Understanding the Patient:

The Hermeneutics of Psychotherapy

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Abstract

This dissertation inquires into the problem of understanding as it pertains to the psychotherapeutic situation. It analyses some of the ways in which the therapist's understanding of the patient has been conceptualised and uses concepts from hermeneutic philosophy in order to suggest possible resolutions to some of the problems identified in the discussion of the theory of psychotherapy.

For heuristic purposes I start with the thesis that there are three distinct 'positions' a therapist can take up vis-à-vis his patient, each of these positions opening up different avenues to coming to know the other person. I distinguish an *empathic*, a *dialogic* and an *interpretive/explanatory* position. The treatment of the concept of empathy by the various psychotherapy theorists serves me as a benchmark to draw out the different conceptualisations of the process of understanding. Starting from the predominantly objectivist stance of Freud who pursued an ideal of the analyst as scientist I show how Ferenczi presented an early subjectivist challenge to this position. Following this theme through some of the analytic literature I show that this objectivist-subjectivist tension concerns not only the scientific status of analysis; it goes to the heart of the therapeutic enterprise and has deep implications for the nature of the relationship between a therapist and her patient. Humanistic alternatives to psychoanalysis are also considered. With intersubjectivist formulations gaining more and more ground in the recent past, the therapist becomes a personally involved participant and hermeneuticist, rather than remaining a detached observer-scientist. A conception of understanding as a conjoint giving meaning to an experience has largely replaced an ideal of knowledge as discovery of underlying realities.

Within philosophy the problems of understanding have been addressed by hermeneutics which analyses the contingencies of the place of the interpreter in the process of interpretation. I take the German philosopher Gadamer, whose philosophical hermeneutics emphasises the dialogic structure of all

understanding, as my main source for the discussion of the problem of clinical understanding. Understanding is here revealed as an open-ended process of interpretation which unfolds dialectically between two participants in a conversation. The three positions which served as the starting points for this inquiry, rather than demanding a choice of one over the others, can be seen as, together, constituting a 'field' in which understanding becomes possible. It is suggested that only the therapist who can 'move' between positions and, by the same token, entertain multiple points of view can hope to understand his patients.

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Introduction

Positioning and Understanding

Psychotherapy is primarily a conversation, but it is a conversation of a particular kind. Like any other conversation its medium is language, although not everything that is communicated in the course of this conversation is communicated through language. It differs from ordinary conversations in that its purpose is to foster understanding of one of its participants ('the patient' in psychoanalytic terminology, 'the client' in humanistic psychotherapy parlance) with the aim of alleviating the 'problems in living' of that person. The other participant (the analyst, or psychotherapist) intends to facilitate this process by engaging in this conversation in, more or less broad, accordance with the psychological theory embraced by him or her.

Freud had called psychoanalysis a "talking cure". In *Die Frage der Laienanalyse* he gives the following strikingly innocuous account of what is going on between the analyst and his patient: "Es geht nichts anderes zwischen ihnen vor, als daß sie miteinander reden. [...] Der Analytiker bestellt den Patienten zu einer bestimmten Stunde des Tages, läßt ihn reden, hört ihn an, spricht dann zu ihm und läßt ihn zuhören" (1926, p.279). "Nothing happens between them, except that they talk with each other. [...] The analyst calls the patient for an appointment at a certain hour of the day, lets him talk, listens to him, then speaks to him and lets him listen."

"Words, words, words" (Hamlet, 2.act, 2.scene), one might be forgiven for saying. How is this supposed to be helpful? A couple of pages later Freud writes, rather intriguingly, that the patient "soll mehr sagen, als er weiß" (ibid. p.281), he "is supposed to say more than he knows". The patient apparently *can* say more than he knows, but he often also knows more than he says. The analyst too brings knowledge to the meeting, but not, from the start, knowledge of this patient. What the analyst (or therapist) knows is meant to

help the patient know what he says, and to say what he knows. The need to come to know what is said brings into focus the problem of understanding as interpretation. Theodor Reik wrote that understanding was "the first task of the analyst". How this knowledge or understanding comes about, or better: how this process of coming to know or understand the patient is conceptualised in the psychotherapy literature, is the subject matter of this dissertation.

This issue of interpersonal comprehension (to introduce a third term meant to refer to both understanding and knowing) is quite obviously fundamental to the project of psychotherapy; on closer inspection it develops into a whole cluster of interrelated questions. The patient and his problems need to be understood, but in what terms? What constitutes such an understanding, i.e. what is it that needs understanding about the patient, where is one to look and how is one to structure what one finds? Whose comprehension is central to therapy, the patient's or the therapist's, or both? Is this comprehension of the other person to be thought of as a process of understanding, i.e. of interpretation in terms of meaning, or is it more appropriate to speak of it in terms of knowing? What safeguards are there that any understanding achieved is the right kind of understanding? And, if proper understanding is achieved, how is this of help? What is it that needs to be said and done (and, by the same token, what needs to remain unsaid and undone) between the therapist and her patient, that is, what kind of relationship needs to exist between them for this process to have a chance of succeeding? To formulate this last question from the side of the therapist: is there a position, or are there a number of positions, for the therapist to take up vis-à-vis his patient in order to foster the relevant understanding and knowledge? Also, to what extent and in what ways does knowledge and understanding constitute, or contribute to, being psychologically helpful to another? Intrinsically linked with this cluster of problems, but threatening to broaden out the array of issues rather too much,

are questions regarding what it is to be a 'self', and what is an 'other', questions of identity which have to do with alienation and belonging.[1]

In *chapters 1-4* I will be looking at how these problems of understanding have been formulated and what ways of resolving them have been suggested in sections of the psychotherapy literature. The various conceptualisations of these issues put forward in the history of psychotherapy can be portrayed as pulling in different directions on a number of dimensions, this pull having been, on many occasions, strong enough to be divisive and thus contributing to the fragmentation of the field of psychotherapy into innumerable schools or approaches. The poles of these tensions can be identified in a number of ways, such as objectivist vs. subjectivist (or, these days, intersubjectivist) stances; 'hard' natural sciences vs. 'soft' human or social sciences paradigms; epistemology vs. hermeneutics etc. They seem to cluster around two opposites which place the various therapy approaches along a continuum defined by the polarities of observation and participation.[2] The question will have to be asked, however, whether it is indeed useful to keep thinking of the field as divided up into these kinds of opposing 'camps'.

Freud, as is well known, was very keen to establish psychoanalysis on a natural science foundation and a great number of his theoretical writings substantiate a reading of his work which places him on the objectivist observer end of this spectrum (although Ricoeur (1970) demonstrated a tension between 'the epistemological Freud' and 'the hermeneutic Freud' running through the entirety of his published work). Freud's case studies and parts of his technical writings raise the question, however, to what extent he had intended this scientific ideal to be translated into clinical practice.

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[1] It should be clear from the kinds of questions raised here that I treat the problem of comprehending the other not in its 'essential', but rather in its 'contingent' aspects. I am not addressing the philosophical problem of 'other minds' which asks how it is that we know of the subjectivity of another person. Instead, I take this problem up in line with the more 'practical' concern of psychotherapy; the question then becomes: How can we improve on an approximate understanding?

[2] The notion of the therapist as participant-observer was, as far as I know, introduced into psychotherapy literature by Harry Stack Sullivan.

Some of Freud's followers have, from very early on in the history of the psychoanalytic movement, challenged the possibility, advisability and efficacy of an analyst set up as a neutral objectivist observer. From Ferenczi (chapter 1) via Reik and Fliess (chapter 2) to Kohut and the more recent intersubjectivist psychoanalysts (chapter 3) - to name but a few of the diverse and 'divergent' voices discussed in the following - there has been a tendency, expressed with varying degrees of ambivalence, to reformulate psychoanalysis in ways which place much more emphasis on the subjective, participatory, interpersonal dimension of the therapeutic engagement. As an important point of divergence the concept of empathy acquired much greater centrality in the work of these analysts. Empathy became a core concept also in the development of the humanistic strand of psychotherapy, most notably in the work of Carl Rogers (chapter 4).

A different type of challenge to the objectivist position came from the phenomenological and existentialist quarters within philosophy (e.g. Scheler, Buber, Heidegger) and was embraced in various ways both by sections of the psychoanalytic tradition (e.g. the 'intersubjectivists', discussed in chapter 3) and the humanistic psychotherapies (e.g. Gestalt psychotherapy, discussed in chapter 4). Attempts to formulate the problem of understanding another person as one of a subject taking the other as an object of inquiry are deemed entirely misguided. Participation is both primary and ineluctable, and the understanding of the other can only proceed from within this engagement with one another. In contradistinction to the empathic route towards understanding, which emphasises sameness or similarity, this tradition of thought stresses the separateness and difference of the two persons meeting and understanding each other. The other person is always thought to be met *as an other*.

Different psychotherapy theories suggest different central foci of understanding and consequently vary in terms of the routes they take to what they consider relevant for the therapeutic process. Any psychotherapy theory

privileges a particular position. The decision about the best position for the therapist to take up is inseparably linked to ideas about what constitutes the important 'data' for clinical understanding. That is to say, the therapist's views on which aspects of the patient's mental life are of prime importance for the therapeutic process will, to a large extent, determine what stance he will adopt in order to gain access to these areas. Conversely, this means also that the stance adopted by the therapist will bring to the fore those privileged aspects – at the expense of other aspects which are accessible only from different relational positions. My thesis is that different positions give access to different kinds of understanding. The process of knowing and understanding is thus inseparably linked to a relational process; differences in view about the relevant content of therapeutic communications cannot be meaningfully discussed without attending to the relational context of these communications.

For heuristic purposes, I take as the starting point for my investigation the thesis that it might make sense to distinguish between three different positions which a therapist can take up vis-à-vis his patient. The first position I term the *empathic position*; it constitutes an *as-if* identification with the patient's experience. The therapist meets the patient not so much as an other, confronting the patient with her otherness, but sees herself as capable of understanding the patient to the extent that their experiences are similar or even the same. The central idea here is to put oneself into the other person's experience, to experience it, as it were, from 'inside the other'.

The second position I propose to call *dialogical.* Here the therapist and patient meet each other *as others*; it is through coming up against the otherness of the other that the therapist understands his patient, and the patient learns about himself and his relations to the world. From this perspective the identification of the empathic stance is seen as an avoidance of the ineluctable interpersonal dimension which alone can give meaning to human experience and definition to a person's sense of self. The guiding idea here is to 'come up against each other'; difference is emphasised and is conceptualised as that which engenders understanding of self and the other.

Finally, I posit an *interpretive/explanatory* stance. Here the therapist takes up a position of distance which allows for the observation of the patient and his behaviours and the formulation and explanation of what is observed in the light of theoretical concepts and clinical experience, both of which are, as it were, 'external' to the present person. This stance, which allows for the application of a 'body of general knowledge' to a particular case, is the only one which fits into a classic natural sciences paradigm. It is, however, also taken up by therapists who strongly disagree with the objectifications implicit in the idea of the application of knowledge.

Linked to thoughts about 'the right position' vis-à-vis the patient are of course also ideas about what it is that promotes 'cure'. Indeed, there has been, more recently, a marked shift, prefigured by Ferenczi, in the evaluation of the curative factors in psychotherapy, away from an emphasis on the cognitive dimensions of insight and knowledge towards the subjective and affective dimensions of the patient's experience of therapy. The feeling of being understood has become, in some models, more important than the notion of a 'correct' understanding. The three positions which I am putting forward vary above all in their conceptualisations and relative weighting of the participatory and observing aspects of the therapist's relation to his patients; i.e. they disagree most about the extent and the type of involvement a therapist ought to have in the process of therapy.

