaginings?

Parsons (2005), in discussing the work of Botella and Botella, writes that when developmental progression from experience to thought is disturbed, these theorists see the resulting mental process as “not repression but the *negating of representation* leading to disavowal. Instead of the reality of objects, what is experienced is a *negative*” (p. xx, italics added), conceptualized as the *irrepresentable*. For analysts who follow this line of thinking, the experience of a negative, signaled in the analytic setting in any of a variety of modes—e.g., somatic, discursive, affective, etc.—may be understood not as a fantasy of absence, but as a *failure of representation*, an actual void in the mind.

Because they are most interested in the manifestations of what has *never* been fully represented in narrative, or even fantasy, form—that is, in emotional experiences that they conceptualize as being pre- or protopsychic, analysts may frame psychoanalytic work as aiming for the *development of the patient's capacity* to form mental representations. Influenced by Bion's (1962) formulation of the development of thought, some analytic authors posit an early state in which stimulation is ex-

perienced organismically but not mentally—as sensory but not subjective—in that the infant is seen as existing in a predifferentiated state. In Bion’s model, the mother’s early ministrations to the baby involve an unconscious process in which she responds to this organismic distress, expressed bodily, in such a way as to give it meaning, and by bearing and transforming in her own mind this distress, she “contains” and returns to him a bearable experience, one that will ultimately be incorporated into *a capacity for thinking (symbolizing and having meaningful emotional experiences)*. In situations when containment is not adequate or available, the infant is thought to “evacuate” the unbearable stimulation, which in consequence never becomes experienced or known mentally.

According to this perspective, the analyst’s listening, experiencing, and reflection are understood to work mainly in the service of eliciting, enhancing, and encouraging the patient’s stunted, dormant, or nascent ability to imagine freely, so that these unrepresented or unformulated elements may become included in mental life. For example, in the words of Green (1975), this process entails giving the patient

. . . the image of elaboration, situating what he gives us in a space which is neither the empty one nor one filled to overflowing, but a ventilated space, a space which is neither that of “this is meaningless” nor that of “this means that” but one of “this may mean that.” It is the space of potential and of absence for, as Freud was the first to see, it is in the absence of the object that the representation of it is formed, the source of all thought.
[p. 8]

The contributors to this symposium offered by *The Psychoanalytic Quarterly*—a group of eminent figures spanning a wide variety of psychoanalytic theoretical traditions—have been asked to address the “relevance” of *truth* to psychoanalytic work, given this shift away from, in Greenberg’s words, “helping our analysands to find the truths that they have not allowed themselves to know,” and toward “helping them to develop the capacities that would make knowing possible.” Although Greenberg does not specify a definition of truth, his question implies that if one is primarily interested in developing a person’s capacity for generating usable mental representations of experience—that is, complex, rich, and flexible ones—the *truth* status of the material arising in

the analytic situation (by implication, its correspondence to an independently existing entity, be it a thought, feeling, fantasy, event, unconscious or conscious, etc.) might not be “relevant.”

This suggested expectation is implicitly linked to a postmodernist epistemological stance, which acknowledges the impossibility of attaining objectivity with respect to reality, and to a constructivist view of the generating of knowledge. One might generalize that in approaches foregrounding capacity-development, the psychoanalytic process, entailing the analyst's close attentiveness, and conscious and unconscious processing of—and responsiveness to—the patient's communications, is understood to foster and nourish in the patient a *capacity*, either to represent previously unthinkable experience or to sustain awareness of the doings of his own mind such that he can elaborate on it more creatively and flexibly, giving rise to feelings of greater efficacy, authenticity, aliveness, and so forth.¹

A radical version of this viewpoint is illustrated by the Bionian field theorist Ferro's (2011) assertion that “it makes little difference what the [patient's] story is” because “we focus on the transformation of the patient's apparatus for thinking (I care little about what)” (pp. 9, 11). In discussing Ferro's field theory, which takes a similar perspective on the development of the capacity to represent—or, in Ferro's terms, to “narrate”—I noted that:

Symptoms and character pathology, whatever their specific origin in an individual, are fundamentally the inevitable manifestations of some degree of faulty mental metabolism Intermediate stages in the creation and maintenance of pathology, such as the elaboration over time of stable, organizing, unconscious fantasies or the construction of enduring compromise formations—which many view as defining features of neurotic misery and character pathology—are not considered The narration function is understood to improve by virtue of the containing interaction with the analyst, and it is implied that such intermediate stages will reorganize themselves naturally

¹ The factors contributing to this growth in capacity may be (and have been) theorized in a great variety of ways, but as Friedman (2007) points out, the mechanism by which the analyst's actions actually instigate change in the patient's mind is almost always elided in discussions of therapeutic action across schools.

and spontaneously, with improved functioning of the narration function, without requiring direct analysis and explicit working through. [Katz 2013, pp. 463-464]

On this view, the orienting psychoanalytic goal would be conceptualized not as the joint discovery and reworking of unknown mental contents, but instead as something like a recalibration, or upgrade, of the mind as a thinking and feeling “instrument.” To the extent that content is considered, there is an implication that this recalibration will in itself reorganize fantasy, conflict, and compromise formation farther downstream. Such an approach relies not on insight and working through as the mechanisms of change, but instead on repeated and accumulating experiences of shared acts of creativity.

The framework for the present discussion of truth is thus decidedly distinct from the arguments stemming from the well-known work of Spence (1982), Schafer (e.g., 1992), and others (e.g., Hanly 1990, 2006) on the nature of truth in psychoanalysis, although these earlier critiques, having contributed to the breakdown of archaeological/reconstructive conceptions of psychoanalytic truth, may be seen as forerunners of the current conversation. Given the orienting frame, it is noteworthy that the contributors to this symposium have for the most part not concerned themselves with attempting to establish a definition of truth, but have addressed themselves directly to the question of truth’s significance in their own clinical work, each taking his or her own use of the concept more or less as a grounding assumption.

Greenberg’s postulate of a generalized shift in the aim of psychoanalytic treatment away from the search for truth gives way to another possibility: that rather than relating to goals, the trend illuminated here can instead be located in our evolving understanding of the nature of the “truth” that psychoanalysis can, should, and does seek.

DEVELOPING A CAPACITY VERSUS FINDING UNCONSCIOUS TRUTH: A TRUE DIVIDE?

In keeping with the fact that trends in psychoanalysis always stem from a diversity of sources, it happens that a goal conceptualized as “developing

a capacity" does not map neatly onto a focus on what is "unrepresented." However, almost all the contributors to this symposium acknowledge, at least to some degree, the ultimate inseparability of capacity from content when talking about the human mind (just as Freud [1937] characterized the ego compromised by the inevitable human avoidance of pain as "a poor walker" coping with "a country . . . he does not know," p. 392). The irreducible dialectic between *what* we think and feel and *how* we think and feel is recognized, and taken up to a greater or lesser extent, by all the contributors. The capacity to know and the content of this knowing are two sides of the same coin; they shift in tandem.

And whether focusing explicitly on capacity or content, most of the contributors (with Levine being the most prominent exception) continue to believe that *things* exist in the patient's mind and life that it behooves the patient to come to know, and that the patient's *new or improved ability to know* those things is entwined, to greater or lesser degree, with the *process of coming to know something* in the analytic engagement. Insofar as they construe these things to be known as *what is true*, these authors mostly argue that truth is not only "relevant" in psychoanalysis, but is indeed the often-elusive goal of our clinical travails—potentially dangerous yet necessary.

For example, Busch describes the path to improved capacity as paved with the bringing to awareness of psychic "truths"—formerly unconscious fantasies or, in his term, *stories*. Steiner and Blass both argue that the *mode* of evasion is directly determinative of the impairment in capacity. Blass, of course, takes up this point more thoroughly than the others, reviewing Klein's explanation for this entwinement of structure and fantasy in the mind, while Allison and Fonagy turn the picture inside out, framing the capacity to know as an inherently social operation that is set in motion by a biologically based structure of relating.

Along with many infant researchers and attachment theorists who have looked for the observable correlates of psychoanalytic concepts, Allison and Fonagy have in some sense translated Bion's concept of containment into an interaction that can be operationalized for research purposes; what happens between mother and infant during repetitive interactions that leads to the subjective attribution of meaning and organization to previously undifferentiated and disorganized experience?

Noting that psychoanalysts have often overlooked the intrinsically social basis of psychology, they go on to implicitly reconceptualize many familiar psychological phenomena in terms of their social manifestations and functions, as a basis for understanding the processes by which these phenomena are structured and for approaching their treatment in cases of pathology.

Presented with the idea of an emerging analytic focus on “the *way* we think rather than *what* we think” (Greenberg), several contributors explicitly position themselves in agreement with it, although in strikingly different ways. For example, Levine argues most firmly that the primary purpose of analytic process is to develop the patient’s capacity to “represent” “truths” that have heretofore been only “weakly represented” (p. 394), while Busch argues that analytic process should be oriented toward the development of a more robust capacity to be aware of one’s own mind as it is shaping one’s current experience. Allison and Fonagy see the proper goal of treatment as strengthening the patient’s insufficient capacity for a specific kind of thinking and relating that they call *mentalization*: the ability to interpret one’s “own and other people’s behavior in terms of underlying thoughts, feelings, and wishes” (p. 285). And Ogden, who like Levine is oriented toward gaps in representation, actually focuses his thinking here *not* on the development per se of the representing capacity, but on the *emergence* in the analysis of a kind of new awareness of something particular (what he calls “the truth of an experience,” p. 414).

In clear contrast to the above contributors, both Steiner and Blass locate themselves in a tradition that holds integrating warded-off ideas, wishes, perceptions, and so forth—that is, “facing” rather than “evading” what exists in one’s mind and in the world—as the prime source of the therapeutic power of analytic treatment. Blass refers to what Strachey called “trends” in the mind that shape what reality looks like. She believes that gradually *coming to know* these underlying organizing phenomena—fantasies, attitudes, and affects—is the goal of clinical psychoanalysis. She, too, believes that this process changes the mind, but she thinks of this change as resulting from a change in what is known.

The fullest understanding of the patient’s experience, Blass argues, can be found in an approach that sees him as *always able* to know and

as turning away intentionally, though often unconsciously, from painful knowledge:

The baby's first experiences and the phantasies that accompany them are there from the very start, are registered in his mind, and are reacted to These phantasies are . . . not known to consciousness, but in a certain sense are known to the person. [p. 328]

Blass rejects a postulated *prepsychic* experience. Instead, she understands such perplexing, fragmentary, or negative material as reflecting the mobilization of very primitive (but undeniably psychic) defensive processes, organized around splitting, which continually interfere with the mind's capacity to integrate new experience:

Phantasy is a content (dismembering mother); it is an instinctual trend (an intention and desire—in this case, an aggressive one); it is a mental attitude (“my-mother-inside-me-is-in bits”); and it is reflected in the way one actually thinks (mental disintegration). [p. 319]

Phantasies about objects and about the relationships between them are not merely thoughts entertained *in* our mind that affect how we feel and act, but rather they are the material of the ego and of the mind itself. That is, changes in our phantasies have a direct and concrete impact on our states of mind. [p. 318, italics in original]

In this view, it is the mind's content that disturbs its own functioning, but “to come to know truth through interpretation is to *encounter* phantasies in a way that changes them and their place in our psychic economy” (p. 328, italics added). When fantasies undergo change as a result of the analytic process, the ego—having become better integrated—actually works better. The Kleinian understanding of fantasy, as famously explicated by Isaacs, encompasses what some others might designate as “un-represented,” in part by inferring/attributing a quasi-narrative structure to material that those who work in a more constructivist paradigm would leave relatively less specified. In essence, this group of analytic thinkers would say that what Blass argues emerges in the transference because of a shaping and motivating trend in the patient's mind is better seen as *cre-*

ated in the moment between analyst and patient, as a way of representing something *never before represented*.