In my review in chapters 1-4 of the formulations of clinical understanding in psychotherapy theory I place considerable emphasis on the development of empathy. I trace the concept of empathy through the history of psychoanalysis and use its treatment by various theorists to draw out contrasting conceptions of knowledge and understanding. The question is, of course, whether any of the formulations offered is adequate to the task of describing the very complex process of interpersonal understanding. Some of the key metaphors used have, in my view, contributed considerably to the kinds of problems they were meant to help resolve.

The discussion of the theories presented will reveal that the distinctions between the various positions are not as clear-cut as they may seem at first glance. Only in the last chapter, however, will I be able to put forward a way of thinking about these different positions as dialectically interrelated. Part I of this thesis takes a relatively 'descriptive' approach to psychotherapeutic theory, i.e., the various theories are discussed, by and large, in their own terms. In Part II I will draw on, mainly hermeneutic, philosophy to try to overcome this 'naivety'. Taking Hans-Georg Gadamer as my main source I will try to elaborate a more sophisticated account of the way in which positioning relates to understanding.

Central to Gadamer's hermeneutics is the idea that understanding always progresses from within one's cultural-historical *horizon*. Understanding is constituted *and* limited by one's situatedness; new understanding evolves out of dialogic engagement with an 'other' (whose otherness is largely constituted by his positioning within a different horizon). Understanding involves a moment of 'fusion of horizons', a process which unfolds through and in language. Ultimately, it is the capacity to speak a common language which allows for understanding. Whilst this capacity itself rests on the basis of a shared cultural and linguistic tradition, language (and understanding through language) evolves through the engagement with the other. In chapter 5 I will discuss Gadamer's hermeneutic philosophy by contrasting it with ideas of Mikhail Bakhtin and Richard Rorty.

Chapter 6 seeks to develop some of the consequences of hermeneutics for the conceptualisation of clinical understanding. Psychotherapy is conceived as a conversation between patient and therapist, structured in a way which allows investigating and opening up the particular organisations of the patient's experience. This is a task which can be achieved only to the extent that the different horizons of the patient and the therapist can be brought into contact with each other. Clinical understanding – which is, importantly, *mutual* understanding – gives new meaning to the patient's experience, a process

which enhances the patient's scope for thinking, feeling and acting in new ways. New meanings result from the dialectic dialogue unfolding between therapist and patient. On the therapist's side this dialectic engagement is not only with the person of the patient, but also – in a parallel silent 'conversation' – with the body of theories and generalised experience available to her. 'Theory' does not operate in the singular; only to the extent that multiple meanings are considered is the therapist engaged with the otherness of the particular patient. New understanding – and, according to Gadamer, all true understanding is new understanding – involves a change on both sides of the hermeneutic dialogue. The preparedness to be changed through dialogic-dialectic engagement with the other is the hallmark of the hermeneutic spirit; it also constitutes an important aspect of what one might wish to call 'psychological health'.

Finally, a note regarding the use of translations. For the exposition of my main German language sources, i.e. primarily Freud, Ferenczi and Gadamer, I have used the original German texts and supplied my own translations. This seemed especially important in the case of Freud's writings, since the English Standard Edition of his work has proven problematic in some respects. Occasionally, I have compared my translations with the English publication, and I give the German original as well as my own translation where I use longer quotes.

Part I

Theories of Clinical Understanding

Chapter 1

The question of the 'subjective factor'

Freud and Ferenczi on *Einfühlung*

Introduction

Einfühlung (empathy), with its strong affective and subjectivist connotations, is not a central concept in Freud's theory of psychoanalysis. Freud wanted to put his new science on what seemed then the much securer footing of the natural sciences paradigm - a paradigm which, with its emphasis on causality, evidence, objectivity, universality etc., does not leave much room (if any at all) for 'the subjective factor'. Yet empathy is not entirely absent from Freud's work; traces of this notion can be found both in his theoretical and in his technical writings. In this chapter I intend to introduce the concept of empathy as it was present *to* Freud and as it is present *in* his work. I will bring to the fore passages in his work where the notion of empathy (and related concepts which he treats synonymously) appears. The discussion of these sections will serve me at the same time to explicate important aspects of his theory of mind and of his approach to the mind of the patient in psychoanalytic practice.

A number of (often subterraneous) lines of tension will be shown to be running through Freud's work. To briefly preview the main lines of opposition: objectivist vs. subjectivist notions, cognition vs. affect, representation vs. imagination, neutrality of observation vs. participation in the observed, the detached observer-analyst vs. the interpersonally engaged therapist – all these opposing notions play important roles in the web of conceptual forces called psychoanalysis. The tensions inherent in Freud's work will be brought into much starker relief in the juxtaposition with the work of Ferenczi, the pupil, long-term friend and collaborator with whom Freud fell out over the

direction psychoanalysis should take. In terms of the history of the movement Ferenczi lost the struggle with the establishment. The opposition which he first presented has re-emerged however, and many of the ideas he first formulated exert a stronger influence now than at any point in the development of psychoanalysis. The Freud-Ferenczi controversy is still of great relevance in the debate over what it is to understand the patient in analysis.

Empathy

Empathy translates the German *Einfühlung*, a term which originated in 19th century German aesthetics and philology. The term *Einfühlung* was coined by Robert Vischer in 1873 who used it to designate the projection of human feeling onto the natural world. Whilst the concept gained increasing importance in a highly psychological form of aesthetics it was the German philosopher Theodor Lipps (1851-1914) who gave it a central place in his philosophy. *Einfühlung* for Lipps is not only relevant for the understanding of objects of art but also, even more importantly, for the psychological problem of understanding other selves; indeed, it is the process by which we come to realise the existence of other minds in the first place.

In his *Leitfaden der Psychologie* (1903a) Lipps asserts that only *Einfühlung,* rather than perception or conclusions arrived at by analogy, can answer the question: how do we come to understand others? Lipps sees two instincts working hand in hand: "My understanding of the living expressions of others is grounded on the instinctive drive of imitation on the one hand, and the instinctive drive to express my own psychic experiences in a distinct way on the other hand." (1903b, p.193). Imitation of the living expressions of the other leads to a corresponding psychic experience in the subject. Entirely positive *Einfühlung* leads to an experience of there being only one self; only by stepping outside of this positive *Einfühlung,* or in negative *Einfühlung* is there a separation of selves, an experience which, Lipps concludes, lays the foundation of our entire social existence.

Freud knew Lipps' work (he owned at least nine of his books), and several letters to Fliess, written in the summer of 1898 whilst he was working on the *Traumdeutung,* show his admiration for Lipps. A letter written on 26 August 1898 bears witness to the fact that the degree of similarity between their respective ideas, especially the speculations regarding the unconscious, even caused Freud some anxiety: "I found the substance of my insights stated quite clearly in Lipps, perhaps rather more so than I would like. 'The seeker often finds more than he wishes to find!'" (quoted in Pigman 1995, p. 241). Lipps' influence on Freud is acknowledged both in the *Interpretation of Dreams* and in *Jokes and their Relation to the Unconscious*, and as late as 1940 in *An Outline of Psychoanalysis.*

The term *empathy* was coined as a translation of *Einfühlung* by Titchener in 1909 and was, as Pigman (1995) shows in considerable detail, adopted with great reluctance by Strachey for the English *Standard Edition* of Freud's work.

Einfühlung, Verstehen, Wissen

The understanding of the significance to Freud of the concept of empathy has been hampered by, amongst other things, problems of translation. Freud occasionally used the German term *Einfühlung* and the verb *sich einfühlen*, which literally translates into 'to feel oneself into' another person. According to Pigman (1995) Freud uses *Einfühlung* twenty times, eight of those in *Jokes and their Relation to the Unconscious* (1905a), a text not often studied by clinicians in Britain. Of the other twelve occurrences only three are translated by the *Standard Edition* as 'empathy', and the verb *einfühlen,* which appears eight times, is never translated as 'empathise'.

Freud first uses *Einfühlung* in *Jokes*[3] as a concept central to the understanding of how we can distinguish between a joke and a naive remark. "Auf ein solches Sichhineinversetzen der anderen Person in den psychischen Vorgang bei der produzierenden Person werden wir hier zuerst aufmerksam gemacht" (1905a, p.171). "Here for the first time our attention is drawn to the other person putting himself into the psychical process of the producing person" (1905a, *Standard Edition*, Vol. VIII, p.183). 'Putting himself into' here translates *Sichhineinversetzen,* a term which is translated on page 186 of the *Standard Edition* as 'empathy'. This appears to be justified by Freud's own synonymous use of *Sichhineinversetzen* and *Einfühlung*.

The comic pleasure we experience on hearing a naive remark Freud attributes to a difference in the degree of inhibition between the person making the remark and the person hearing and laughing about it.

> Wir ziehen also den psychischen Zustand der produzierenden Person in Betracht, versetzen uns in denselben, versuchen ihn zu verstehen, indem wir ihn mit dem unsrigen vergleichen. Aus solchem Sichhineinversetzen und Vergleichen resultiert eine Ersparung von Aufwand, die wir durch Lachen abführen. (1905a, pp.173-4).
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> We take into account the mental state of the producing person, put ourselves into it, try to understand it by comparing it with our own. Putting oneself into and comparing oneself with the other in such a fashion results in a saving of effort which is discharged through laughter.

Sichhineinversetzen, putting oneself into the other, is here used synonymously to *versuchen zu verstehen*, trying to understand. This use of expression is repeated on the following page: "Das Sichhineinversetzen, Verstehenwollen ist..." (ibid., p.175).

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[3] *Jokes* is in some ways an unfortunate translation of the German *Der Witz,* since it loses important meanings. *Witz* used in the singular denotes not only a joke, but also a quickness of mind. A *gewitzte* person is someone who grasps a situation with immediacy and acuity.

Freud proceeds to investigate the comic effect that the perception of another's behaviour can have on us, e.g. the exaggerated antics of a clown, and of a child learning to write and following the movements of the pen with contortions of the tongue. He gives these examples to show that the process of understanding the other by putting oneself into his place is linked originally to one of physical imitation, which, although taking place in one's mind, is nevertheless accompanied by innervations of the muscles. The onlooker imitates, is indeed impelled to imitate, in his *Vorstellung* (which, interestingly and confusingly, can mean 'representation' as well as 'imagination'), the movements of the other and is thus able to compare, on the basis of his own experience of similar movements, the degrees of effort made. Freud suggests,

> daß mit der Wahrnehmung einer bestimmten Bewegung der Impuls zu ihrer Vorstellung durch einen gewissen Aufwand gegeben sein wird. Ich mache also beim 'Verstehenwollen', bei der Apperzeption dieser Bewegung einen gewissen Aufwand, verhalte mich bei diesem Stück des seelischen Vorganges ganz so, als ob ich mich an die Stelle der beobachteten Person versetzte. Wahrscheinlich gleichzeitig fasse ich aber das Ziel dieser Bewegung ins Auge und kann durch frühere Erfahrung das Maß von Aufwand abschätzen, welches zur Erreichung dieses Zieles erforderlich ist. Ich sehe dabei von der beobachteten Person ab und benehme mich so, als ob ich selbst das Ziel der Bewegung erreichen wollte. Diese beiden Vorstellungsmöglichkeiten kommen auf einen Vergleich der beobachteten mit meiner eigenen Bewegung hinaus. Bei einer übermäßigen und unzweckmäßigen Bewegung des anderen wird mein Mehraufwand fürs Verständnis *in statu nascendi*, gleichsam in der Mobilmachung gehemmt, als überflüssig erklärt und ist für weitere Verwendung, eventuell für die Abfuhr durch Lachen frei. (ibid. pp.180-1)

that together with the perception of a particular movement the impulse is given for its representation via a certain effort. Thus, in 'wanting to understand' I make a certain effort during the perception of this movement, I behave during this piece of mental process exactly as if I was putting myself

in place of the observed person. Probably simultaneously I focus on the aim of this movement and am able to gauge on the basis of prior experience the amount of effort, which is required for the achievement of this aim. In doing so I ignore the observed person and behave as if I wanted to achieve the aim of this movement myself. These two possibilities of representation amount to a comparison between the observed movement and my own. In the case of an excessive or unfeasible movement of the other person my surplus effort for understanding is blocked *in statu nascendi*, during mobilisation, as it were, declared superfluous and becomes available for other uses, possibly for discharge through laughter.

A similar process Freud believes to be at work when the mental or psychic (*geistigen oder seelischen*) qualities of the other person are the source of the comic effect. Here too a comparison is being made between oneself and the other person; and "the difference between the effort made in empathy and one's own" (ibid. p.182) becomes the most important source of comic pleasure. Empathy thus involves two *Vorstellungsmöglichkeiten*, two possibilities of representing to oneself (or imagining) the same situation. It is as if we were able to see/experience the same situation twice, once from the perspective of the observed person and once from our own. The discrepancy between the two opens up, in Freud's understanding of the comic effect, the possibility of discharge of excess energy in laughter.

Freud's conception of empathy as putting oneself into the place of another is intrinsically linked to the wish to understand the other. The intention to understand is not described as prior to the mental movement of *sichhineinversetzen*, it does not motivate or 'set off' the empathic move; instead, the two processes are presented as happening simultaneously, as being two aspects of the same movement. It is not by coincidence that Freud uses the metaphor of *Sichhineinversetzen*, a term implying physical movement, for his discussion of empathy, nor that his first use of the term empathy concerns the understanding of physical movement. Empathy, as it is here linked with the notion of imitation, *is* a physiological process. The

imitation involved consists of an internal, imaginary setting up of the physical situation, the posture and movement of the other person - a process which, whilst happening on a greatly reduced scale, nevertheless involves muscular innervation. This physiological link is maintained also when it comes to the empathic imitation of the "energetic expenditure" involved in other mental processes. In basing the empathic move on an impulsion to imitate Freud seems to suggest an involuntary and somewhat automatic character of this process. This physiological link is made ambiguous however through his usage of terms such as *Verstehenwollen* (wanting to understand); the intentionality here ascribed to empathy transcends the realm of the drives. Freud leaves it rather unclear in which part (or parts) of his topographic model this process takes place. It is questionable whether he sees the impulse to empathise/understand altogether linked to the biological realm of the instincts.

A further look at the concepts of *Vorstellung* and *Verstehen* is required in this context. Freud's concept of *Vorstellung* is one of representation; it follows Herbart's position that representation is prior to imagination which uses representations as its elements. For Freud *Trieb* (drive), which is largely understood as belonging to soma, enters the conscious through psychical representatives which have an ideational (*Vorstellungs*-) and an affective component. Ideas and affects are juxtaposed and have different 'destinies' in the development of psychological symptoms. Ideas are repressed and thus enter the unconscious; affect is separated off from the ideas and suffers suppression. *Vorstellungen* are understood as some sort of 'delegates' of the drives, the psychic manifestations of originally somatic processes. Ideas are not in a clear-cut causal relation to drives, since the aims that the latter pursue and the objects which they attach themselves to give them *Triebschicksale* (destinies), which are experienced as our personal histories. The repressed ideas make up the 'content' of the unconscious, giving rise to the notion of 'unconscious ideas' (*unbewußte Vorstellungen*).

Freud's concept of empathy as imitation, where imitation is linked to both mental representation and the physiological impulsion to imitate, accounts for

the process of gaining knowledge of the other person in mostly physiologically based terms. This certainly serves Freud in his ambition to proceed as natural scientist. It begs the question, however, if imitation can, of itself, indeed lead to understanding of another[4]. What we are seeking (and maybe getting) via imitation is the *same* experience as that of the other, an experience which in its immediacy and hence lack of reflectivity is not thereby understood. Nor is the fact *that* we are engaging in a process of imitation - to the extent that it is impulsive, automatic and not conscious - recognised and understood. It is conceivable that understanding, rather than being the result of a process of imitation, is already involved from the outset as a kind of pre-understanding. *In* perceiving the other person and *as* one puts oneself in their place there is already a preconception, based on previous experience, of what it is to be like that person at that moment. Hence, *when* imitating there is already a sense of *what* to imitate.

Two rather different conceptions of understanding/knowing become juxtaposed here. Interestingly, the two different notions of understanding can be developed from the two meanings of the German term *Vorstellung*, which means representation on the one hand and imagination on the other. In Freud's theory of representation repressed ideas are linked to symptoms. Chains of association lead to memory traces that allow the recovery of repressed mental contents, giving rise to a formulation of the psychoanalytic cure as the reconstruction of a forgotten past. The process of understanding is one of discovery of objective structures. One of Freud's favourite metaphors for the psychoanalytic process was, after all, the archaeological dig. In contrast to the idea of gaining knowledge of objective entities, *Vorstellung* as imaginary imitation evokes a much more subjective notion of *Sichhineinversetzen,* an *Einfühlen* which stresses the (inter)personal and affective aspects of the *experience* of understanding. As the controversy with Ferenczi will show, Freud clearly distrusted the latter, more subjective notion

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[4] This is a question which Scheler (1926) first raised in relation to Lipps' concept of imitation.

of understanding, marring as he thought it did the rigour of the objective-scientific route to knowledge.

The juxtaposition of *Wissen* and *Verstehen* was introduced by the German philosopher Wilhelm Dilthey. Dilthey had a major influence on the development of the *Geisteswissenschaften* (the social or human sciences) as a discipline independent from the natural sciences, both in subject matter and methodology. For Dilthey the former are distinguished from the latter by the use of a method of *verstehen*, understanding, which aims at the comprehension of the meaning of a human expression, be it in actions or words. Dilthey established *hermeneutics* as the universal methodological basis for the *Geisteswissenschaften.* Hermeneutics, he claimed, was as scientifically rigorous as the methods applied in the natural sciences; consequently, *Geisteswissenschaften* was equal in status to the natural sciences whose paradigm had become so overpoweringly dominant in the 19th century. Dilthey pointed out that *Weltanschauungen* (world views) are necessarily subject to a circularity, which entails that our understanding is contingent on the perspective from which we approach our objects (the so-called 'hermeneutic circle'). This brings into opposition hermeneutic philosophy, which makes the claim that all *Weltanschauungen* (and, by the same token, all theories) are circular, and natural science, which claims to get hold of a reality 'out there' and is therefore superior to so-called 'relativist' conceptions.

Freud's psychology, which focuses centrally on making conscious the unconscious, seeks *Wissen*, not *Verstehen*. *Einfühlung* and *Sympathie* which open up subjective routes to knowledge (and are therefore suspected to be highly contingent on the understanding subject) play only a marginal role in his science. These subjective aspects were given infinitely more weight by Ferenczi, whose convictions led him to develop an alternative conception of psychoanalysis (discussed below).

Schriften zur Behandlungstechnik

Freud's use of *Einfühlung* in his technical writings is lost to the reader of the English translation, where *Einfühlung* is never translated as 'empathy' (Pigman, 1995). Freud did, however, view empathy as a prerequisite for the analytic work, since in the absence of it the patient would not begin to develop the positive transference on which the analyst has to rely for the work of interpretation. In 'Zur Einleitung der Behandlung' (1913a; 'On Beginning the Treatment') Freud advises the analyst to foster first of all the rapport between himself and his patient by demonstrating interest and patience, doing "nothing more" than giving the patient time and avoiding mistakes.

> Man kann sich diesen ersten Erfolg allerdings verscherzen, wenn man von Anfang an einen anderen Standpunkt einnimmt als den der Einfühlung, etwa einen moralisierenden, oder wenn man sich als Vertreter oder Mandatar einer Partei gebärdet, des anderen Eheteils etwa usw. (1913a, p.199)
>
> It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of empathy, a moralising one for instance, or if one behaves like a representative or advocate of some contending party, e.g. the patient's spouse etc.

The *Standard Edition* (Vol. XII, p.139) translates *Einfühlung* as "sympathetic understanding". This is misleading since it seems to stress the emotional warmth of *Anteilnahme* (a German synonym for 'sympathy') over the need to be perceptually in the right position (i.e. that of the patient as opposed to anyone else's). The German original makes it clearer that Freud indeed regarded empathy as a *sine qua non* of analysis. Only the empathic analyst can hope to help the patient to form the positive emotional bond that is a prerequisite for the therapeutic work.

Einfühlung is a precondition for analysis; it is, however, not central to the task of analytic understanding itself. Empathy does not primarily serve the function

of gaining entry into the patient's subjectivity, but concerns itself more with the creation of the relational conditions which will enable the patient to engage in the task of free association. Free association has, since the *Studien über Hysterie* (1895), become the central method of psychoanalysis; by 1912 (in *Zur Dynamik der Übertragung*) Freud calls it the *psychoanalytische Grundregel*, the fundamental rule of analysis. The patient is urged to say everything that comes to mind, spontaneously and without conscious selection or censorship. Whilst these spontaneous associations are called 'free', the whole point of this methodology rests on the fact that they are not. The chains of associations lead the analyst to the repressed origins of the psychic conflict which unconsciously structure these associations. Free association, to which the analysand is asked to submit himself, has a counterpart in the mental attitude the analyst needs to adopt. In *Ratschläge für den Arzt bei der psychoanalytischen Behandlung* (1912b) Freud addresses the question *how* the analyst should be listening to the verbal productions of his patient. Freud is aware that the understanding of the patient's communications by the analyst is jeopardised if the analyst's preconceptions and expectations remain in the foreground of his mind.

> Sowie man nämlich seine Aufmerksamkeit absichtlich bis zu einer gewissen Höhe anspannt, beginnt man auch unter dem dargebotenen Materiale auszuwählen; man fixiert das eine Stück besonders scharf, eleminiert dafür ein anderes und folgt bei dieser Auswahl seinen Erwartungen oder seinen Neigungen. Gerade dies darf man aber nicht; folgt man bei der Auswahl seinen Erwartungen, so ist man in Gefahr, niemals etwas anderes zu finden, als was man bereits weiß; folgt man seinen Neigungen, so wird man sicherlich die mögliche Wahrnehmung fälschen. (ibid. p.172)

> As soon as one intentionally strains one's attention to a certain level one begins to choose amongst the material offered; one fixes with particular acuity upon one part, eliminates instead another, and follows in this choice one's own expectations and tendencies. But this is exactly what needs to be avoided; if in making this choice one follows one's own expectations one is in

> danger never to find anything other than what one already knows; if one follows one's tendencies one will certainly distort possible perception.