Blass characterizes approaches prioritizing the development of a capacity to represent as ones in which

. . . the person's dynamic struggle with his meaningful inner world, which he both wants to know and does not want to know, would . . . be replaced by his effort to learn to deal with or overcome a deficit in regard to thinking processes . . . a deficit *void of personal meaning* and motivation. [p. 332, italics added]

This assessment echoes Friedman's (2007) observation of a general turn in contemporary psychoanalysis from "decoding contents" to "meaning making" (p. 1650); Blass would surely agree with his judgment that this turn must lead away from specifically psychoanalytic ideas and toward general psychological principles of meaning-making processes.

Somewhat surprisingly, from a relational position, Davies presents an implicitly content-primary model as well. She maintains that awareness of *what exists* (in her terms, recognizing one's multiple selves and their origins in personal history) in the context of the new relationship with the analyst is key to therapeutic change. Davies begins by asserting the entwinement of "content-based . . . self-reflection leading to insight . . . and the co-creation of new interpersonal experience rising out of the dust of more pathological reenactments" (p. 362) as the primary therapeutic factors in her relational model of analysis. She has less interest in theorizing either the way in which the mind and its capacities may be changed by this new experience, or the processes by which pathological reenactments are to be reduced to "dust." Davies locates herself as in opposition to some relationalists whom she characterizes as privileging new experience per se as the primary therapeutic factor, writing that we must "move back and forth between what is emergent, new, and progressive and what is old, self-inhibiting, or self-destructive and regressive" (p. 383).

Allison and Fonagy's evolutionary approach entails a preference for understanding the phenomena of the analytic exchange more in terms

of *function* than of *meaning*. On this view, the aim of psychoanalytic treatment is stated in quasi-biological terms: "to gradually reactivate" an inhibited or stunted mental process (p. 280). While they, like other analysts, see "elaborating the patient's preconscious mental content and giving him opportunities to explore the analyst's mental states in the context of the transference" (pp. 280-281) as the activity to be pursued in therapy, they differ markedly in their understanding of what it is that is helpful about this. It is not the uncovering of a "previously repudiated set of representations," but rather "scaffolding of the development" (p. 281) of a specific capacity for mentalizing.

Although these contributors can be classified, or might agree to classify themselves, as advocating either *development of a capacity* or *discovering unconscious contents*, this does not imply that the classification is a useful one when it comes to examining their ideas about "truth." While the papers manifest significant discord and ambiguity in defining "truth," the authors (with the exception of Levine, who speaks of a different "order" of truth, p. 399) all implicitly utilize truth partly in the sense of the classical "correspondence theory" of truth. That is to say, they treat it as referring to something that *has an independent reality, or exists in the world, and can be known*. Of course, truth in psychoanalysis includes the sometimes enduring but often shifting reality of ideas, feelings, beliefs, and so forth, as such, as well as the reality of events in the body and the social-physical world. In other words, as psychoanalysts, we include in this independent existence both internal and external, psychic and material reality. But to complicate matters, as analysts we have a foundational axiom that real mental phenomena or entities can also have an independent existence *outside of consciousness*, although the form (or forms) in which they can then be said to exist is increasingly highly controversial.

Although the present contributors, like Freud as quoted earlier, mostly do not distinguish consistently between truth and "reality" in their usage, it might be argued that a richer, though incompletely articulated, psychoanalytic notion of truth begins to emerge from areas of unexpected connotative overlap among their varied points of view.

HOW DO THESE CONTRIBUTORS USE TRUTH?

Busch has clearly been influenced by theories about representability; he states that the patient's transformation of the "underrepresented into ideas that are represented in a more complex fashion" builds a more robust mental structure that permits tolerance of "previously threatening thoughts and feelings" (p. 357) and lessens the need for crippling defensive responses. But Busch basically uses a propositional-narrative model of psychic truth. That is, his truths seem to be inferable notions, wishes and fears that are "embedded in *the stories a patient has in her mind that impel her to certain ways of being*" (p. 341, italics in original). Busch finds it useful to think of these stories in a very general way: they may be conscious or repressed, or "stored prerepresentationally and expressed in action," and are shaped by defensive processes that disguise the underlying proposition or "truth" to be inferred. The goal of analytic work is "a readiness to understand old stories in newly configured forms, as well as the freedom to identify new stories" (p. 343).

Busch distinguishes this emerging dominant trend in psychoanalytic thinking from the one in which he was trained—as a search for "*what is there . . . rather than primarily searching for what is not there*" (pp. 343-344, italics in original), an approach that is consistent with his long-standing preference for interpretations that stay close to the preconscious. The analyst assists the patient in framing a more complex representation of any given experience, and this process, repeated over time, builds the patient's capacity for doing the same thing independently.

Busch cites Steiner's *analyst-centered interpretations* and Ferro's *unsaturated interpretations* as concepts that take into account the changeable state of the patient's ability to make use of the analyst's ideas. Busch presents these ideas that stem from very different theoretical traditions as essentially harmonious with his own ideas about interpreting "in the neighborhood" (Busch 1993), and distinguishes them from the Kleinian preference for interpreting beyond the patient's immediate awareness. Therapeutic action is theorized simply, as follows: "The discovery of psychic truths allows for simple representations to become more complex

ones" (p. 357). Busch allies himself with the "capacity" side of the divide, but he does not seem at home here, perhaps because the capacity he is talking about is not so much the capacity to represent as the capacity to tolerate and use self-knowledge, putting him closer to Blass and Steiner.

Rather than the multiple and fluctuating *stories* that Busch aims to help the patient notice, flesh out, and think about, Ogden addresses a much narrower definition of the kind of truth that is relevant to analytic work. He describes analysis as

. . . a therapeutic process [that] centers much of its energy on helping the patient experience, and give voice to, a truth that has been disturbing him for much of his life, a truth that he has been unable to think or feel because it has been too much to bear. [p. 411]

The psychoanalytic process allows such experiences to be verbalized, and it is this verbalizing exchange—language—that "plays a pivotal role in bringing to life the emotional truth of previously unbearable experience in the analytic session" (p. 411). Here Ogden signals his focus on the unrepresented, and he is most interested in exploring how the analytic dyad's "ways of talking" (p. 411) conjure this hitherto-unlived experience. His argument implies that the *way* of talking (he distinguishes three types) enacts a relational configuration that gives a first representation to a raw experience, a kind of rough sketch that will later be given more complex verbal representation.

This suggestion brings to our attention that, while in one way *acting* (*repeating*, in Freud's term) has been conceptualized as an *alternative* to remembering in a purely representational way, the psychoanalytic concept of transference has long helped us see that action (including talking used as action) may be better construed as a *rudimentary stage* of representing. Ogden differs from Busch, among others, in that he does not distinguish "action language" from more narrative language, but emphasizes—as many Kleinians implicitly do—that "the discourse itself is [*always*] a critical part of the truth of what is occurring" (p. 412).

Ogden pays attention to the often subtle interpersonal effects of each type of discourse, to how the modes of thinking and talking themselves embody and enact representations of relationships that carry meaning

and thus, in his view, truth. Many types of discourse may be necessary to “give expression both to the patient’s fear of the truth and to the patient’s need to know the truth of his or her experience” (p. 425). He argues that the specific “truth” sought in analysis is one that will be signaled by an emotional climate of uncertainty and anxiety generated by disjunctions and gaps in the discourse. As in much of his previous work, Ogden describes the analytic process as one in which patient and analyst “dream” together: “unconsciously thinking and feeling, individually and collectively, the truth of an experience that was, for the patient, previously unthinkable” (p. 414).

It is notable that Ogden, having created a very narrow definition of the truth that he sees as relevant to psychoanalysis, takes a highly pragmatic stance toward its knowability. He implies that we know it when we feel it, and we know it by its accompaniments and sequelae: increased proliferation of meaning and feelings of personal authenticity, of liveliness and humor. Unlike many of the contributors here, he sees truth as unproblematically linked to historical events; in essence, if it emerges in the analytic setting, it corresponds to something that “happened.” But since many things were not experienced, how can we know if the experience of the analytic session actually corresponds to the particular experience (somehow existing in a potential form) that needs to be had, that was previously evaded? Ogden is perhaps uniquely untroubled by this epistemological problem.

Levine, on the other hand, takes up the problem explicitly, acknowledging that not only are we unable to know, but one thing we *can* know is that we *never know* a past or present experience exactly. As Freud argued, the unconscious is by definition unknowable; only by its derivatives can we infer its content, and therefore we can approach it only asymptotically. In contemporary psychoanalytic terms, *transformation* (of experience into representation, and transformations of “weak” representations into more complex, integrative representations) seems to replace the drive theory concept of derivatives. While the Freudian concept framed mental phenomena as defensive distortions of drive-determined wishes as they pressed toward consciousness, the concept of transformations emphasizes affective experience, and the way that the

capacity to represent does not merely disguise but facilitates tolerance and integration of what was formerly unacceptable.

Levine quotes Ferro's now well-known assertion: "The purpose of analysis is to work not so much on insight, the overcoming of splits, repression, or historical reconstruction, as on the development of the instruments for thinking" (Ferro quoted by Levine, p. 400). Levine is content to follow Bion's formulation of how this process occurs: the patient's "projections" are "absorbed" by the analyst and "sojourn . . . to be worked upon by the analyst's alpha function and transformed into" something thinkable (p. 402). Levine concurs with Ogden, following Bion, that psychoanalytic truth comes by way of the analyst's *intuition* and *at-one-ment*, because of the very fact that this kind of truth is always evaded by more conscious, sensory-based modes of perceiving and thinking.

Levine acknowledges that our assumption of multiple truths makes the judgment of falseness and error much more difficult. He observes that in certain domains, such as fiction, what we think of as truth (perhaps generalizable insights?) can be found in representations of imaginary rather than real entities—an idea suggested as well in Davies's stance with her lying patient. Levine argues, ultimately, that analytic truth is thus fundamentally of a different "order" than empirical truth—rather closer to the truth of art and religion, having more to do with *endowing experience with meaning*.

By making mentalization, which they note is "acquired in the context of attachment relationships" (p. 285), a central part of their discussion of the role of truth in human experience, Allison and Fonagy frame truth and knowing as fundamentally a *social* phenomenon. They see truth as a *concept with an evolutionary function*: it is "the primary qualifier of human communication that underpins the transmission of knowledge across generations" (pp. 276-277). Like Blass, Allison and Fonagy link their ideas to a critique of political-intellectual controversies in the field, suggesting that a need to choose rigidly between objectivity and relativism (in crude terms, between unwarranted certainty about what is true, on the one hand, and the fundamental rejection of conviction, on the other) is a manifestation on the group level of a tendency that is also found individually.

Although Blass's quite similar critique shows that this problematic tendency might as easily be conceptualized in the terms of another theory, in Allison and Fonagy's framework, it is understood as a manifestation of "nonmentalizing or prementalizing" (p. 279), which they argue cannot be treated by uncovering what the patient avoids knowing about himself. "Defensive avoidance of the 'truth' of an idea must be distinguished from defensive avoidance of the process of creating ideas (i.e., thinking) altogether" (p. 280), they affirm.