Freud attempts here to find a way around the problem that our understanding of new material might be co-determined by our preconceptions. The danger he clearly identifies is that the material which needs understanding is taken as already understood. If this problem turned out to be indeed inescapable, clearly this would put paid to any notion of psychoanalysis as an objective scientific discipline. Freud did, however, hold that perception was possible, if one could circumvent the dangers of distortion (*Fälschung*). How is the analyst to deal with this problem of correct perception?

Freud proposes the concept of *gleichschwebende Aufmerksamkeit* (evenly suspended attention) which is to form the counterpart on the side of the analyst to the *psychoanalytische Grundregel* of free association. The analyst is required to interrupt the motives which would normally guide his mental activities, i.e. his personal preferences, prejudices, expectations, including his theoretical assumptions, however well founded. This is meant to enable him to suspend any *a priori* evaluation of the offered material and thus to find access to the inherent unconscious connections which need to be brought out. Since the verbal communications of the patient are regarded as distortions (re-workings by the secondary process) everything needs to be treated, in the first instance, as possessing equal importance.

> Wie der Analysierte alles mitteilen soll, was er in seiner Selbstbeobachtung erhascht, mit Hintanhaltung aller logischen und affektiven Einwendungen, die ihn bewegen wollen, eine Auswahl zu treffen, so soll sich der Arzt in den Stand setzen, alles ihm Mitgeteilte für die Zwecke der Deutung, der Erkennung des verborgenen Unbewußten zu verwerten, ohne die vom Kranken aufgegebene Auswahl durch eine eigene Zensur zu ersetzen, in eine Formel gefaßt: er soll dem gebenden Unbewußten des Kranken sein eigenes Unbewußtes als empfangendes Organ zuwenden, sich auf den Analysierten einstellen wie der Receiver des Telephons zum Teller eingestellt ist. Wie der Receiver die von Schallwellen angeregten elektrischen Schwankungen der

Leitung wieder in Schallwellen verwandelt, so ist das Unbewußte des Arztes befähigt, aus den ihm mitgeteilten Abkömmlingen des Unbewußten dieses Unbewußte, welches die Einfälle des Kranken determiniert hat, wiederherzustellen. (ibid. pp.175-6)

Just as the analysand who is required to communicate everything which he can get hold of in the process of self-observation, putting aside all logical or affective objections which urge him to select, the physician must put himself in the position which enables him to use everything the patient says for the purposes of interpretation, the recognition of the hidden unconscious, without replacing the selection which the patient has given up with his own censorship; to summarize in a formula: he must turn his own unconscious like a receptive organ toward the emerging unconscious of the patient, adjust himself to the analysand as the receiver of the telephone is adjusted to the transmitting microphone. As the receiver transmutes the electric fluctuations induced by the sound-waves back again into sound-waves, so is the physician's unconscious mind able to reconstruct the patient's unconscious, which has determined his associations, from the communication derived from it.

Freud suggests here that the unconscious of the analyst can enter into direct communication with the unconscious of the analysand, and can thus be used as an important 'instrument' for analysis. This idea is presented more in the form of an assertion rather than a worked-out explanatory model. Freud posits that a telephone line is in place between the unconscious of the patient and that of the analyst; it is this line which makes communication possible. The existence of this line is asserted without Freud putting forward, in this passage, any formulation which could explain the creation of such a line. Nine years later, in *Massenpsychology und Ich-Analyse* (1921) he will develop the concept of identification, which is linked to empathy, as a candidate to account for the understanding of the unconscious of another person (discussed below). In *Die Disposition zur Zwangsneurose* Freud states that this type of understanding via direct access to the unconscious is by no means a capacity special to analysts: "[...] jeder Mensch [besitzt] in seinem

eigenen Unbewußten ein Instrument, mit dem er die Äußerungen des Unbewußten beim Anderen zu deuten vermag" (1913b, p.213). "[...] everybody possesses in their unconscious an instrument which enables him to interpret the expressions of the unconscious of the other person." The process by which one person can come to know something about another person that this person himself does not know (something, furthermore, which by definition is not accessible to immediate knowing) by using one's own unconscious as a 'receiver', remains so far however rather obscure.

There is another important question connected with this metaphor. Are we dealing here, as the image suggests, with a communication, implying at least two persons, the speaker and an addressee? Or is the telephone meant to be just an instrument for observation, like for instance the microscope, where the species under scrutiny is not presumed to communicate to the person of the scientist? This question concerns the issue whether this 'tapping into' the unconscious is a process of *participation* in a communication/conversation, or an *observation* performed by a scientist who is not implicated in this process. The choice of the metaphor suggests the former – usually telephone communications are between persons, and work both ways. This places the analyst in the position of the other whose understanding is desired. Why ring and speak into a telephone unless there is a *wish to communicate*, that is, to speak *to another person*? Why speak, *unless there is a response*? However, if there is a response, does this not mean that the analyst too is engaged in an unconscious communication with the patient? And if there is no response, will the patient not – after a number of increasingly desperate 'hallo?'s – stop communicating, and hang up, presuming that the line is dead?

It is highly unlikely, however, that Freud intended this meaning of interpersonal communication. In spite of his recognition that everyone, not just analysts, possess such a 'telephone', there is no indication that he thought that the patient was also receiving communications from the analyst's unconscious. His emphasis on the technology of the phone suggests that he was keener to demonstrate that the analyst possesses an instrument of

science rather than acknowledging a process of interpersonal communication. Had he further developed the implications of his metaphor it might have shown some problems in his assumption of the analyst as scientist.

Furthermore, if the important 'data' are transmitted from unconscious to unconscious this poses the problem, also not taken up by Freud, how the analyst can gain knowledge of his unconscious. Even if it is presumed possible that the unconscious of the analyst is in some form of direct contact with the unconscious of the analysand, the analyst's conscious mind – if the conscious/unconscious distinction is to mean anything - cannot have direct access to his own unconscious. Some process of decoding or translation needs to be presumed to take place. Deutsch (1926) remarked that knowing one's own unconscious was like being able to see the back of one's own head. An explanation is required how this is possible.

When Binswanger asks Freud to clarify the telephone metaphor, Freud replied, in a letter dated 22 Feb. 1925, that he meant this in "a modest and rationalistic sense", adding the term 'unconscious' was used descriptively and that it would have been more accurate, dynamically speaking, to use the term 'preconscious' (quoted in Pigman, 1995, p.247). Freud was clearly concerned to stress the more rational aspect of the analyst's activity and, whilst he did not further explain the mechanism believed to be involved, he was intent to distance himself from any notions of the mystical.

Helene Deutsch (1926) attempts to find a rational explanation for the understanding of another person's unconscious - a phenomenon which, according to Freud's own definition, has to be termed telepathic[5]. Deutsch approaches Freud's telephone metaphor by hypothesising that under the condition of a "certain unconscious readiness" a person can become the "receiving station" of the unconscious ideas of another. "These emotionally

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[5] Freud had defined telepathy as "the reception of a mental process by one person from another by means other than sensory perception" (quoted in Deutsch 1926, p.134).

cathected ideas must mobilize in the unconscious of the second person [the receiver] analogous ideas of similar content, which then manifest themselves in the conscious as 'internal experiences'" (ibid. p.135). Only through the conscious intellectual re-working of what was initially passively received does the external source of this internal experience become apparent. This recognition is necessary for the transmitted material to be rendered useful to gain insight into the other person. For the analytic setting Deutsch proposes to speak of the analyst's "unconscious perception", a term which she uses interchangeably with both "analytic intuition" and "intuitive empathy".

> The affective psychic content of the patient, which emerges from his unconscious, becomes transmuted into an inner experience of the analyst, and is recognized as belonging to the patient (i.e. to the external world) only in the course of subsequent intellectual work. [...] intuitive empathy is precisely the gift of being able to experience the object by means of an identification [...] made possible by the fact that the psychic structure of the analyst is a product of developmental processes similar to those which the patient himself had also experienced. Indeed the unconscious of both the analyst and the analysand contains the very same infantile wishes and impulses. (ibid. pp.136-7)

The patient's affective experience first has to become an affective experience for the analyst; its origin in the patient is recognised only on subsequent reflection. A transmission of *affect*, made possible by the shared quality both of psychic structure and of early experiences, which gives rise to identification, is, according to the elaboration given by Helene Deutsch, the basis of empathy. The idea of the unconscious of the analyst 'listening in' directly to the unconscious of the patient has been developed further in the direction of empathy by Theodor Reik, who called this process "listening with the third ear" (1948; further discussed below).

Freud's writings on technique are, on the whole, a collection of mainly negative injunctions which have contributed a great deal to the idea of the

'Freudian' analyst as a remote and withholding figure. Of the many possible examples of negative advice I will quote only one passage – a passage which has often been used either to fortify the resolve of the 'Freudian' analyst or to attack his lack of humanity:

> Ich kann den Kollegen nicht dringend genug empfehlen, sich während der psychoanalytischen Behandlung den Chirurgen zum Vorbild zu nehmen, der alle seine Affekte und selbst sein menschliches Mitleid beiseite drängt und seinen Kräften ein einziges Ziel setzt: die Operation so kunstgerecht als möglich zu vollziehen. [...] Die Rechtfertigung der vom Analytiker geforderten Gefühlskälte liegt darin, daß sie für beide Teile die vorteilhaftesten Bedingungen schafft, für den Arzt die wünschenswerte Schonung seines eigenen Affektlebens, für den Kranken das größte Ausmaß von Hilfeleistung, das uns heute möglich ist. (1912b, p.175)

> To my colleagues I cannot recommend enough they model themselves, during psychoanalytic treatment, on the surgeon who pushes to on side all his affects and even his human compassion, and who directs all his efforts to one single goal: to execute the operation as skilfully as possible. [...] The justification of the emotional coldness which is demanded of the analyst lies in the fact that it creates for both parties the most advantageous conditions; for the physician the desired preservation of his own affective life, for the patient the greatest degree of help we are capable of giving at present.

Freud's technical writings call upon the analyst to restrain most aspects of his individual and emotional participation in the treatment and to abide by the rules of anonymity, neutrality and abstinence. In a letter to Ferenczi dated 4 January 1928, Freud admits that his recommendations on technique were "essentially negative". He continues: "Almost everything one should do in a positive sense, I left to the 'tact' that you have introduced. What I achieved thereby was that the obedient submitted to these admonitions as if they were taboos and did not notice their elasticity" (quoted in Pigman 1995, p.247). Already in *Über 'wilde' Psychoanalyse* (1910a) Freud had used the terms *Takt und Schonung* (tact and care) to denote the qualities the analyst needs to

bring to his work. Tact is specified as the analyst's sensitivity to the receptivity of the patient to his interpretations and to the task of facilitating a positive transference. When, 18 years later, Ferenczi suggested the notion of tact as the guiding principle for the phrasing and timing of interpretations Freud agreed with him. Ferenczi wrote: "But what is 'tact'? The answer is not very difficult. *Tact is the capacity for empathy*" (1928, p.239; italics in orig.). Having admitted to the largely negative character of his technical guidelines and the importance of tact, Freud still worries about the "elasticity" Ferenczi wants to introduce into the analytic work. His letter to Ferenczi continues:

> [...] it seems to me that a concession in this form is just as questionable. All those without tact will see therein a justification for arbitrariness, i.e. for the subjective factor, i.e. for the influence of personal complexes that have not been overcome. What we do in fact, - in a manner remaining mostly preconscious - is to consider the various reactions we expect from our interventions, and what matters especially is a quantitative estimate of the dynamic factors in the situation. There are naturally no rules for this appraisal, the analyst's experience and normality will be decisive. For beginners certainly one should strip 'tact' of its mystical character. (In Pigman 1995, p.247)

Introducing concepts like empathy or tact posed the danger for Freud that too much of 'the subjective factor' could be imported into psychoanalysis, thus undermining its scientific credibility. Any interpersonal notions, which are not rule-bound or measurable but still make up an important aspect of the clinical work, are to be read as connected with the more rational aspects of the 'preconscious'. By speaking the language of quantities, appraisals, and considered expectations Freud hopes to rid empathy of any suspiciously subjective or even mystical characteristics. To lend weight to his assertions of the rational character of empathy he is however left to gesture rather vaguely towards "the analyst's experience and normality".

Erkennen and *verstehen* in Freud's case studies

Whilst the whole trajectory of his technical writings points in the direction of the distanced, disinterested and withholding stance of the analyst, this is not necessarily the attitude Freud adopted in his own clinical practice. Perhaps the best glimpse into Freud's actual practice is afforded us through the rather surprising discovery after his death of original notes which he had taken in the early stages of the treatment of the 'Ratman' (1955 [1907-08])[6]. These notes present us with much that was to be expected, since they support the description of the treatment in his published work: a lot of material concerning the patient's early life as it emerges during the sessions and a brief record of Freud's thoughts about the case and the interpretations he offers.

Over and above this, however, there is an abundance of instances where Freud seemingly 'transgresses' the limits he himself laid down in his writings on technique. Freud repeatedly explains and discusses his theory with his patient - referring to these conversations as "lectures" (*Vorlesungen*) at one point (ibid. p.544) - and promises that that his theory will be proven to the patient in the course of the treatment. He also suggests future insights, engages in numerous attempts of persuasion, reassures the patient, praises him and pays him compliments. He laughs at the patient's outrageous fantasy, and at one point denies that he is a relative of a Viennese murderer also called Freud. He argues with the patient and twice refers to a "struggle" (*Kampf*, ibid. p.527 and p.543) going on between them. Apart from these affectively charged exchanges other, material, exchanges take place: he offers the patient food on one occasion[7], lends him a book on another (Zola's *Joie de vivre*, ibid. p.561), and writes him a card signed "*herzlich*" (cordially) - an intimacy about which the patient complains. From the patient he demands

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[6] Freud took these notes at the end of his working day. The notes begin on 1 Oct. 1907, when he had the first consultation with this patient, and end abruptly on 20 Jan. 1908, despite the treatment continuing for another seven months. It is not clear why they break off, nor how they came to survive, since Freud used to always destroy his case notes.

[7] This is referred to only in the briefest of fashions: "28 Dez, Hungerig u wird gelabt" (ibid. p.559; "28 Dec, hungry & is fed")

he brings to the session a photo of the lady he is involved with, which earns him more complaints. Surprisingly, the patient at times seems extremely active, agitatedly walking up and down in the consulting room.

The level of active participation and personal engagement evidenced by these notes does not seem to tally very well with the image of the neutral, abstinent and cold scientist-analyst which Freud promoted in his technical writings. To read 'Freud in practice' does however help to understand the fact that he maintained for so many years a strong and positive link with Ferenczi who publicly promoted, against the grain of 'official' psychoanalysis, the personal engagement and 'activity' of the analyst.

In the published 'Ratman' case study *Bemerkungen über einen Fall von Zwangsneurose* (1909) little of the flavour of the therapeutic interaction comes through. Freud does however show quite openly his struggles in understanding his patient, whose 'otherness' presents particular difficulties to him. In the preface Freud admits to the severe limitations of this study not only due to the need to select, and by the same token somewhat distort, the personal material of the patient, but also due to the insufficient understanding gained so far of obsessional neuroses. I will quote this passage at some length because it contains a number of important, if rather varied, ideas and metaphors regarding the process of clinical understanding.

> Ich bekenne, daß es mir bisher noch nicht gelungen ist, das komplizierte Gefüge eines schweren Falles von Zwangsneurose restlos zu durchschauen, und daß ich es nicht zustande brächte, diese analytisch erkannte oder erahnte Struktur durch die Auflagerungen der Behandlung hindurch anderen in der Wiedergabe der Analyse sichtbar zu machen. Es sind die Widerstände der Kranken und die Formen von deren Äußerung, welche letztere Aufgabe so sehr erschweren; aber man muß sagen, daß das Verständnis einer Zwangsneurose an und für sich nichts leichtes ist, viel schwerer als das eines Falles von Hysterie. Eigentlich sollte man das Gegenteil erwarten. Die Mittel durch welche die Zwangsneurose ihre geheimen Gedanken zum Ausdruck

bringt, die Sprache der Zwangsneurose ist gleichsam nur ein Dialekt der hysterischen Sprache, aber ein Dialekt in welchen uns die Einfühlung leichter gelingen müßte, weil er dem Ausdrucke unseres bewußten Denkens verwandter ist als der hysterische. Er enthält vor allem nicht jenen Sprung aus dem Seelischen in die somatische Innervation, - die hysterische Konversion, - den wir mit unserem Begreifen doch niemals mitmachen können. Vielleicht trägt auch nur unsere geringere Vertrautheit mit der Zwangsneurose die Schuld daran, daß die Wirklichkeit jene Erwartung nicht bestätigt (p.382-3).

I confess that I have not managed so far to completely see through the complicated structure of a severe case of obsessional neurosis and that I could not manage to make visible to others this analytically recognised or conjectured structure by showing the layering of the treatment in the reproduction of the analysis. The resistances of the patients and the forms of their expression render this latter task so difficult; but it has to be said that the understanding of a obsessional neurosis is not easy in itself, it is much harder than that of a case of hysteria. One should expect the opposite. The means by which the obsessional neurosis expresses its secret thoughts, the language of the obsessional neurosis is, as it were, only a dialect of the hysterical language, but a dialect with which it should be easier to empathise, since it is more familiar than the hysterical one to the expressions of our conscious thoughts. Above all it does not contain that leap from psychical into somatic innervation – the hysterical conversion – in which we can never participate with our comprehension. Perhaps it is only our lesser familiarity with the obsessional neurosis which is to blame for the fact that reality does not confirm our expectation.

A number of descriptions are employed here to illustrate the process of gaining knowledge of the patient's mental structure:

Freud's aim, so far not achieved, is *das komplizierte Gefüge....restlos zu durchschauen* - to totally see through the complicated structure. *Durchschauen* here invokes insight in its most visual sense: the structure is to be seen without remainder. As it stands he seems uncertain how far he has

proceeded in this task. The use of the alternative adjectives *erkannte oder erahnte* point to some ambiguity about the status of his understanding of the psychic structure. *Erahnen* (which can be translated as 'to conjecture' or 'to intuit/intimate') is certainly more ambiguous and tentative, and hence more prone to the fallacies smuggled in by the 'subjective factor', than the verb *erkennen* (to recognise, know, perceive) denoting the acquisition of knowledge. *Sehen, erkennen* leading to *Wissen* in the sense of objective representation are clearly the aims of Freud's work.

Interestingly, Freud then switches metaphors, from seeing to understanding a language. The obsessional neurosis has its own language to express its secret thoughts (*ihre geheimen Gedanken zum Ausdruck bringt*). The neurosis was first portrayed as an objective structure penetrable, if with difficulties, by our gaze; now it turns out to have secret thoughts and the means to express them. The need for the analyst to look and perceive now changes into a need to listen and understand, that is, to be receptive to a communicative process. *Die Sprache der Zwangsneurose ist ... ein Dialekt der hysterischen Sprache ... in welchen uns die Einfühlung leichter gelingen müßte, weil er dem Ausdrucke unseres bewußten Denkens verwandter ist.* The language in question is not understood through translation, but *felt into*, i.e., it is understood empathically. The expectation that empathy should be easier in the case of processes closer to conscious thought link *fühlen* (feeling) with *denken* (thinking). Freud, furthermore, invokes the notion of *Verwandtheit* (kinship, familiarity) to explain his expectation of easier understanding. Freud's use of the language metaphor moves the process of comprehension much closer to the hermeneutic concept of understanding the meaning of an utterance. This formulation is in tension with the notion of representation implied by the use of metaphors of visual perception.

In addition, there is an aspect of understanding linked to an idea of participation in the realm of the body. Freud writes about the *Sprung aus dem Seelischen in die somatische Innervation..., den wir mit unserem Begreifen doch niemals mitmachen können* (the leap out of the psychic into somatic

enervation... in which our comprehension can never participate). Contrary to the hysterical language the obsessional 'dialect' does not leap into somatic expression and does not therefore require our comprehension to perform an impossible move. Empathic comprehension can only participate in movements closer to conscious thought. The notion of participation in movement, whilst only negatively used, is the third metaphor Freud employs in this short paragraph to describe the process of understanding. It echoes his first formulations of empathy in *Jokes* where empathy is linked to a process of kinaesthetic imitation.

For Freud the question remained why the obsessional neuroses should be so much harder to understand then the hysterical neuroses which he seemed to feel he understood quite well. He tries on what seems like a rather minimal or common sensical explanation: *Vielleicht trägt auch nur unsere geringere Vertrautheit mit der Zwangsneurose die Schuld...* (Perhaps it is just our lesser familiarity with the obsessional neurosis which carries the blame...) This suggests that understanding is linked to a notion of familiarity or acquaintance. We understand the obsessional dialect less because we are less used to being addressed in this language, and therefore have greater difficulty in comprehending the meaning of the communication.

Thus we find in this one paragraph a whole list of rather different terms being used to describe the process of gaining knowledge of the patient: *durchschauen* - to see through; *erkennen* - to recognise; *erahnen* - to intuit; possibly also, with more emphasis on cognition: to conjecture; *eine Sprache verstehen* - to understand a language; *sich einfühlen (in eine Sprache)* - to feel one's way into (a language); *einen Sprung mitmachen* – to participate in a leap; *vertraut sein (und daher eine gewisse Erwartung haben)* – to be familiar with (and hence to have certain expectations). Of the cluster of questions arising from these rather varied descriptive approaches I wish to pick up and elaborate on two: the problem of negotiating the 'gap of otherness', and the idea of understanding the symptoms (and dreams) of the patient as communications in language.

The difficulty of empathically understanding the unfamiliar is repeatedly addressed by Freud in *Aus der Geschichte einer infantilen Neurose* (1918[1914]), the case study known as "Wolf-Man". In several passages the problems of *Einfühlung* are linked to the age gap between the remembered child and the analyst, the cultural differences between the patient and the analyst, and personal idiosyncrasies of the patient. In the preface to the case history Freud comments on the treatment of infantile neuroses, "the difficulty of empathising with the mental life of the child makes the work of the doctor particularly hard" (ibid. p.130-1). And later: "[...] once again, he behaved in the manner which was so characteristic of him, but which makes it so extraordinarily difficult to give a clear account of or to feel one's way into them" (1918 [1914], p.199). "Personal peculiarities in the patient and a national character that was foreign to ours made empathy laborious" (ibid, p. 216). In *Totem and Taboo* Freud flags up the same problem of empathising with experiences and mental processes unfamiliar to himself. "It is not easy to feel one's way [*einzufühlen*] into primitive modes of thinking. We misunderstand [*mißverstehen*] primitive men just as easily as we misunderstand children, and we are always apt to interpret their actions and feelings according to our own mental constellations" (1912-13, p.389).