In Allison and Fonagy's view, truth is an attribute not of experiences or of representations, but of *information*: and knowing what is true implies distinguishing it from what is false, a process that requires imagining the intentions of the other. At the same time, they demonstrate an interest in "emotional truth (the felt truth of an experience)" (p. 283), citing the Boston Change Process Study Group's findings of *now moments* as evidence of the therapeutic significance of the intersubjective experience of this kind of truth-feeling. They link this experience to "a feeling of vitalization, or increased well-being" stemming from "increased coherence of the dyadic system as a whole" (Boston Change Process Study Group quoted by Allison and Fonagy, p. 283).

In their research, Allison and Fonagy find that the measurable activities they call *mentalizing* are linked to a subjectively reported experience of "truth" and to a "sense of presence, vitality, and at oneness with oneself and the social world" (p. 286). They speculate that this quality of feeling is triggered by specific types of interpersonal exchanges, generating an optimal mental state for the integration of new information. Significantly, these exchanges involve being "paid special attention to and [being] noticed as an agent" and "feeling recognized," and they lead to the adoption of "an attitude of epistemic trust" (p. 289).

Allison and Fonagy argue that the exchanges experienced as moments of emotional truth, such as those described by the Boston Change Process Study Group, are in fact just this type of exchange. Their value lies neither in the good feeling nor in the recognition of separate subjectivity per se, but in their opening of "a biologically prepared pathway to receive and internalize information to be incorporated into existing structures . . . as true information" (pp. 289-290). Thus, these experiences allow the patient to "learn" from the therapist, who can then

“equip the patient with the tools to negotiate his current and future relationships more successfully” (p. 286). Severe character pathology, in which Allison and Fonagy emphasize the tendency to attribute malevolent intentions to the other, is conceptualized from this perspective as a manifestation of “epistemic hypervigilance” (p. 293) and “dysfunctional social learning systems inadequate to assure adaptation” (p. 291).

Having raised the relationship of truth to trust, albeit narrowly defined, Allison and Fonagy have an important point of convergence with Blass, who also discusses trust as essential to our thinking about truth.² But while Allison and Fonagy conceptualize *epistemic trust* almost ethologically, as a state that can be observed to be mobilized in relation to an external other seen as a reliable communicator—as in the pedagogic stance seen in child observations—Blass insists that, as analysts, we must remain interested in plumbing the layers of subjective experience beyond the observable and measurable. The openness entailed in her “epistemology of trust” (p. 317) is linked to love, she implies, and thus to the relationship with an *internalized* good object.

But might these not be two ways—or, more accurately, two levels—of describing the same phenomenon? Neither *good object* nor *epistemic trust* is a tangible entity; one rests on a model of mind as structured fantasy, and the other rests on a model of mind as a set of semi-stable orientations toward others—a “network of unconscious expectations or mental models of self–other relationships” (Fonagy quoted in Allison and Fonagy, p. 281). As I will discuss in what follows, the feelings of vitality and coherence of the dyad described by Allison and Fonagy are clearly related to the feelings of gratitude and love described by Blass.

One might say that experiencing truth requires trusting the knower, whether that is oneself or another. Thus, while Blass more than any of the others emphasizes that “to recognize truth is to turn our eyes inward” (p. 330), even she acknowledges “its compelling, relational nature” (p. 334).

² *Truth* and *trust* are linked etymologically as well, and the development of the English word *truth* suggests a culturally meaningful connection between factual veracity and relational faithfulness: “Cognate with or formed similarly to Old High German *-triuwida* (in *gitriuwida* trust, loyalty, *untriuwida* deception, disloyalty, *urtriuwida* suspicion), Old Icelandic *tryggo* faithfulness (in law, especially in plural) sworn loyalty, truce, Old Swedish *trygb* faithfulness, sworn loyalty, truce, security, safety (Swedish *trygd* protection, security), Old Danish *trygd* faithfulness, sworn loyalty, truce, security (Danish *trygd* security)” (*Oxford English Dictionary*, 1971, p. 3424).

Blass argues vigorously against the notion of “protoexperience that could not be symbolized or represented . . . at the time when it was lived” (p. 306) and against theories of therapeutic action that omit concepts of psychic structure and fantasy. She sees the social learning perspective of Allison and Fonagy, and perhaps even the representation-rehabilitation perspective articulated by Levine, as reducing complex psychological capacities to mere “cognitive limitations” (p. 306). She firmly distinguishes motivational obstacles to thinking and knowing from the “developmental” obstacles she views others as describing. For Blass, the truths that a patient in analysis needs to come to know are not created, but are discovered in “a complex process of reexperiencing the infantile and recognizing the real” (p. 321).

But as she has written elsewhere (Blass 2011), it is the “*immediacy* of unconscious truth” that interests her; only as it presses for expression in the analytic relationship can it be known—not through a story, as Busch would have it—but as a “trend.” In her words:

It is the paradoxical blend of immediacy and distance that is most essential to the analytic notion of truth. What is unconscious, beyond the reach of the mind, is both most immediate (in that it is repeated or manifested in our actions) and distant (in that it cannot be adequately thought of). And greater knowledge, which both draws us nearer to the experience of unconscious psychic truth and at the same time separates us from it, is inherent to the analytic process. [2011, p. 1139]

Like Blass, Steiner regards the universal conflict between the wishes to face and to evade truth as central, though his focus is less on the search for truth than on the functions of nontruth, or illusion. He takes it for granted that we “know that truth is essential for our mental health and that pursuing truth is one of the basic goals of psychoanalysis” (p. 434). He usefully calls our attention to the many intermediate states that can exist between facing and evading knowledge. While Blass notes that, “*in a certain sense*” (p. 328, italics added), experiences that are not conscious are always known, and Ogden and Levine focus on experiences that they think of as *never* having been known, Steiner elaborates on the complex, divided internal states of mind that permit us “*to turn a blind*

eye" (p. 436, italics in original), to fail to "make the crucial connections" (p. 437), and thereby to sustain illusion.

This point of view reminds us implicitly that *thinking* is far from a unitary capacity, and that there are many ways and modes of thinking. Steiner's interest here is in articulating the stance in the analyst best suited for helping the patient face truth—a stance that he sees as characterized by *irony* and *kindness*.

Through his analysis of two plays, Steiner explores the pain inherent in the loss of idealizations and illusions—while other authors, coming from a different angle, emphasize that what makes this pain catastrophic or not may have more to do with the robustness of the mind encountering it. What Steiner calls the *tragic vision* of reality, following Schafer, is in some ways a counterpart to the Kleinian depressive position, one in which "deeper and more enduring meaning of love can arise only after we have suffered the pain and depression that follow attacks on our good objects" (p. 442). Steiner argues that "truth without kindness can be cruel, but [more important] . . . truth without kindness *is not fully true*" (p. 434, italics added).

Faced with a patient who manifested psychopathic features and compulsively lied, Davies elected to work by making the absence of trust the central problem, and the explicit focus, of the treatment. She joined her patient in establishing for this treatment what Allison and Fonagy might call a *conditional epistemic mistrust*; she would neither believe nor disbelieve anything he told her, but would treat it all as equally plausible and as reflecting *some kind of truth*. In other words, she would treat what he considered to be a *deception* no differently than she would treat a fantasy or illusion or transference reaction—phenomena that we might think of as *self-deceptions*. In this way, she controversially elects not to distinguish between a lie and a fantasy for purposes of thinking about the patient's inner world.

At the same time, Davies is not blind to the meaning of the lie as an effort to control the object—the analyst—and as an attack on the analytic endeavor itself. Her method is to use the content of the lies, along with her experience of being lied to, as clues in her effort to understand and explain to her patient why he needs to lie, and to show him what might be gained by relinquishing this behavior. She concludes

that for her patient, to be trustworthy and trusted is to be invaded by a disturbing, feminizing desire.

Davies manages her own experience of being lied to by conceptualizing her patient, on the basis of her conflicted emotional response to him, as “two Jakes . . . a . . . manipulative . . . liar, and a lonely little boy” (p. 363). In working from an understanding of mind as structured by a “kaleidoscopic, fluid organization of early identifications and counteridentifications” (p. 369) and by “multiple self–other configurations” (p. 365), Davies frames lying as a behavior that actualizes one of these structures.

This perspective on trust can be usefully juxtaposed to Allison and Fonagy’s discussion of epistemic trust as a state of mind mobilized by being treated “as an agent” (p. 289). Davies brings into focus that epistemic trust is only one aspect of a trusting relationship, and that other kinds of reliability of the object are involved. She observes to her patient that mutual trust “has to emerge between us as we begin to work together and tackle some things that require us to depend on each other” (p. 371).

EXPERIENCING TRUTH

So what does the word *truth* add to our thinking about people, their relation to reality, and the psychoanalytic process? Each analyst in our diverse group of contributors wishes to retain truth as a primary goal of psychoanalytic work. But in the absence of a search for something verifiable, what kind of truth can actually be sought and found in psychoanalysis?

I think that we see a specific contemporary psychoanalytic notion of truth beginning to emerge from areas of unexpected overlap among these authors. What these papers all imply, some less intentionally than others, is that, in speaking of truth, we place the *experience of knowing* in a *social* framework, one marked by specific *affective* qualities. Truth seems to be increasingly used by analysts to refer to a *quality of experience*, rather than simply *an attribute of a representation*.

We might approach this quality first through the words of Bion, whose frequent likening of truth to nutrition is cited by Levine. What

Levine does not emphasize, but which I think is key, is that Bion tied truth's alimentary quality not primarily to *perception of reality*, but to *communication of experience*:

An important function of communication is to achieve correlation. While communication is still a private function, conceptions, thoughts and their verbalization are necessary to facilitate the conjunction of one set of sense-data with another. If the conjoined data harmonize, a sense of truth is experienced, and *it is desirable that this sense should be given expression in a statement analogous to a truth-functional statement*. The failure to bring about this conjunction of sense-data, and therefore of a commonplace view, induces a mental state of debility in the patient as if starvation of truth was somehow analogous to alimentary starvation. *The truth of a statement does not imply that there is a realization approximating to the true statement*. [Bion 1962, p. 310, italics added]³

If truth deprivation is like starvation, then knowing truth is like eating, and desiring truth is like experiencing hunger. The idea of a *drive to seek truth* is emphasized explicitly by Blass and is strongly implied by both Ogden and Steiner. Blass refers to Freud's personal "*Wissbegierde*, his passion to know" (p. 309), and to his related concept of a general *instinct for research*, possibly one of the component sexual instincts. In agreement with Klein, Blass argues that this "passionate, instinctual desire to know" is linked to a life instinct: "The desire for truth . . . is the most direct expression of Eros, which seeks to bind and unite" (p. 331); indeed, "truth and life go hand in hand" (p. 327).

Here Blass follows traditional Kleinian thinking in understanding the desire for truth and the opposing impulse to deny it as manifestations of life and death instincts. In this way, she makes explicit a connection between truth and love that is hinted at in several of the other papers. Kleinian thinking explains this feeling as essentially a recognition of the object experienced as whole. On this view, the same needs and

³ Compare this to Loewald's (1960) description of the effect of analytic communication: "If an interpretation of unconscious meaning is timely, the words by which this meaning is expressed are recognizable to the patient as expressions of what he experiences" (p. 24).

impulses that lead to love for others also lead to the desire for knowing what really exists in the world, whereas fear of pain and primitive wishes to destroy what is painful are at the root of the damage to the mind that, by its impact on the individual's ability to find satisfaction in life, brings him or her to treatment.

Ogden's orienting assumption that "human beings are fundamentally truth-seeking animals" (p. 412) also frames the desire for truth as a kind of drive, suggesting a link to the survival instinct, as cited by Allison and Fonagy. Moreover, Ogden sees the patient in analysis as instinctively striving beyond the kind of truths that Steiner characterizes as temporarily or partially invisible due to "turning a [psychic] blind eye"—that is, those truths resulting from an intention to ignore and deny something—and as continually trying to come into contact with something that could not be characterized in propositional terms until the moment that it achieves form in the session. This something more is what Ogden argues is "truth," but I think he is suggesting that for the emergent "experience" to *be true* actually requires dialogue "with the analyst"—that is, *communication*—to be a part of it. Quite directly, he notes that the experience of truth is "shaped, colored, textured, structured . . . by language," that is, by communicative modes. By mutual unconscious processing—dreaming—patient and analyst together bring into existence "a truth that is always on the move" (p. 414) when they give expression to it in language.

Expanding on the idea of a drive for truth, Blass writes:

To recognize truth is not a simple cognitive task; rather, it is to experience all that is within us and outside of us, with its emotional and meaningful valences. It is not merely to recognize the presence of the breast, but to recognize its *goodness* . . . , the love expressed in its presence and its life-giving qualities, as well as its limits and hence perceived destructiveness. [p. 330, italics in original]

We trust not only those whom we love, but those whose love for us makes them trustworthy. The capacity to know and the capacity to love are not strictly separate, and therefore, in Blass's view, the analyst's "offering truth . . . is . . . an act of love" (p. 331). The social act of interpre-

tation and the affect of love are thus intrinsic elements of psychoanalytic truth.

Like Blass, Ogden links the experience of recognizing truth to feelings of life and love. In his clinical material, it is evident that a feeling of his own personal authenticity in the interaction is critical to his idea of reaching "the truth of the session" (p. 412), and that this is linked to a mutual feeling of aliveness in the dyad. For example, Ogden's conversations at various levels of discourse with Mrs. V "felt more . . . alive" and "were infused with life" (p. 417); Mr. Q was able to "come back" after having "died in childhood" (p. 421); and love both for and from Ms. C arose in Ogden's associations. Ogden conveys the sense that something comes to life in the analytic session. We may wonder if this metaphor of *coming to life*, by which we express the belief that a very *affecting*, *involving* representation is occurring, reflects a generally held but unacknowledged association between life and truth.

In contrast, however, Steiner reminds us via his thoughts on irony that an oscillation between involvement and detachment is key to, and defining of, the psychoanalytic engagement. Thus one might wonder if the tendency of many authors to link truth tightly with the affectively *involved* side of this dialectic could lead to overlooking or devaluing an understanding gleaned from the more detached-reflective position.

The link between truth and life is also taken up by Allison and Fonagy in their extensive reference to the *moments of meeting* concept of the Boston Change Process Study Group. These moments in treatment, seen as exceptionally mutative, "produce a feeling of vitalization, or increased well-being, because there is increased coherence of the dyadic system as a whole" (Boston Change Process Study Group quoted by Allison and Fonagy, p. 283). (Compare this to Bion's comments about communication quoted earlier.) As we have seen, Allison and Fonagy elaborate this in the following way: "In the phenomenal experience of our patients, mentalizing is linked to an experience of 'truth'—of the . . . sense of presence, vitality, and at oneness with oneself and the social world" (p. 286).

Allison and Fonagy explain this felt sense of truth as related to a mutual awareness of a psychologically real other, the hallmark of mentalization: "Two individuals feel the psychological presence of the other, and

the relationship between them [thus] feels real (not pretend or absent) and in that sense genuine and true" (p. 286). They suggest that this may in fact be *what we mean* when we say something is "true." Moreover, this feeling, in their view, is an evolutionarily adaptive one, promoting the affective ties required first for survival and ultimately for meaningful life in human communities. The motivation to know is thus linked to a biologically based life, or survival, instinct.

Steiner argues that without kindness (by which he seems to mean sensitivity and respect for the capacity of the perceiver to bear an aspect of reality), what is real, when communicated, is not really truth. Enigmatic though this formulation appears at first, it, too, conveys a strong sense of an implicit tie between truth and love, and might be seen as a cousin to Allison and Fonagy's description of the induction of epistemic trust through attachment as a prerequisite to knowing. Similarly, Davies makes trust—which she notes can only be attained between two people who "tackle . . . things that require us to depend on each other" (p. 371)—the focal point of her clinical work with Jake, the liar. Working in a mode that deliberately eschews judgments of truth in favor of "playing in the service of communication" (Winnicott quoted by Davies, p. 368), she comes to the intriguing conclusion that "'truth' . . . is . . . more a verb than a noun. It is . . . interpersonally *negotiated*," and its expression is comparable to "artistic renderings" (p. 381, *italics added*).

Because she thinks of what is not known and must become known as the "internal selves and others who occupy our internal worlds" (p. 381), Davies straddles the divide assumed in our target question. There *is something* that is not known, but that which is not known is also an internal "self"—that is, one might say, a *knower*—so that knowing *about* an internal self and knowing *as*, or *through*, that self are not fully distinct.

Levine, referring to Green's privileging of "vitality" (p. 405) over accuracy in the analytic dialogue, and to Bion's dynamic notion of a "powerful injection of truth" (Bion quoted by Levine, p. 406), seeks clarification from the arts. He suggests that psychoanalytic truth is of "another order" from the truth that concerns knowing; it is better compared to "poetic truth, aesthetic truth," even "ecstatic truth" (p. 399). His view is ultimately the most radical of the group in its apparent willingness to relinquish correspondence entirely. He does not explicitly acknowledge

the social factor that can be found in his set of associations—feeding, poetry, art, and religion—only hinting at the social while highlighting the affective component of truth.

Busch's account skirts both of these. He remains, I think, with a predominantly cognitive focus, derived from his origins in the ego psychological emphasis on defense analysis and his own long-standing interest in the microprocess of helping patients become self-observers. He retains the idea of truth as a *something* that can be pointed to and does not approach an idea that seems emergent in the other contributions: that truth itself is best understood as an affective-relational state with intrinsic vitalizing and functional value.

In asserting that truth without kindness is not actually true, Steiner gestures toward the point made more explicitly—although very differently—both by Blass and by Allison and Fonagy: that in the context of psychoanalysis, love and trust are fundamental *components* of, not simply accompaniments to, truth. I think that the unstated implication of these arguments is that the kind of truth psychoanalysis can and should seek is one that must be understood (as only Allison and Fonagy fully—if thinly—acknowledge) not only as socially constructed, but also and more important, as *socially experienced*.

As analysts, we know that the social is actually inseparable from—because it is reciprocally constitutive with—the internal and fantastical. Perhaps psychoanalytic truth, even “deep unconscious truth” (Blass 2011, p. 1140), can have no meaning apart from its relation to an *other of communication*—an other that is neither purely internal nor purely external. Truth in the working vocabulary of contemporary psychoanalysts may be best understood as a relational-affective experience that both contributes to the complexity and flexibility of the capacity for representational thought and is itself continually revealed and reshaped by this capacity.

FURTHER QUESTIONS

These papers and the ideas about psychoanalytic truth that emerge from them raise many questions for further reflection. We see that notions of truth seem always to entail aesthetic, pragmatic, and moral or ethical considerations and judgments. In particular, if the kind of truth that it

is possible to find in psychoanalysis is defined by experiential qualities, how can it be distinguished from false experiences that bear the hallmarks of truth, as in *folie à deux*?

Zimmer (in process) identifies the operation of a “common-sense” mode of thought in certain analytic interactions—a mode in which critical thinking is bypassed with the real or fantasied participation of another equally uncritical thinker in an unconscious enactment of idealized aspects of early object relations:

The “feeling of common sense” may give the stamp of correctness to an idea that implicitly is a fresh integration, but it may also lend a sense of unwarranted conviction to a “commonsensical” understanding that overlooks important aspects of reality.

This identification of a mode of thought organizing experiences of knowing and understanding in the dyad reminds us that, in experiences of psychoanalytic truth, feelings of love and trust may themselves be imbued with fantasy and may function as idealized substitutes for—rather than components of—complex thinking and representing. This awareness in turn suggests that “recognizing truth” in analysis is an experience that itself needs to be repeatedly reflected upon and analyzed—which is, of course, a point that Blass acknowledges in noting that “conviction can arise either from a seductive wish (the imposition of ourselves upon reality) or from our basic openness to truth (the imposition of reality upon us)” (p. 316).

Might the aesthetic aspect of the affective experience that is highlighted in many of these contributions be a potential expression of such a (shared) seductive wish? Is our self-ascertained stance of “openness,” a dedication to “second looks” and skepticism balanced with trust and confidence, sufficient to guide us and our patients through a psychic wilderness always marked by both deliberate and unwitting deceptions, one inevitably shaped in part by illusions both generative and destructive? Can one kind, level, or order of truth conceal another?

These are only a few among the many questions and thoughts raised by the diverse and deeply felt contributions to this symposium.

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SÁNDOR FERENCZI: SECRET REBEL AHEAD OF HIS TIME

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The Legacy of Sándor Ferenczi: From Ghost to Ancestor.

Edited by Adrienne Harris and Steven Kuchuck,
New York: Routledge, 2015. 300 pp.

Keywords: Ferenczi, relational analysis, mutual analysis, Freud, analytic theory, analyst's attitude, countertransference, *Clinical Diary*, trauma, unconscious.

In this second edition of collected papers, editors Adrienne Harris and Stephen Kuchuck honor Sándor Ferenczi for his unique contribution to the theory and practice of psychoanalysis.¹ Included are excerpts from previously unavailable papers, correspondence, and the *Clinical Diary* of 1932, all framed in a larger historical context and with fascinating commentary by a variety of contributors. In three sections—"The Context," "History," and "Theory and Technique" (each containing several chapters by different authors)—Harris and Kuchuck provide a comprehensive, in-depth understanding and appreciation of Ferenczi and of his struggle for recognition from Freud. This new volume inspired me to return to Ferenczi's writing and especially to his *Clinical Diary* for a better understanding of the man himself and his contribution.

As many analysts of today are aware, Ferenczi was prominent in Freud's Wednesday Circle and was the analyst of Ernest Jones, Melanie Klein, John Rickman, and other prominent members of the British Psychoanalytical Society, of which he became the first honorary member.

¹ The first edition was published more than twenty years ago (Aron and Harris 1993).

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Ferenczi helped establish the International Psychoanalytical Society but declined its presidency, despite Freud's urging him to. Nevertheless, during much of his lifetime, Ferenczi was marginalized by his Freudian colleagues for his innovative theories and his new ideas on technique that were not in sync with Freud's work or that of the British psychoanalytic school.

In chapter 1, Judit Mészáros describes how Ferenczi, Otto Rank, Michael and Alice Balint, and others of the Budapest Psychoanalytic School energized the psychoanalytic field with their new ideas. Rank and Ferenczi published a paper on the trauma of birth (to which Freud reacted negatively). Elsewhere, Szekacs-Weisz and Keve (2012) described the Budapest Psychoanalytic School as a vibrant center of intellectuals in which Ferenczi found the support and confirmation he needed; this group held its own Wednesday evening meetings, in which Ferenczi played a prominent part.