In the passages cited above empathy is clearly more than 'tact', and its function for the clinical work goes far beyond laying the interpersonal foundations for the analytic work of understanding. Arguably, to feel one's way into another person's thinking cannot proceed other than as an understanding of his world. *Einfühlen* itself is already an important aspect of understanding; if it fails analysis fails – and not just because the therapeutic relationship might break down. The last quote, furthermore, bears witness to Freud's appreciation of the danger that what we take to be an empathic understanding might in fact be a misunderstanding on the basis of our preconceptions. The 'subjective factor', here due to being situated in a different culture, *always* threatens to undermine our attempts to gain knowledge of the other – especially if he is *very other.* (This 'problem' of preconceptions shaping our

understandings was made central by hermeneutic philosophy and will be extensively discussed in chapter 5.)

In his last purely technical essay *Wege der psychoanalytischen Therapie* Freud makes a statement which seems to run counter to previous utterances about the understanding via *Einfühlung*. "I have been able to help people with whom there was no link whatsoever in terms of commonality of race, education, social status, and world view, without disturbing them in their idiosyncratic ways" (1918/19, p. 246). This seems to be a rather questionable assertion - and not only because it is doubtful whether any of Freud's patients really came from a world which is culturally so alien to his as he claims here. The question arises how the understanding of these patients could have possibly been achieved, if indeed there was no overlap in cultural experience, values etc.

The notion of familiarity problematises the cultural, social and personal context from within which the analyst meets his patient, raising a question which has an important bearing on the understanding of understanding. How can we comprehend what is entirely unfamiliar to us? Freud, as we saw, clearly struggled with this problem. Tact is a function of familiarity; the sensitivity to the experience of the other person results from a degree of familiarity and creates the interpersonal conditions for 'coming closer', i.e. increasing the scope of empathy. Empathy - feeling one's way into the other person's experience, thoughts, language - is a function of familiarity, as well as a way of familiarising oneself further, with the world of the other. It is to understand the experience of the other. For Freud the task of the analysis was not the understanding of the patient's subjectivity; still, empathy was, minimally, a precondition for the work, and at times appears to make essential contributions to the task of psychoanalytic understanding.

The notion of the familiar, however, brings with it another problem, one that Freud was well aware of. What we view as familiar possibly appears so as a result of the super-imposition of our preconceptions and prejudices. The

familiar is the realm of the already understood; the danger is that the unfamiliar (the 'other') is too readily subsumed under it. The familiar needs to be de-familiarised if the recovery of the repressed is to stand a chance. On the other hand, one needs to familiarise oneself with the unfamiliar so that it will speak to us and we can learn to understand its language. The gap of otherness needs to be bridged, and yet be held open, for analysis to succeed.

The notion of *Einfühlung* into the language of neurosis, which appears in the 'Rat Man' quote above, echoes formulations from *Bruchstück einer Hysterie-Analyse.* This case-study (also widely referred to as 'Dora'), whilst being published in 1905, had already been written in 1901, shortly after *The Interpretation of Dreams*, where Freud feels he had shown "...how one has to translate the language of the dream into the language of our thought, which is comprehensible without further help." (1905b, p.94). In 'Dora' he sets out to demonstrate that the principles of dream interpretation find their "practical application" in the analysis of the clinical material presented by his patient. Freud writes:

> Diese Kenntnis [der Traumdeutung], darf ich behaupten, ist für den Psychoanalytiker unentbehrlich, denn der Traum stellt einen der Wege dar, wie dasjenige psychische Material zum Bewußtsein gelangen kann, welches kraft des Widerstrebens, das sein Inhalt rege macht, vom Bewußtsein abgesperrt, verdrängt und somit pathogen geworden ist. Der Traum ist, kürzer gesagt, einer der *Umwege zur Umgehung der Verdrängung*, eines der Hauptmittel der sogenannten indirekten Darstellungsweise im Psychischen. (ibid. p. 94)

> This knowledge [of the interpretation of dreams], I put forward, is indispensible to the psychoanalyst, because the dream constitutes a way in which psychic material can become conscious which had been, due to the resistance that its content aroused, barred from the conscious mind, had been repressed and thus become pathogenic. To put it in a nutshell, the dream is one of the *detours for the circumvention of repression*, one of the

> most important means for the so-called indirect representation in the realm of the psyche.

The language of the dream (and of the symptom) is an indirect way in which repressed mental content can find its expression without falling foul of the censorship exercised in waking consciousness. Since the dream manages to circumvent repression the unconscious can use it to smuggle 'forbidden goods' into consciousness. The translation of this indirect language into ordinary language constitutes the core of the analytic treatment. "One observes [...] the condition of the patient improve to the same extent that one contributed to the solution of their psychical tasks by translating pathogenic into normal material" (ibid.).

This use of the metaphor of translation is repeated in *Die Handhabung der Traumdeutung in der Psychoanalyse*, where Freud writes that dreams "can be equated at times with the translation of the entire content of the neurosis into the language of the dream" (1911, p.153). The language of the dream, itself a translation of neurotic material, is to be further translated into ordinary language through the process of interpretation. This sequential substitution of one kind of text by another is central to the hermeneutic approach to psychoanalysis which will be discussed in chapters 5 and 6.

Identification

The theme of understanding the other is flagged up in *Massenpsychology und Ich-Analyse* (1921; "Group Psychology and the Analysis of the Ego") as part of a very brief discussion of empathy which, nevertheless, contains the largest claims Freud makes on behalf of this concept. Here Freud draws on the concept of identification, which has assumed an increasingly central role in the development of his theory, in order to provide a libidinal basis for group psychological phenomena. In *Totem und Tabu* and *Trauer und Melancholie* Freud discussed identification in terms of oral incorporation, that is, as an

essentially regressive, and hence defensive, mechanism. Only after the Oedipus complex had been given centrality in the formation of psychic structure was identification reformulated as playing a constitutive role in this process. As a result of the Oedipal struggle, the libidinal cathexes are withdrawn from the parents and replaced by identifications. Freud first formulated this process in *Das Ich und das Es* (1923) where the psychic *Instanzen* are described as relics of various forms of object relations, i.e. the sedimentation of identifications.

In *Massenpsychologie* Freud distinguishes three types of identification. Identification, he writes, is "the earliest expression of an affective tie", and it constitutes a distinct developmental phase between narcissism and object love; it comes into being before the Oedipal phase and constitutes an important bridge to the outside world. Identification starts off as the wish of the boy to be like the idealised father; subsequently, wanting to be *like* father turns into wanting to *be* father, i.e. wanting to replace father in order to gain possession of the loved object, mother. A second form of identification is found in the subject's adoption of the same symptom as the loved object; in this case the subject takes the place of the object of choice. In the former case identification "copies" the rival, in the latter the loved person. In a third "particularly frequent and important case", in the absence of sexual cathexis, identifications occur without object relationship; a symptom might be adopted via "psychic infection".

> Der Mechanismus ist der der Identifizierung auf Grund des sich in dieselbe [Person] Versetzenkönnens und Versetzenwollens [...] Das eine Ich hat am anderen eine bedeutsame Analogie wahrgenommen, in unserem Beispiel in der gleichen Gefühlsbereitschaft, es bildet sich daraufhin eine Identifizierung in diesem Punkte [...] (1921, p. 100).

> The mechanism is that of identification on the basis of the capacity and the wish to transpose oneself into [the other person] ... One ego perceived an

> important analogy in the other, in our example the same affective disposition, as a result an identification forms at this point [...].

This third type of identification thus points to an overlap (*Deckungsstelle*) of the two *Ichs*. Summarising his insights Freud writes,

> daß erstens die Identifizierung die urspünglichste Form der Gefühlsbindung an ein Objekt ist, zweitens, daß sie auf regressivem Wege zum Ersatz für eine libidinöse Objektbindung wird, und daß sie drittens bei jeder neu wahrgenommenen Gemeinsamkeit mit einer Person, die nicht Objekt der Sexualtriebe ist, entstehen kann. Je bedeutsamer diese Gemeinsamkeit ist, desto erfolgreicher muß diese partielle Identifizierung werden können und so dem Anfang einer neuen Bindung entsprechen (ibid. p. 100).

> firstly, that identification is the most original affective tie to an object; second, that it becomes, by way of regression, a substitute for a libidinous object tie; and third, that it can be occasioned by any new perceived similarity with a person who is not object of the sexual drives. The more meaningful this similarity is, the more successful this partial identification has to be able to become and thus correspond to the beginning of a new tie.

This, Freud suspects, brings him nearer an understanding of the emotional tie binding group members together. He continues, however:

> Eine andere Ahnung kann uns sagen, daß wir weit davon entfernt sind, das Problem der Indentifizierung erschöpft zu haben, daß wir vor dem Vorgang stehen, den die Psychologie 'Einfühlung' heißt und der den größten Anteil an unserem Verständnis für das Ichfremde anderer Personen hat. Aber wir wollen uns hier auf die nächsten affektiven Wirkungen der Identifizierung beschränken und auch ihre Bedeutung für unser intellektuelles Leben beiseite lassen (ibid. p.101).

> Another intuition may tell us that we are far from having exhausted the problem of identification, and that we are faced with the process which psychology calls 'empathy' and which plays the largest part in our

> understanding of the ego alien [aspects] in other people. But we shall here limit ourselves to the immediate emotional effects of identification, and shall leave to one side its significance for our intellectual life.

And in a footnote he adds:

> Von der Identifizierung führt ein Weg über die Nachahmung zur Einfühlung, das heißt, zum Verständnis des Mechanismus durch den uns überhaupt eine Stellungnahme zu einem anderen Seelenleben ermöglicht wird. (ibid. 101)
>
> A path leads from identification by way of imitation to empathy, that is, to the comprehension of the mechanism which is indispensable for our taking up an attitude towards another mental life.

Freud discusses empathy in the context of identification, and whilst he leaves empathy behind in order to address the affective aspects of identification he gives its cognitive aspects, seemingly *en passant,* the central role in the understanding of another person. In the footnote he apparently refers to the philosophical debate regarding the existence of 'other minds', and he seems to suggest that it falls to empathy to provide the central mechanism to settle this issue. The reference to imitation points back to his view of the mechanics of the empathic process as elaborated in *Jokes*. Freud emphasises the importance of the intellectual aspect of empathy, amplifying but not developing its role in the understanding of others. Given the size and the somewhat cryptic character of the claims it is rather tantalizing that the significance of the concept is not discussed.

The real problem in understanding this passage is, however, posed by the phrase *das Ichfremde anderer Personen* - literally: the ego alien [aspects] of other people.[8] There is an ambiguity in the use of the term *das Ichfremde* (ego alien) which leaves room for two interpretations of this sentence resulting in

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[8] Strachey translates this as "what is inherently foreign to our ego in other people" (Standard Edition, Vol. XVIII, p.108).

different views about the 'reach' of empathic understanding. In the first reading, the one suggested by Strachey's translation, the other person (or *something* about the other person) is foreign to one's own ego and empathy enables us to bridge this gap. In its second reading the *Ich* is understood in the context of Freud's structural model where it stands in an essential dialectic tension to the unconscious instinctual forces of the Id. Read this way, what is being empathically understood is not what is foreign to oneself in the other person, but rather that which is foreign to the ego of the other person. Empathy in this sense provides an understanding that goes further than the understanding the person has of himself. This kind of empathy opens up the possibility of putting oneself into the other's place and occupying a privileged vantage point from where *more* becomes visible than the other himself can see. This is a meaning perhaps implied, but not developed by Freud; it will play an important role, however, in later elaborations of empathy.