Ferenczi, together with Michael Balint, Georg Groddeck, and others of the Budapest School tracked development back to the early years and the effects of trauma from abuse or neglect. This was contrary to Freud's emphasis on the father and oedipal conflicts; moreover, Freud did not encourage regression. Balint distinguished between benign and malignant regression, hoping to soften Freud's concerns. Ferenczi himself did not think in terms of regression but rather of meeting basic needs through early nurturance. Toward this end, he introduced relaxation and other new techniques into his clinical work.

Ferenczi and his associates went on to describe the effect of trauma on the development of the personality as a splitting of the ego and superego that occurred in order to deny the abuse and preserve the abusive relationship at all cost. The traumatic experiences inflicted on the child were not acknowledged by the offending adult, but were denied in a conspiracy of silence. It was some years later that Freud, after initially dismissing the idea, went on to describe this same splitting of the ego in his own theoretical writings. Fairbairn (1941), a decade later, also referred to the trauma of early abuse and its effect on personality development in his description of splitting.

Carlo Bonomi, in chapter 2, traces Ferenczi's growing disappointment in his relationship with Freud. Ferenczi looked up to Freud as

the founder of psychoanalysis, which he believed would save the world. United by a common Jewish background, they frequently corresponded in Yiddish. In the beginning, the two men spent summers together, often taking trips during which they confided in each other, at times even sharing their nocturnal dreams.

In time, however, their relationship became strained; Ferenczi wanted a deeper mutual analysis with Freud and a closer collegial relationship in which he could share his own ideas, but Freud considered Ferenczi's wishes in this regard to be immature. After Freud recanted his theory of trauma inflicted on the child by the seductive adult, he and Jones asked Ferenczi not to present his own work on trauma or to publish his new ideas. The gradual rift between Freud and Ferenczi began when Ferenczi went ahead and published his trauma theory with the support of Budapest colleagues Balint, Rank, and Groddeck.

The crisis point between Freud and Ferenczi came during their stay in Palermo, when Freud dismissed Ferenczi in order to continue his work alone; Ferenczi subsequently wrote to Groddeck about his devastation at being left alone in a foreign country. Both men experienced emotional distress and deep disappointment as a result of their split. In Ferenczi, Freud had hoped to find a disciple who would follow in his footsteps and continue his work, while Ferenczi had hoped for the understanding mentor whom he had never had. After the Palermo trip, their relationship was never the same, although they continued to write to each other.

Ferenczi struggled to win Freud's approval throughout the rest of his life. His letters to Freud described his clinical work and, in particular, issues in his relationships with patients. He continued to discuss his trauma theory and new techniques for the analyst that he found useful. He was aware and acknowledged in his letters that Freud's interests were more theoretical than clinical, and that Freud typically elaborated on his ideas about patients in a more intellectual manner. In responding to Ferenczi, Freud was condescending and critical, though on some level he remained friendly.

In chapter 3 of Harris and Kuchuck's book, "Ferenczi's Attitude," André E. Haynal and Véronique D. Haynal describe Ferenczi's early search for a philosophical foundation for his work. He was collaborating with Freud at the same time that Freud was searching for a scientific

basis for his theories of sexuality. Ferenczi found both science and creative fantasy in Lamarckian biology, which combined Greek mythology with biology; here evolution and growth were seen as occurring in the early mother–infant relationship through the process of adaptation. This spoke to Ferenczi’s conviction that, as a therapist, he must find access to and communicate with his patient’s hidden needs. Introjection of the emotions of the other began with the nurturing mother, Ferenczi believed. Like Winnicott and Bion, he described the reverie and mutual absorption of mother and infant.

Ferenczi did not agree with Klein, Abraham, and others at the time that this all-consuming relationship also contained destructive death wishes. Rather, he believed strongly that the analyst had to deal with his own negative issues in order to make genuine contact with the patient. He considered interpretations to be projective acts reflecting the analyst’s impatience and lack of introjection of the patient’s state. (Today we might call such acts *enactments*.) In an earlier book, Borgogno (2007) described the difficult task that Ferenczi demanded of the analyst—of himself—in this regard.

Christopher Fortune, in chapter 5, describes Groddeck’s friendship with both Freud and Ferenczi. Freud had introduced Ferenczi to Groddeck, and the three kept up a correspondence for many years. But Freud doubted Groddeck’s ability to follow through with his many ideas and projects; he often criticized Groddeck to Ferenczi in this way and criticized Ferenczi when speaking to Groddeck. Interestingly, Groddeck wrote several novels, including *The Book of the It* (1923), which consisted of thirty-three letters addressed to a women friend, describing the body and soul of what drives human behavior. Freud took the idea of the “It” from Groddeck and translated it to *Id* in his own formulations.

Freud and Ferenczi helped get Groddeck’s works published. Ferenczi’s letters to Groddeck expressed wishes for a close and special relationship, like the one he sought with Freud. He confided to Groddeck that, under pressure from Freud, he had married an older woman when he was actually in love with her young daughter, and now he felt trapped in a triangle. He could never have children. Groddeck was a major source of support for Ferenczi, who continued to seek Freud’s acceptance.

Groddeck, who operated a sanitarium for the mentally ill in Baden-Baden, was interested in the mind–body connection and had become an important figure in the psychoanalytic world. Ferenczi had a difficult time writing about the body–mind connection in his work, which brought him in touch with longings for the warm mothering he had never had. He wrote to both Freud and Groddeck, hoping for encouragement; it was Groddeck who was most reassuring and who inspired him. The result was *Thalassa* (Ferenczi 1924), which expresses Ferenczi's search for a theoretical basis for his clinical work; here he returned to the early years of his childhood and a later mythical mindset of fulfilling his patients' need to return to an early state of bliss. His ambivalence toward female figures remained hidden, to emerge later in his experiments with mutual analysis.

Ferenczi spent time in Groddeck's institute in Baden-Baden, both to take a respite from his usual work and to become familiar with more disturbed and chronic patients, including those who were casualties of World War I. Adrienne Harris devotes chapter 7 to the effects of the war: "shell shock," as well as various other mental and bodily reactions that Ferenczi witnessed at Baden-Baden, leading to an expansion of his definition of trauma.

Lewis Aron and Karen Starr devote chapter 9 to an account of Ferenczi's efforts to engage Freud in the close and intimate relationship that he needed, based on the assumption that they were equal partners working together. But as Ferenczi's disappointment grew, he needed to deal with his negative feelings; having had only a brief analysis with Freud, he asked for a resumption of analytic sessions with him in order to deal with countertransference feelings arising in the mutual analytic process. But Freud belittled his wishes as regressive; he felt Ferenczi was competing with him when what he needed was a loyal assistant, rather like a good son.

In a letter to Carl Jung in 1910, Freud described Ferenczi as having homoerotic desires (McGuire 1974). It is interesting to note that, some years earlier, Freud had broken off his relationship with Wilhelm Fliess in denial of his own homoerotic feelings. He viewed such feelings as feminine and regressive and not to be tolerated; his self-analysis could

not incorporate such feelings. At the time, Freud and Fliess had been writing up the Schreber case in the context of paranoia and homosexuality, which added to the tension.

In chapter 10 of *The Legacy of Sándor Ferenczi*, Franco Borgogno describes Ferenczi's very first paper, "The Effect on Women of Premature Ejaculation in Men" (1908), which metaphorically reflected his concern that a woman patient would feel uncared for, misunderstood, and unrecognized by her male analyst's hasty and premature interpretations. This marked the beginning of Ferenczi's designation as a so-called introjective analyst. He believed that insufficient attention was paid to the patient's affective state, indicating a lack of introjection (identification with) her unconscious emotional state. Borgogno relates this to the work of *figurability* described by Botella and Botella (2001)—a process in which the analyst's unconscious connects with the patient's unformed thoughts and feelings. Borgogno discusses other key papers, including "The Elasticity of Psycho-Analytic Technique" (Ferenczi 1928), which represents a turning point in the use of countertransference in the analytic process and a milestone regarding the attitude and behavior of the therapist toward the patient. Later papers (Ferenczi 1931, 1932) introduced his trauma theory and described problems encountered in treatment.

Jay Frankel, in chapter 12, elaborates on the "The Persistent Sense of Being Bad: The Moral Dimension of Identification with the Aggressor" in discussing the effects of child abuse. He reviews both Ferenczi's work and Fairbairn's in this regard. Fairbairn referred to the abused child's moral dilemma, noting that the child tends to blame himself for the abuse in order to spare the abuser and maintain the relationship at all cost. The child introjects the guilt of the adult and may act out with delinquent behavior to prove that he is bad, absolving the abuser.

Steven Kuchuck, in chapter 13, suggests that an erotic countertransference, whether experienced by a female or a male therapist, either heterosexual or gay, can provide an enlivening experience to a patient who has been deprived of a loving, mirroring parental relationship, often described as "father hunger" in men—an experience that can heal and make possible a loving relationship in the patient's life. The thera-

pist's lack of shame or discomfort in displaying warm and loving feelings reassures the patient that the "love affair" is contained in the time and place of the therapy and will not be acted out sexually. Kuchuck refers to Ferenczi, who lost his father at age fifteen and was deprived of a loving childhood, and characterizes him as seeking from Freud the love that had been lacking, but that Freud gave only ambivalently.

In chapter 16, Eyal Rozmarin discusses a more benign sexuality elaborated by Laplanche (1995). Laplanche suggested that the child's awareness of sexuality in the life of the parents, though ambiguous, is an aspect of socialization and of normal development if the child is treated with tenderness and not abused. It need not be destructive in the way that Ferenczi discusses in relation to adult sexuality being imposed on the child. The child's own sexuality, through identification and superego development, becomes part of normal development and is not in itself traumatic. Laplanche called this the "Second Confusion of Tongues."

Chapter 17, which concludes the book, is entitled "Some Preventive Considerations about Ferenczi's Ideas Regarding Trauma and Analytic Experience." Its author, Haydée Christinne Kahtuni, coauthored a Portuguese-language dictionary of Ferenczi's thought (Kahtuni and Sanches 2009). Kahtuni highlights Ferenczi's introduction of early trauma as playing a major role in the symptoms and pathology of many patients. He was concerned that retraumatization would occur in treating such patients unless significant therapeutic innovations were developed, a position radically different from Freud's.

Ferenczi's Clinical Diary

In chapter 8, Peter L. Rudnytsky characterizes Ferenczi's eight-year analysis of Elizabeth Severn—known in his *Clinical Diary* as "R. T."—as one of exploration and discovery. Severn suffered from frightening dreams stemming from past traumatic relationships with her parents. She was depressed and suicidal. Severn did not have access to the feelings or the details that traumatized her in her dreams, while Ferenczi unconsciously grasped the horrors that she could not allow into consciousness.

In their mutual analytic sessions, Ferenczi struggled with unconscious conflicted feelings in response to her; Severn became aware of this but did not know why. Finally, she helped him recollect with feeling the way in which his mother's rigidity and coldness had robbed him of his sense of self, and even of his sense of effectiveness. With Severn's loving display of concern, Ferenczi was able to recognize his anger and helpless feelings toward his mother. (Ferenczi was the sixth of eleven children of a stern and punitive mother.) Severn could then let Ferenczi help her confront the horrors of her own past, now captured in her vivid dreams of danger and murder. This realization that the unconscious of each could read the other's but not its own was noted in the *Diary* in June 1932, as well as in a book by Severn (1933).

Ferenczi settled in Paris and New York, where he worked with very difficult patients. He had become less dependent on Freud. From January to October 1932, he wrote daily notes about his patients and his interactions with them. This *Clinical Diary* was not published until 1988, after Balint had transcribed and translated into English what were mostly handwritten Hungarian notes; he explained the delay in publication as due to both financial and political pressures. The Germans had been controlling publishing in Budapest, including psychoanalytic publishing. Balint also had to deal with Jones, who in a leading journal had declared Ferenczi mentally incompetent. Judith Dupont, who later edited the *Diary* for publication, wrote a comprehensive rebuttal in Ferenczi's defense, affirming that he was of sound mind and in fact ahead of his time. The diary notes and correspondence reflect the ongoing tensions between Ferenczi and Freud, but they also reflect Ferenczi's determination to continue his work in spite of Freud.

In his *Diary*, Ferenczi discussed some eight patients, at least three of whom were American women, using initials to identify them. The first entry, dated January 8, 1932, describes how Ferenczi was put off by the angry, demanding manner of "D. N."—in reality, Clara Thompson. An American from a prominent family, she later collaborated with Harry Stack Sullivan in setting up the William Alanson White Institute in New York; this is described by William Brenner in chapter 4.

Brenner explores the ambivalent relationship that developed between Thompson and Ferenczi during their mutual analysis. Thompson

had heard that another American woman was also in a mutual analysis with Ferenczi and became envious of her. In fact, she envied all Ferenczi's patients; she demanded extra time from him. She pushed him to disclose his feelings, particularly his obvious anger toward Thompson herself. Her history revealed traumatic encounters with an abusive father.

Ferenczi's notes detail three distinctive stages—at ages one and a half, five, and eight—in which Thompson suffered the initial shock of sexual assault; later on, her breathing, thinking, and conscious awareness were affected by this abuse. Her angry feelings toward her father were expressed in constant demands for attention from Ferenczi and in a need to know what he was feeling and thinking. Ferenczi felt his own rage building as he perceived himself to be more and more coerced. His rage toward his controlling, rigid mother emerged in this context, and Thompson encouraged him to express his feelings. He began to recall details of his seduction by a maid.

Thompson had developed a positive transference by this time, to the point that she would spontaneously kiss Ferenczi whenever she wished, and he tolerated this. Thompson boasted to her friends about the new "kissing technique" to which she was privy. Freud heard about Ferenczi's new "kissing technique" from Edith Jacobson (who was consulting with him) and wrote a stinging letter to Ferenczi, accusing him of losing boundaries and degenerating into a second childhood. Ferenczi wrote back, devastated, and attempted to explain and defend himself.

After a break of several months, and in the face of his deteriorating health, Ferenczi decided to terminate his treatment of Thompson. She was improved, no longer depressed or suicidal, but she reacted angrily to termination, acting out sexually; she agreed that she was better, but felt that Ferenczi had not dealt directly enough with her anger. She also felt that she had helped Ferenczi and that he, too, needed to continue their mutual analysis. Despite his ambivalence, Ferenczi agreed that she had helped him in what he referred to as a *symmetrical* analysis, not a mutual one.

It took Ferenczi some time to recover from this latest attack of Freud's. He again wrote to Freud in defense of his work with Thompson. He continued his work with trauma patients and made plans to present

a paper, "Confusion of the Tongues between the Adults and the Child" (1932; later published in English in 1949), at an international conference in Wiesbaden, Germany. On the way there, on September 30, 1932, he stopped in Vienna to read the paper—now considered by many a landmark in psychoanalysis—to Freud in order to explain his theories about trauma and his work with trauma patients. But Freud was shocked, feeling that the paper undermined his own recent writings. He advised Ferenczi not to present the paper, saying his ideas were undeveloped, but Ferenczi did present it. Some months later, he wrote to Freud in the hope of salvaging their relationship; he expressed concern for the safety of Freud and his family in Vienna.

Interestingly, Thompson never read the "Confusion of the Tongues" paper. When questioned about this, she explained that she did not read German; she seemed not to comprehend the paper's meaning or how it might pertain to her own history. At this point, she was living in New York and had established a psychotherapy practice there. She believed that ending their analysis had been difficult for Ferenczi, and that he took steps to do so only because of his illness.

In regard to his analysis of Thompson, Ferenczi described the three distinct stages of trauma, according to his theory, and the necessity of reliving past trauma and experiencing it with feeling in therapy. The reality of early trauma and its treatment were new to the psychoanalytic world at the time. Ferenczi's techniques changed the person of the analyst from a neutral, objective, and righteous figure into a humble, vulnerable participant who was open to new learning.

Mutual Analysis

Anthony Bass, in chapter 14 of Harris and Kuchuck's book, "The Dialogue of Unconscious, Mutual Analysis, and the Uses of the Self," lays the groundwork for mutual analysis as a valid and effective practice, particularly when a traditional analysis is not progressing. He quotes Freud's (1915) statement that "the *Ucs.* of one human being can react upon that of another without passing through the *Cs.*" (p. 194).

Ferenczi noted in the *Diary* that no one can read his or her own unconscious but can read that of another. The patient takes in aspects

of the therapist, just as the analyst takes in the patient. Countertransference was then open for discussion, just as the patient's transference was. Mutuality and reciprocity encouraged more open sharing of what transpired in the session. New information passing from one member of the dyad to the other could result in new learning, self-correction, and transformation. The analyst no longer needed to maintain the sense of aloofness and objectivity that had protected him in the past. Ferenczi was open to his patients' observations of him, and his *Diary* reflects this.

Bass gives an example of an "ordinary" mutual analysis from his own practice. A patient commented on Bass's yawning during a session. Bass and the patient were able to suggest possible explanations for the yawning, which facilitated a more open discussion of the patient's concerns as well as the therapist's. Overall, Bass credits Ferenczi and his *Clinical Diary* as foundational to contemporary relational work.

Ferenczi's Later Years

Roazen (1992) wrote extensively about Freud's world and the relationships that evolved around him, including that with Ferenczi, and how these contributed to the development of psychoanalysis. Freud wrote an objective and fair defense of Ferenczi in his obituary, according to Roazen, in which he minimized rumors of Ferenczi's alleged paranoia and brain damage from disease, instead recognizing his contributions with high praise. (As mentioned earlier, Jones, who felt rivalrous with Ferenczi, had declared him brain damaged to the point of lunacy, but Freud negated this.)

Had Ferenczi lived longer, he might have come to realize that he himself was responsible for translating Freud's science of psychoanalysis into a therapy for treating humankind's emotional ills. Freud had been afraid that Ferenczi's new treatment of trauma and other psychological problems would detract from his own scientific writings, which were more concerned with theories of the mind and the unconscious; whereas Freud had hoped that, as his disciple, Ferenczi would continue and support his work after his death. He had admired Ferenczi's charm and his loving nature, but he could not tolerate what he saw as Ferenczi's neediness. The notion of resolving countertransference as a significant part of a relationship was beyond Freud.

Ferenczi's death at the age of sixty on May 22, 1933, cut short his further elaboration of the theories and techniques he had initiated; for example, he appears not to have thought out the details of how and when an analysis should be mutual. But he held fast to his conviction—as evidenced by his last diary notes—that the analyst's humility, empathy, and honesty were the “techniques” that enabled mutuality.

In *The Legacy of Sándor Ferenczi: From Ghost to Ancestor*, Harris and Kuchuck provide a comprehensive and humane understanding of the man who humanized Freudian analysis. In his *Clinical Diary*, Ferenczi spelled out his new “techniques,” which demonstrated genuine interest and concern, humility and openness to the patient. These became the essential qualities of the relational therapist.

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BOOK REVIEWS

CREATING A PSYCHOANALYTIC MIND: A PSYCHOANALYTIC METHOD AND THEORY. By Fred Busch. London/New York: Routledge, 2013. 182 pp.

Fred Busch has written extensively on his theory of technique as his ideas have evolved over a 40-year period. His current theoretical perspective and its clinical applications are detailed in the two sections of this book: "Theoretical Perspectives" and "Clinical Methods." He strongly credits the influence on his thinking of Paul Gray and Cecilio Paniagua (who wrote an appreciative foreword, which provides an excellent overview of Busch's ideas), as well as a range of other theoreticians, from Richard Sterba and Betty Joseph to André Green and Ernst Kris.

A thorough bibliography piqued my interest in delving into diverse aspects of analytic literature. Busch is a practicing psychoanalyst, a child psychologist, and a scholar whose early training included studying at the Hampstead Clinic in London and immersion in the work of Piaget. The major goal of this book is to demonstrate how "*a shift in a patient's relationship to his own mind*" (p. xv, italics in original) represents the main curative process in psychoanalytic therapy. Numerous clinical examples, mainly from the author's own practice, provide insight into how he approaches transforming what he calls *language action* into symbolic, representational thinking. Busch writes in a clear and accessible style that is enjoyable to read.

Part I, "Theoretical Perspectives," highlights Busch's focus on analyzing the process of knowing and discusses some of the ways that his method differs from those of many others. He maintains that, while we are most familiar with *state knowledge*, psychoanalytic knowing results from *process knowledge*, or learning how to *think about thinking*. Over the years of a psychoanalytic treatment, as the analyst pays attention to the process, staying close to the "workable surface" (p. 16), the patient

learns *self-observation*, *self-reflection*, and *self-inquiry*. The experience results in the creation of a *psychoanalytic mind*, according to Busch. We are told that this method, more than the development of identification with the functions of the analyst, leads to an ongoing capacity for self-analysis.

The author recalls Freud's dictum that the compulsion to repeat past trauma is an unconscious attempt at mastery but leads instead to reliving it in disguised action. Busch notes Piaget's observation that, until about age seven, thought is expressed in action rather than by representation (i.e., thinking about what one is doing). *Language action* is the term Busch has coined to describe language that is meant to be a concrete action—for example, to provoke or mock the analyst. Busch clarifies that *language action* used to be called *regressive thinking* and is the result of conflict. Language action is expressed by concrete, preoperational thinking; it encompasses much of the early conversation in psychoanalysis.

Careful attention by the analyst to what is knowable by the patient eventually mobilizes self-observation and self-reflection, so that language action is gradually replaced by verbal representation. The analyst's judgment of what is preconsciously accessible in the clinical moment is the barometer of what is clarified or interpreted. This judgment is based on such parameters as the patient's affect, the monitoring of countertransference, and the patient's reaction to a clarification of meaning. According to Busch, close monitoring of the process and attentive care to avoid premature interpretation of unconscious content are integral to true *resistance analysis*.

The need to emphasize the immediate, here-and-now process rather than the lifting of there-and-then repression is repetitively stressed in this book. Busch says that even those who give primacy to the structural theory, particularly Arlow and Brenner, frequently utilize the topographic theory in their attempts to "overcome resistances." He reiterates the need for the analyst to stay in the clinical moment as s/he seeks to interpret a specific communication by the analysand. The author also takes issue with Strachey, who assumed that the ego is primarily conscious, so that the mutative process is the patient's ability to experience

the unconscious by utilizing the analyst as an auxiliary superego. Busch prefers the model espoused by Sterba, which is based on the view that the mutative process is a change in the ego, so that what was unconscious becomes conscious and thus accessible to experience.

Part II, "Clinical Methods," covers a wide range of topics. In chapters 7 and 8, the author details the establishment of conditions favorable for free association, which he stresses as central to the analytic endeavor. Prevalent technical errors by the analyst during the introductory phase are being too active and derailing free association, having preconceived ideas that sidetrack the patient from telling his/her story, and listening for what is unconscious rather than what is preconscious. It is noted that the pendulum has swung from the earlier stereotype of the silent analyst to the analyst who seeks attunement but interrupts reverie. Free association is impeded by the analyst's asking numerous questions. Additionally, inquiries such as "what are you feeling?" or "can you tell me more?" are usually attempts to bypass resistance rather than to analyze it. Resistance analysis involves finding out *why* the patient is avoiding a feeling or being silent or changing the subject. Interventions must be geared to the preconscious *workable surface*, i.e., to what the patient is ready to explore.