In linking empathy with identification Freud seems to suggest that its basis is the perception of a partial sameness or, at least, likeness which is taken as the starting point of a process of copying (*kopieren*) the other person. Given this emphasis on sameness the concept of identification seems to lend itself quite well to explain the perception and understanding of similar or shared experience. This take makes it hard to see, however, how empathy can bring into view *das Ichfremde anderer Personen* in the first reading of this phrase, where the other person is different/alien to the *Ich* of the understanding subject. The other's otherness cannot be identified/empathised with in that case.

Freud's clinical psychoanalysis

Having presented in some detail Freud's view(s) on clinical understanding, with a particular emphasis on empathy, a brief but more systematic account of his model of the psychoanalytic process in now required. Given that Freud's 'model' was in constant development over a span of more than 40 years it is

questionable whether it is even possible to speak of his model in the singular; consequently, the presentation of such an account is a task the difficulty and complexity of which in many ways exceeds the scope of this thesis. I will look at Freud's ideas as they coalesced after the introduction of his 'second topography' (in *Das Ich und das Es;* 1923). The focus of the treatment is now the analysis of the resistance of the ego, and the patient's transference is defined as the main 'battleground'. Resistance and transference, both of which refer to ideas already present in *Studien über Hysterie* (1895), have become established as the cornerstones of Freud's method. My brief account of psychoanalytic treatment will focus on these two central concepts.

Resistance is that in the words and actions of the patient which opposes the access to his unconscious. Freud discovered resistance early in his work (he wrote about it as early as 1895). Initially he tried to oppose it by counter-pressure (including the exertion of physical pressure on the patient's forehead) and persuasion, until he realised that in resistance the same forces were at work as in repression and that resistance could therefore be used as a potential way of accessing the unconscious. *Studien über Hysterie* (1895), which he published together with Breuer, proposes the following mechanism. Memories can be seen as grouped in concentric circles around a pathological core; this grouping is in accordance to the degree of resistance attached to these memories. In the course of the treatment, as the pathological core is approached, each passage from one circle to the next leads to an increase in the resistance which the analyst meets. This theory already implies that resistance necessarily belongs to the treatment and the remembering it demands.

Resistance being an obstacle to the access of the unconscious by its very appearance signals the unconscious conflict. Like a guard blocking a doorway, it betrays the existence of something that it seeks to keep hidden. Freud came to regard the analysis of resistance, and the interpretation of transference, more and more as the distinguishing feature of his approach. With the introduction of his new topography Freud came to conceptualise

resistance primarily in terms of ego-defence (*Ichabwehr*), rather then, as is implied by the theory put forward in the *Studien*, as a feature of the unconscious itself. The introduction of the second structural model, which distinguishes *Es, Ich* and *Über-Ich*, is in part explainable through the increased focus on defence mechanisms (*Abwehrmechanismen*) and their manifestation in the analytic process. However, the growing centrality Freud gave to the process of identification as developed in his *Massenpsychologie* itself demanded a different model for the structuring of personality.

In *Jenseits des Lustprinzips* (1920) Freud writes that it is not the unconscious which resists the treatment; the unconscious, on the contrary, strives for expression. Resistance originates in the same "higher" region of the mind which was responsible for repression in the first place. It is, then, the ego itself which resists the analytic cure; resistance against health and the defence mechanisms of the ego are essentially of one piece. The ego blocks the pathways of association preventing the linking of related material in the patient's mind. The interpretation of the resistance is designed to facilitate the 'over-jumping' of this blockage, allowing a spontaneous link to occur.

This shift is relevant for the conception of interpretation - and for the question, central to this thesis: who knows the relevant things? Interpretation in this theory is not the explanation of the true nature of the patient's experience by the analyst - and resistance its refusal by the patient. It is instead interpretation of the resistance designed to help the overcoming of a block in order to enable the spontaneous connection which leads to the remembering of the repressed. Resistance then is not the refusal to accept the analyst's interpretation of some unconscious content as right, but an inability to allow the occurrence of a mental link. Analysis of resistance seeks to re-establish a broken connection – so that the patient can (again) have knowledge of what he once knew but than repressed.

This does not mean, however, that there was no room within Freud's technique for informing the patient of the content of his unconscious mind. In

Zur Einleitung der Behandlung (1913a), in the context of a warning not to pressure the patient to accept the analyst's knowledge of the repressed material, Freud writes,

> daß die bewußte Mitteilung des Verdrängten an den Kranken doch nicht wirkungslos bleibt... Sie wird zunächst Widerstände, dann aber, wenn deren Überwindung erfolgt ist, einen Denkanstoß anregen, in dessen Ablauf sich endlich die erwartete Beeinflußung der unbewußten Erinnerung herstellt (p.202).
>
> that the conscious communication of the repressed does not after all remain without effect... It will trigger resistance at first, but eventually, after this has been overcome, an impetus for thought, in the course of which the expected influence on the unconscious memory manifests itself at last.

The notion of resistance posits something that is resisted, i.e. it is based on the knowledge of the existence, if not the knowledge of the content, of some repressed memory. The knowledge of the content is supposed to lie within the unconscious of the patient's mind. The analyst's knowledge contributes the expertise which enables the unearthing of whatever the patient 'forgot'. There are passages in Freud however where it becomes clear that he feel he knows much more of the nature of the repressed content. "Often", he writes in *Erinnem, Wiederholen und Durcharbeiten* (1914), a new patient comes and, in spite of their long and varied life history and protracted illness, in the beginning "remains silent and insists that nothing comes to mind". Freud has no doubt about the nature of this particular resistance, for he continues: "This is of course nothing but the repetition of a homosexual attitude which pushes to the fore as resistance against all remembering" (1914, p.210). To interpret the silence as a repetition, the repetition as a resistance against remembering, and to explain it in terms of a homosexual attitude requires a lot of 'knowledge' on the part of the analyst. Whilst it could be argued that only the resistance is interpreted, the interpretation involves particularities of the patient's life history (previous homosexual attitude which are now 'repeated')

and details of his unconscious mind which do not stem from connections made by the patient. The patient had, after all, remained silent.

The argument that the relevant knowledge therefore lies with the patient, and that the analyst only helps in retrieving it – and is therefore not part of the constitution of what counts as knowledge in the end – is, in my mind, questionable. Even if the interpretation addressed 'only' the resistance, resistance is itself largely unconscious and interpretations of this aspect of the unconscious are not content free. The non-acceptance of the analyst's interpretation of the resistance is likely to be regarded as denial, that is, more resistance. The answer to the question whether Freud claimed to know the unconscious mind of his patient depends on 'which bit' of the unconscious is meant. Freud did not claim to already know what the patient once knew and then 'forgot', i.e. the content of the repressed memories. But his claim to know *when* the patient resists and his suggestion of a particular *structure* of this resistance is not free of suppositions about unconscious content.

Transference came to be regarded by Freud as perhaps the most important manifestation of resistance. The term transference denotes the actualisation of unconscious wishes in the analytic situation involving infantile prototypes which are experienced, often intensely, as belonging to the present situation. Initially Freud thought of transference as simply a displacement of affect (*Affektverschiebung*). In *Studien über Hysterie* he describes how the unconscious wish of the hysterical patient, which originated in her past,

> durch den im Bewußtsein herrschenden Assoziationszwang mit meiner Person verknüpft [wurde], welche ja die Kranke beschäftigen darf, und bei dieser Mesalliance – die ich falsche Verknüpfung heiße – wacht derselbe Affekt auf, der seinerzeit die Kranke zur Verweisung dieses unerlaubten Wunsches gedrängt hat. (1895, p.95)

became linked, due to the associative compulsion dominating her consciousness, with my person, with whom the patient feels entitled to

> preoccupy herself; and in the course of this mesalliance – which I call wrong connection – the same affect awakes, which originally pressured the patient to reject this illicit wish.

This "wrong connection" was originally viewed by Freud as a rather localised problem that was tackled, like any other symptom, by the analyst bringing his personal influence to bear on the patient. Transference was not yet seen as extending to the whole of the therapeutic relationship and therefore not an essential aspect of it.

In the last chapter of 'Dora' (1905b), where Freud reflects on the failure of the treatment and understands it as a result of his omission to interpret the patient's transference, Freud offers the following well-known definition – a definition which, interestingly, again invokes the metaphor of the text:

> Was sind Übertragungen? Es sind Neuauflagen, Nachbildungen von den Regungen und Phantasien, die während des Vordringens der Analyse erweckt und bewußt gemacht werden sollen, mit einer für die Gattung charakteristischen Ersetzung einer früheren Person durch die Person des Arztes. Um es anders zu sagen: eine ganze Reihe psychischer Erlebnisse wird nicht als vergangen, sondern als aktuelle Beziehung zur Person des Arzes wieder lebendig. (1905b, p.180)

> What are transferences? They are new editions, reproductions of impulses and fantasies which are to be aroused and made conscious during the progression of analysis, and which are characterised by the replacement of an earlier person through the person of the physician. To put it differently: an entire series of psychical experiences is revived not as past, but in the present relation to the person of the physician.

Depending on the degree of sublimation these repetitions have undergone Freud distinguishes between *Neubearbeitungen* (revised editions) and simple *Neudrucken* (reprints).

In *Zur Dynamik der Übertragung* Freud writes that everyone, due to the combination of inherited traits and the influences of childhood history, acquired "a certain characteristic way in which to live his love life, that is, the love conditions he poses, the instincts he satisfies thus and the aims he pursues" (1912a, p.159). This results in a patterning which is "regularly repeated, reprinted, as far as this is allowed by the external circumstances and the nature of the available love objects" (ibid.). Transference love, and the thoughts and behaviours it gives rise to, is "patterned", i.e. repetitive. Its pattern too constitutes a "text" which requires translation. In *Zur Dynamik der Übertragung* transference became linked to the destiny of the child's love; it is always tied to "prototypes" (*Vorbilder*) – Freud speaks of the father-, mother-, and brother-imago (borrowing a phrase from Jung). But despite the often observed fact that the analyst too gets slotted into "one of the psychical 'rows' which the patient has already formed" (ibid. p.160), transference was not yet seen as *necessarily* involving the person of the analyst.

With the development and growing centrality of the Oedipus complex transference was more closely tied to the parental, especially paternal, constellation, and it became apparent to Freud that the feelings and desires the patient experienced in relation to the figure of the analyst were often intensely ambivalent. He started to distinguish between positive and negative transference, referring to the loving and hostile impulses evoked. Transference eventually came to be recognised as structuring the whole treatment situation, leading Freud to introduce the concept of transference neurosis. In 1914 Freud thought that it was possible to replace the original neurosis of the patient with the artificial transference neurosis which became the focus of the therapeutic activity.