Busch is critical of a variety of approaches that neglect the analysis of resistance. These include the early, deep interpretations of some Kleinians who focus on unconscious transference rather than listening for what is preconscious. Similarly, those who try to "deconstruct the patient's reality" (p. 83), such as D. B. Stern and Edgar Levenson, are seen as attempting to directly uncover what is most unconscious. Additionally, the author disagrees with Levenson and others whose interpersonal approach maintains that the process itself is the curative factor.

In chapter 9, the author focuses on the existence of primitive fears as the cause of neurotic symptoms and character pathology. He emphasizes the unconscious nature of resultant ego resistances. The patient's "severe restrictions in thought and actions" (p. 89) cannot simply be overcome since the patient is protecting him-/herself against a threat of overwhelming anxiety whenever forbidden unconscious fantasies and feelings seek to become conscious. Busch gives examples of the way in

which prominent ego psychologists of the past consistently analyzed the fears and anxieties behind active resistances, rather than attempting to first identify the resistance itself. Also included is an example showing Greenson attempting to express a patient's "strangled affect" (p. 92), rather than addressing why it was held back.

Gray is heralded as the groundbreaker for resistance analysis, a method preceded by Hartmann and Rapaport's focus on *thinking about thinking*. Gray developed a technique of listening for the moment in which anxiety causes a "shift in content or affect" (p. 93). If the patient is willing to take notice, a step has been made toward representation of the thought or affect within the conscious ego. Such step-by-step exploration is what Busch means by working through the resistance.

Chapters 10 and 11 discuss transference and countertransference. Busch cautions against premature transference interpretations, agreeing with Freud's statement that there is no need to interpret transference until it becomes resistance. It may then be clarified as it occurs within the "action of the hour" (p. 100).

The next three chapters take the reader through the introductory, middle, and termination phases of analysis. The analyst, in the *introductory phase*, should listen to the patient tell a repetitive and interrupted story. This story utilizes language action to communicate as-yet unconscious messages to "do something" (p. 131). During the *middle phase*, the patient is beginning to develop a *psychoanalytic mind*. Busch breaks this phase into three shifts: (1) self-observation, (2) self-reflection, and (3) self-inquiry. By the *termination phase*, conditions have been created "*for the patient's relationship to his own mind that allows self-analysis to take place*" (p. 147, italics in original). There may be temporary regression during this phase, but the criteria for termination are "*based on the analyst's relationship to his own mind, rather than the necessity to deal with certain content, solve symptoms, or reach a place of supposed normalcy in their life*" (p. 148, italics in original).

A repeated premise of this book is that most psychoanalytic methods favor "the Topographic rather than the Structural Model" (p. 159). I think this oversimplifies the situation, as each of the models is complex and they do not blend well.

The evolution of the concept of the *preconscious* was recently summarized by Auchincloss and Samberg (2012).¹ It was first defined by Freud in *The Interpretation of Dreams* (1900). In that work, his topographic model described a system *preconscious* (Pcs.) as between the unconscious (Ucs.) and the conscious (Cs). Pcs. was used as a descriptive term to define mental contents (thoughts, memories, wishes) not presently in conscious awareness, but capable of being so if they become the focus of attention by being subjected to increased intensity of *excitatory processes*. Freud contrasted the Pcs., organized by the principles of secondary process (i.e., logic, reason), with the Ucs., which is dynamically held away from awareness by repression. In 1923, with the advent of the structural model, the concept of the *ego* became prominent.² And in 1938, Freud broached the idea that the superego often prevents Pcs. content from attaining conscious awareness.³ Some theoreticians, including Arlow and Brenner, have even proposed eliminating the term *Pcs.*

In my view, the analyst's decision to verbalize an interpretation or clarification is dependent upon numerous variables, including superego prohibitions, the state of the working alliance, and the degree of anxiety experienced by both patient and analyst. The analytic conversation involves conscious as well as unconscious intent on the part of both members of the analytic dyad. I agree with Smith (2000),⁴ who describes analytic listening as conflictual and involving compromise formation for the analyst as well as for the patient. While it is comforting to think that we can create a *psychoanalytic mind* in our patients, our ability to do so is of necessity limited by the relatively slim slice of mental processes accessible to conscious representation. This limitation applies to the analyst as well as to the patient, of course.

In my experience, the analytic process is too "messy" for a step-by-step application of technical principles, as proposed in this book. While

¹ Auchincloss, E. & Samberg, E. (2012). *Psychoanalytic Terms and Concepts*. New Haven, CT/London: Yale Univ. Press.

² Freud, S. (1923). *The Ego and the Id*. *S. E.*, 19.

³ Freud, S. (1938). *An Outline of Psycho-Analysis*. *S. E.*, 23.

⁴ Smith, H. F. (2000). Countertransference, conflictual listening, and the analytic object relationship. *J. Amer. Psychoanal. Assn.*, 48:95-128.

I concur that it is of crucial importance to allow patients room to tell their stories without inserting multiple questions and comments, a steadfast focus on monitoring the immediate process can inhibit the broader process that it seeks to deepen. Analytic listening involves allowing ourselves space to resonate with the as-yet unavailable content of the patient's associations, at the same time that we are wrestling with our own internal world. The recovery of repressed memories and reconstruction are marginalized, at best, when the emphasis remains in the here and now, rather than at times transitioning to the there and then. Attention to the richness and suffering of a lived life adds vitality to the analytic endeavor.

Busch utilizes the narrow definition of *countertransference*: "an unconscious response in the analyst to an unconscious communication of the patient" (p. 115). I prefer the broader definition—to include *all* the analyst's reactions to the patient—because it is more useful in reminding the analyst to remain alert to the probability of being drawn into enactments. This expectation of unwitting participation requires one to remain vigilant about the state of her/his own psychoanalytic mind, with its dumb, hard, and blind spots.⁵

My conceptualization is that analytic listening involves consideration of both the *process* and the *state*. It includes continual reflection as to how the analyst's individual development and character structure are interacting with the analysand's language action. Yet after reading *Creating a Psychoanalytic Mind*, I am left with the instruction that, apart from extremely *widening-scope* patients, the focus ought to remain largely on process. The turmoil of countertransference enactments is, for the most part, expected to remain sufficiently minimal for the analyst to choreograph technically correct observations about moment-to-moment shifts in the process. These observations will lead, over time, to self-observation, self-reflection, and self-inquiry. An additional assumption is that most patients are motivated, and their ego structure is such that they are capable of learning self-analysis.

⁵ See the following: McLaughlin, J. T. (2005). *The Healer's Bent: Solitude and Dialogue in the Clinical Encounter*. Hillsdale, NJ: Analytic Press.

I have utilized a number of Busch's papers, most recently "Telling Stories" (2003),⁶ to teach technical approaches to candidates. In that paper, the clear description of *staying in the neighborhood* demonstrates that allowing patients the space to tell their stories prevents premature, deep interpretations and keeps the analytic focus on the patient rather than on the analyst.

In contrast, I find *Creating a Psychoanalytic Mind*, in its attempt to formulate a comprehensive method and theory, less useful in teaching analytic technique. For example, the chapters on transference, countertransference, and the phases of analysis are sketchy and geared to reiterating the central thesis that *close process monitoring* and *staying in the here and now* will lead, through a series of steps, to the creation of a psychoanalytic mind. Busch would have us accept that he has defined a new structure in the preconscious mind. He states that, by translating language action into words, "*new preconscious structures of thoughts*" (p. 52, italics in original) are created. This conceptualization conflates the topographic with the structural model.

Busch contends that, with sufficient clarification and interpretation, the analysand learns to think about thinking. Criteria for termination focus on "the analysand's relationship to his own mind, rather than the necessity to deal with certain content, solve symptoms, or reach a place of supposed normalcy in their life" (p. 148). Hence, he is declaring that the optimal and most curative outcome of the analytic process is the analysand's ability to tune in to a new structure and perform self-analysis.

Creating a Psychoanalytic Mind thoughtfully addresses the importance of careful and persistent analysis of resistance. As the author rightly points out, such analysis has been relatively neglected in favor of attempts to overcome resistance, as though one can push through to the dynamic unconscious by force of will. However, the need to attend to resistance does not mean that doing so forms an encompassing method and theory of psychoanalysis, as Busch proposes in this book.

Busch disagrees that "identification with the analyst's functioning" (p. 12), which was first espoused by Loewald, is a primary route to self-

⁶ Busch, F. (2003). Telling stories. *J. Amer. Psychoanal. Assn.*, 51:25-42.

analytic capacity, but in my view, Loewald's concepts are more complete than those presented here. He believed that ego growth and consolidation results from the new object relationship afforded by the analytic situation (1960).⁷ Like Busch, Loewald theorized that, over time, as the patient increasingly collaborates with the analyst, the patient's observing ego is strengthened. But Loewald went further and offered a potential explanation of what happens in the unconscious that allows for permanent change: he stated that, as the patient increasingly feels understood by the analyst, s/he first identifies and then internalizes some of the analyst's mental functions (1973).⁸

Loewald's concepts of *identification with a new object* and *internalization of the functions of the analyst* presaged the current, widespread notion that analysis involves a dyadic relationship. This dyadic relationship provides a vehicle not only for identification, but also for increasing tolerance of previously unbearable affects, so that the patient may dare to descriptively know and verbalize what was in the past expressed only symptomatically or in action. In my opinion, a model of technique to be applied to the unique and unequal dyadic relationship that is psychoanalysis must encompass an examination of the analytic pair's potentially powerful interaction. This model would include an investigation of the ideal of neutrality and of transference, countertransference, and enactments. It is insufficient to claim that resistance analysis, to be achieved by closely monitoring the here-and-now analytic process, will provide a mutative experience by means of creating a *psychoanalytic mind*.

Busch's approach falls short of being a complete method and theory of psychoanalysis. However, through clinically rich examples, he demonstrates how to stay in the moment and how to pay close attention to the analytic process as it unfolds during a session. This book offers a guide to "thinking about thinking" (p. xv) and is a highly readable contribution to the technique of the analysis of resistance.

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⁷ Loewald, H. W. (1960). On the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 41:16-33.

⁸ Loewald, H. W. (1973). On internalization. *Int. J. Psychoanal.*, 54:9-17.

THE CLINICAL PROBLEM OF MASOCHISM. Edited by Deanna Holtzman and Nancy Kulish. Lanham, MD: Rowman and Littlefield, 2012. 209 pp.

In “The Paths to Formation of Symptoms,” Freud writes, “The kind of satisfaction which the symptom brings has much that is strange about it.”¹ His line springs to mind when thinking about the symptoms addressed in this collection of essays, *The Clinical Problem of Masochism*, edited by Deanna Holtzman and Nancy Kulish. The satisfaction gained from masochistic symptoms defies common sense, and yet is so commonplace and so difficult to relinquish that it begs to be understood.

This book does an admirable job of making sense of masochistic symptoms and their clinical presentation, including the common countertransference responses of analysts working with masochistic patients. Despite coming from differing theoretical backgrounds, the authors of the various essays describe strikingly similar experiences with their patients. Most of them employ useful clinical vignettes to illustrate the particular theoretical understanding with which the author approaches his or her patients.

The essays in this collection are sandwiched between the editors’ very thorough introduction and their briefer conclusion. Holtzman and Kulish summarize the papers in both the introduction and the conclusion, but I felt that they tried to do too much in the introduction—giving me, at least, more than I could readily grasp at that point in my reading. The conclusion, in its minimalist way, would have served me better as an introduction.

One more quibble is that there were times when a little more editing of the essays themselves would have enhanced their readability. The sequence of the essays seems to have been deliberately chosen, and they do build upon each other; however, in a book focused on clinical issues, the first essay, by Otto Kernberg—largely devoid of clinical examples and focused on diagnostic levels of pathology—made this reader apprehensive about the rest. Fortunately, the essays become more clearly written

¹ Freud, S. (1917). *Introductory Lectures on Psycho-Analysis* (Lecture 23). *S. E.*, 16. Quotation is from p. 365.

and clinically relevant after that. This is, nevertheless, a dense book that benefits from several readings. Although each essay stands on its own, certain themes emerge along the way. In this review, I will highlight the common clinical observations and the particular theoretical contributions of each author.

Although masochism first made its name in the context of sexuality, sexual masochism is barely considered here. These authors are writing about what used to be known as *moral masochism*. Although sexual masochism may accompany moral masochism, that is not the focus of this book. The focus here is on people who cause themselves suffering in their lives, who cannot tolerate pleasure and must punish themselves for their various successes. And they also punish others, including the analyst.

As many authors note, the word *masochism* is a misnomer. The better term is *sadomasochism*, as one never sees the one without the other. Thus, the therapist will be engaged in the sadomasochistic dynamic because, as Kerry Kelly Novick and Jack Novick propose, sadomasochism is a relational process. Or, in more visceral terms, "The masochistic attitude is the bid for the affection of a hating love object."² There is no masochist without a sadist.

All the contributors agree that this dynamic is set up early, in the context of the earliest relationships and experiences. Alan Sugarman argues that one can even find masochistic symptoms at an early age. He reports that in his work with very young children, he sees masochistic symptoms that look just like those of older patients. He observes that, although masochism has traditionally been seen to arise from drive-related guilt originating in the passage through the oedipal phase, in fact, evidence of guilt can be found in much younger children. He also postulates that caring relationships in which pain is involved set the stage for a later association between pain and pleasure.

Most authors in this collection consider masochistic symptoms to be multiply determined. The Novicks, in particular, demonstrate through an extended case history the various early childhood and later social

² Berliner, B. (1958). The role of object relations in moral masochism. *Psychoanal. Q.*, 27:38-56. Quotation is from p. 41.

contributors to one young man's masochistic solution—including his native talents, sibling environment, and relationship with his parents as he develops. Among the multiple causes of later masochistic symptoms, however, trauma receives the most attention, and allusions to difficulties in early object relationships abound. Most authors detail early relationships in which basic needs are not met or in which connecting with the other requires pain of some sort, setting up the ongoing association between pleasure and pain.

Harold Blum focuses on the role of early relational trauma in promoting later masochistic symptoms. In one vignette, he relates early and ongoing trauma in a mother–daughter relationship to the development of masochism in an anorexic adolescent female. He speculates, interestingly, that anorexia may be more common in girls than in boys in part because of conflicted and hostile mother–daughter bonds.

Dianne Elise adds a twist to this theme. She writes of the normative shaming of girls during the oedipal period that contributes to women's self-inhibition, sexually and in all other ways, and to their valuing the maintenance of relational ties over acknowledging and acting on their own desires. As is well known (assuming here the traditional heterosexual parental couple), both the girl and the boy have the mother as the first object. In the oedipal period, the boy cannot have the mother because he is of the wrong generation—too young. However, he is at least reassured that his mother likes people of his gender. The girl, on the other hand, cannot have her father for the generational reason, but also cannot have her mother for the reason of gender. She is a double loser.

In addition, Elise asserts, the girl's erotic desire for mother is not even acknowledged, as all involved are blinded by heterosexual presumptions. This is not quite the trauma that other authors are talking about, but it is a kind of nonrecognition and a shaming that Elise speculates has long-lasting effects on women's ownership of their own desires and ambition.

Echoing Freud, Betty Joseph, in the epigraph to Henry Markman's paper, writes, "It's very hard for our patients to find it possible to abandon such terrible delights for the uncertain pleasures of real relationships"

(p. 129). Masochistic symptoms are functional. Like all defenses, they protect something. Authors in this collection, especially the Novicks, Alan Glick, and Glen Gabbard, emphasize the need to keep that in mind when treating people with masochism. What is the symptom protecting? What is the greater pain the patient fears? Often, these authors find that the tie to the early painful object is what is preserved and what is felt to be essential to maintaining self-cohesion. Masochistic symptoms are found to be useful in maintaining self-esteem and regulating affect.

Stanley Coen highlights the way that masochistic symptoms, in the form of presenting oneself as helpless or inept, allow one to maintain a tie with the other—initially, the parent who would protect one and relieve one of the responsibility for autonomy, and later the therapist. He also points out how sadomasochism in relationships allows ongoing closeness without acknowledging the vulnerability of need; fighting seems a safer way of staying close than revealing love and need for the therapist. Gabbard provides a wonderful clinical vignette that illustrates the role of sadomasochistic thwarting of treatment gains in order to maintain the tie to the therapist. Gabbard also adds to the list of potential functions for masochistic symptoms the mastery of trauma and the preempting of external criticism.

Writing from very different theoretical vantage points—Anna Ornstein from a self psychological perspective, and Henry Markman from a Kleinian perspective—two authors consider the role of the masochistic symptom in stabilizing and protecting the fragmented self. According to Ornstein, the child deprived of merger and mirroring experiences develops narcissistic rage, but cannot express it because doing so would threaten the already fragile relationship. By presenting himself as pitiable, the patient in her clinical vignette attempts to get the affection he wants in order to strengthen his enfeebled self, but in the process he makes others feel guilty and drives his objects away.

Markman also notes that the masochistic symptom maintains a kind of cohesive self—in this case, binding the libidinal self to the cold, sadistic self, which, citing Herbert Rosenfeld, he suggests acts like “the mafia which offers ‘protection’ to the libidinal self in exchange for undying loyalty and submission” (p. 133). Separating the libidinal self from

the sadistic self will lead to the loss of an ongoing sense of self and will be felt as catastrophic. In this situation, he warns, the analyst (and the patient's attachment to the analyst) is a threat to the system—not, as in the self psychological model, a safe object.

Regarding treatment, none of the authors claim it will be easy. Several authors invite us into their treatments and show us exactly what makes the work so arduous. Deep and unacceptable feelings of the analyst's own are evoked, and that makes it hard to maintain an analytic stance. Coen, in particular, asks us to identify with his position as he presents a clinical vignette of a very stuck patient. He notes how ashamed most therapists feel about the way they get drawn into sadomasochistic struggles with patients, and he encourages us to expect to find ourselves engaging with patients in this way. As an antidote, he recommends that we get in touch with our own regressive wishes, our wishes to be taken care of. Once Coen has done that himself, he finds he is able to step outside the action and “resonate with [his and his patient's] temptations to struggle with each other, while not giving in to them” (p. 92).

Markman also describes extensive periods of feeling persecuted by the patient and unable to think. However, as he emerges from that, he is able to find—as others are—a capacity to describe what is happening with the patient, while avoiding engagement in the action. What was mutative, Markman says, was that “I communicated a sense of tolerance and acceptance of his inner world As long as I defended against that aspect of himself, I could not really help him with it” (p. 139). Ornstein, too, argues that the true mutative effect comes from the patient's feeling understood by the analyst. However, she suggests—uniquely—that the real repetition of sadomasochistic dynamics occurs in outside relationships. The therapeutic relationship, because of the analyst's empathic responsiveness, is relatively spared.

The Novicks provide the most theoretically structured approach to treatment, using their model of *open and closed systems* of functioning as a way of understanding and working with masochism. This chapter invites the reader in with an initial clinical presentation, which the authors use to illustrate the points they want to make about development throughout the essay. Defining the two-system model, they write that an open system

is attuned to reality and has joy, competence, and creativity, whereas the closed system avoids reality and is marked by power dynamics, omnipotence, and stasis. In the closed system, relationships are characterized by sadomasochism: "The aim is to control the other rather than change the self" (p. 52).³

The goal of treatment—which, like all others, the Novicks acknowledge will be long and arduous—is to increase the patient's ability to choose an open system of regulation, or in other words, to allow the outside world in. First, though, the therapist must respect the closed system as the patient's solution to the problem of self-regulation. The masochistic patient initially assumes that this is the only alternative to the helplessness, rage, or traumatic guilt he would otherwise feel. Next, they suggest learning what problems the closed system is solving—listening for omnipotent beliefs and looking at how different family members project unwanted feelings onto the patient.

The Novicks involve family members in treatment and are overt in their use of the terms *open system* and *closed system*, and in offering praise for the patient's use of open system functioning. This essay stood out for its interspersing of clinical material, theory, and technical advice. Given that we all attempt to achieve homeostasis and a sense of safety, the Novicks caution us that we as therapists also have our own closed systems, and that privileging our countertransference response as some sort of truth is to engage in a kind of closed system functioning.

In the final essay of the book (perhaps positioned there to highlight the stakes of this work), Marvin Margolis details the way that treatment of masochism can go very badly in cases in which the analyst cannot manage the countertransference. In cases of sexual boundary violations, the narcissistic, perhaps quite talented but vulnerable analyst meets his match with a depressed, traumatized, masochistic patient. Patient and analyst match as objects from each of their respective traumatic, depriving childhoods, and the perfect storm ensues. The analyst cannot manage the patient's rage and despair and feels like a failure. Too ashamed to

³ Much of the Novicks' discussion of these systems reminded me of Modell's description of narcissistic patients. See: Modell, A. H. (1975). A narcissistic defence against affects and the illusion of self-sufficiency. *Int. J. Psychoanal.*, 56:275-282.

ask for help, the analyst modifies his technique to enhance the patient's self-esteem. As the sexual aspect of the relationship progresses, neither the patient's masochism nor the analyst's sadism, nor the reciprocal of either, is acknowledged. In the end, two lives are destroyed.

Margolis likens this to Oedipus, who, after Jocasta's suicide, blinds himself. In his masochism, however, he destroys the lives of two other people: his two daughters, who are now condemned to care for him while he wanders the world in exile.

Overall, one finishes this book convinced of the ubiquity of masochism. Gabbard summarizes this best in the opening paragraph of his essay. He recalls hearing a lecture by Kernberg over twenty years ago and being skeptical of Kernberg's assignment of most of human behavior to the rubric of masochism. Now, however, he finds himself in agreement that "masochistic phenomena are pervasive . . . and [I am] amazed by the human propensity to unconsciously seek out tormenting experiences" (p. 103).

As I was reading this book, I found myself formulating nearly all my patients in terms of masochism. But then, where does that get me? As the authors of these essays make clear, masochism is a human phenomenon, like all other symptoms, needing to be understood. It is multiply determined and serves multiple functions. It is a way to manage object relations and aggression. What perhaps sets masochism apart, and what rewards the reader's immersion in these essays, is the way that masochistic symptoms engage the analyst in a most unsettling way. Reading how these esteemed authors and clinicians have struggled with their own feelings and worked with their patients gave me hope that, although the treatment process is long and arduous, and pitfalls abound, patients with masochism can and do get better.

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