In terms of its function during treatment transference was first thought to constitute one of the main obstacles. It was noticed as a rather regular occurrence and, furthermore, it seemed to appear much more markedly when the central unconscious conflict was approached. Freud thought that transference was a resistance in so far as it substitutes repetition 'in action' for

remembering and verbalisation. Resistance, he thought, uses transference, but does not constitute it. On the other hand, transference is considered a way in which the patient manages to introduce repressed material into analysis, a sidestepping of the mechanism of repression. It is the actualisation of old desires which, due to the repression they have been subjected to, can only be presented as 'new'. Transference, like the dream or the symptom, is an *Umweg zur Umgehung der Verdrängung*; it functions by substituting the object of the past (the original love object) with the person of the analyst. The affect is experienced by the patient as if it was entirely related to the present moment and the present relationship.

Thus whilst transference is linked to resistance, it also points to a way to access repressed material. It is this potentiality which moved into the foreground for Freud. By 1912 transference had become the central focus of the analyst's attention and interpretive efforts:

> Auf diesem Felde muß der Sieg gewonnen werden [...] Es ist unleugbar, daß die Bezwingung der Übertragungsphänomene dem Psychoanalytiker die größten Schwierigkeiten bereitet, aber man darf nicht vergessen, daß gerade sie uns den unschätzbaren Dienst erweist, die verborgenen und vergessenen Liebesregungen der Kranken aktuell und manifest zu machen, denn schließlich kann man niemanden *in absentia* or *in effigie* erschlagen. (1912a, pp. 167-8)

> On this ground victory has to be won [...] It is undeniable that overcoming transference phenomena presents the psychoanalyst with the greatest difficulties, but it must not be forgotten that it is precisely these phenomena which do us the inestimable service of rendering present and manifest the hidden and forgotten love impulses of the patients; one cannot, after all, kill anyone *in absentia* or *in effigie*.

Due to the strict limitations and the constancy of the analytic setting transference was seen as the privileged opportunity for the unfolding, observation and interpretation of the patient's unconscious mental processes.

The implication of transference theory is that the therapeutic relationship as it is experienced by the patient is a kind of series of "false connections" which tends to superimpose the original 'text' of the patient's early significant relationships onto the present person of the analyst and the whole analytic situation. The analyst is assimilated into the existing pattern of the patient's primary love objects. This implies a misreading, or a distortion, of the present in terms of the past. This idea raises a number of questions, however: Are all the emotions and wishes directed at the analyst of this transferential nature - and consequently 'inappropriate' to the present situation? Or are there affective aspects to the therapeutic relationship which are 'appropriate'? If so, how is the distinction made, and who is in the position to make this distinction? Since the notion of a "wrong connection" implies an idea of what the "right connection" looks like, the analyst's judgement that a particular behaviour is an expression of transference presupposes that he has access to what is 'real' and/or 'appropriate'. How can such a claim be 'grounded'?

The theory of transference as the substitution of the analyst for the original love object has for Freud the further consequence that the patient's emotional needs as they arise in the analytic process have to be understood as the pursuit of *Ersatzbefriedigungen* (substitute gratifications), that is, essentially as demands for parental love which are now inappropriate and have to be "renounced". In *Wege der psychoanalytischen Therapie* Freud writes:

> Der Kranke sucht vor allem die Ersatzbefriedigung in der Kur selbst im Übertragungsverhältnis zum Arzt und kann sogar danach streben, sich auf diesem Wege für allen ihm auferlegten Verzicht zu entschädigen. Einiges muß man ihm ja wohl gewähren, mehr oder weniger, je nach der Natur des Falles und der Eigenart des Kranken. Aber es ist nicht gut, wenn es zuviel wird. (1918[1919], p.245)

In the transference relation to the physician the patient seeks above all the substitute gratification in the treatment itself and he can even strive to make

> up in this manner for all the sacrifice demanded of him. Some of it one will have to grant him, more or less, depending on the nature of the case and the particularities of the patient. But it is not good, if it becomes too much.

After this rather grudging concession Freud goes on to stress that any *Verwöhnung* (indulgence) of the patient can only be counterproductive to the aims of the cure; he therefore introduces the analyst's abstinence as a technical *Grundsatz.* This seems to close down any space in Freud's thinking that an affective personal relationship between the patient and the analyst had any reality and relevance of its own. The analyst seems to exist for the patient only transferentially, the patient for the analyst only as a case. There is no room for 'love' in Freud's formulation of analysis, except for the love of 'knowledge'.

Wege der Psychoanalytischen Therapie, the last essay on technique published by Freud, takes up "a new field of analytic technique [which is] still in the course of being evolved". Freud's paper was written in part to counter Ferenczi's suggestions for an 'active technique'. Freud had pretty much stopped writing on questions of technique in the hope that others, especially Ferenczi and Rank, would develop this area further. In the event their contributions proved to be highly controversial and caused serious rifts in the 'inner circle' of psychoanalysis. It is primarily to Ferenczi's work, which very early on questioned a number of the most fundamental assumptions of Freud's psychoanalysis, that I wish to turn now.

Ferenczi's challenge

Sandor Ferenczi (1873-1933) was, during the 1910's and 20's, one of Freud's closest friends and collaborators (and also his occasional analysand). They first met in 1908 and maintained a frequent and intimate correspondence until the early 1930's, when their relationship became strained as a result of Freud's displeasure with the direction Ferenczi's work had taken. Ferenczi

developed, over very many years, an (inter)subjectivist and relational variant of psychoanalysis which emphasised affectivity and the active and personal participation of the analyst. The opposition that he presented to main-stream psychoanalysis was hard enough for Freud to bear; it was too much for many prominent members of the movement who, like Ernest Jones (who had been in analysis with Ferenczi), concluded that he must have gone mad (Stanton, 1990). Whilst he was pretty much ostracised at the end of his life and subsequently 'forgotten', many of his ideas (and recently his name) re-emerged and make their impact on contemporary psychoanalytic debate. In the following I will trace the development of his alternative theory and practice and discuss his contributions in terms of their relevance to my theme of positioning and understanding.

In one of his early writings on psychoanalytic theory, *Introjection and Transference* (1909), Ferenczi explains the phenomenon of transference in terms that foreshadow British Object Relations theories. Unsatisfied and repressed "sexual hunger" can leave a "free-floating" quantity of excitation that is not fully bound in the neurotic symptom and that will seek to find gratification from an external object. "The idea of this excitation could be used to explain the neurotic passion for transference, and be made responsible for the 'manias' of the neurotic" (1909, p.46). *Introjection*, here first introduced by Ferenczi, plays a central role in this process:

> [...] the neurotic helps himself by taking into the ego as large as possible a part of the outer world, making it the object of unconscious phantasies. This is a kind of diluting process, by means of which he tries to mitigate the poignancy of free-floating, unsatisfied, and unsatisfiable, unconscious wish-impulses. One might give to this process, in contrast to projection, the name of *introjection.* The neurotic is constantly seeking for objects with whom he can identify himself, to whom he can transfer feelings, whom he can thus draw into his circle of interest, i.e. introject. (ibid. pp. 47-8)

Ferenczi's theory implies something which is prior to subjectivity, i.e. introjects, which structure how object relations are perceived. Introjection, a developmentally very early process, plays a crucial part in the establishment of ego-consciousness.

> The first loving and hating is a transference of auto-erotic pleasant and unpleasant feelings. The first 'object-love' and the first 'object-hate' are, so to speak, the primordial transferences, the roots of every future introjection [...] Probably [...] besides projection introjection is significant for man's view of the world. (ibid. p.49)

Introjection thus allows for the "mollification" of free-floating affect. This happens to a greater or lesser extent unconsciously (depending on the degree of neurosis); and it is transference, the defensive displacement of the affect from "certain objects that concern (one) nearly" to other less important figures, which is operative in disguising the libidinal aim. This process accounts also for the exaggerated feelings of love and admiration that the patient can feel for the analyst and which are at the centre of the so-called 'transference cure'. Ferenczi paraphrases Freud's dictum "that we may treat a neurotic any way we like, he always treats himself psychotherapeutically, that is to say, with transferences" (ibid. p.55). Ferenczi denies however that transference is altogether pathological; whilst insisting of course that transference needs to be made conscious through analysis, he claims quite on the contrary that "the ancient belief, which strikes its roots deep in the mind of the people, will be confirmed, that diseases are to be cured by 'sympathy'" (ibid. p.57).

In his discussion of how suggestion and hypnosis (the techniques Freud employed in the early years of psychoanalysis) 'work', Ferenczi explains that it is the evocation of "parental complexes" that put the patient in the state of mind of the obedient child. The neurotic patient, who is seen not so much as a special case but rather as an exaggerated 'version' of the normal person, brings to light the way the psyche functions:

> It thus becomes manifest that the child with its desire for love, and the dread that goes with this, lives on literally in every human being, and that all later loving, hating, and fearing are only transferences, or, as Freud terms them, 'new editions' of currents of feeling that were acquired in the earliest childhood (before the end of the fourth year) and later repressed. (ibid. p.63)

Transference is thus taken into account in explaining the patient's capacity to be hypnotised, and Ferenczi distinguishes two pathways this process can take, "*dread and love*" (italics in orig.). The first results from the "imposing appearance on the part of the hypnotist" who gives the hypnotic commands "with such decision and sureness that contradiction should appear to the patient as quite impossible"; the latter relies on "a darkened room, absolute stillness, gentle, friendly address in a monotonous, slightly melodic tone [...], light stroking of the hair, forehead, and hands" (ibid. p.69). Ferenczi ascribes these two modes to the father and mother transference respectively, both evoking the most powerful feelings of love and fear in the regressed hypnotised subject. "The child that is dormant in the unconscious of the adult" (an expression Ferenczi ascribes to Freud) is re-awoken in the process. Foreshadowed here are some of the criticisms that Ferenczi will later make of the distant and aloof style of analysis, criticisms that will lead him to formulate and experiment with more 'maternal' forms of practice.

Ferenczi insists that it is by no means obvious why the child should obey his parents and why it should be possible that he experiences this surrender of his own will as pleasurable. Ferenczi explains this surrender in terms of introjection and identification (two concepts he uses here almost synonymously) which are thought to take effect with the beginning of 'object love': "The loved objects are introjected, taken into the ego. The child loves his parents, that is to say, he identifies himself with them in thought" (ibid. p.77). Introjection/identification are motivated by love and lead to the formation of internal objects which form the basis for transferences. Ferenczi performs a significant shift in emphasis here from gratification of instinct to

affect, especially love. The search for a loving object that can be taken inside is related to the process of cure – an idea that considerably changes the conceptualisation of the role which the analyst plays in this process. Ferenczi ceased to the see the active and personal participation of the analyst as a necessarily counterproductive gratification of the patient's instinctual wishes, a shift which allowed him to move away from the neutral and abstinent stance of the Freudian analyst and to develop what he called *aktive Technik*.

Active technique

Ferenczi (1919) felt that the purely "passive role" played by the classical psychoanalyst was too restrictive and unhelpful in a number of his cases, and he began to experiment with more active interventions. The measures which he included in his extended repertoire comprised, amongst others, directing the focus of the patient's associations, the suggestion of tasks, the injunction not to behave in certain defensive ways or to seek secondary gratifications, the pressure to make decisions after periods of procrastination, the advice not to have sexual intercourse for a period, the suggestion that certain scenarios are enacted in the session (e.g. the singing of a song in one case), and the imposition of time limits in the 'end game' of the treatment. Ferenczi maintained that the patient needed to "presently experience" (*aktuell erleben*) the behaviour in question *together with* the accompanying emotions. He hoped that the affective intensity thus produced would facilitate the process of free association. "In promoting what is inhibited and inhibiting what is uninhibited we hope for a redistribution of the psychical, primarily libidinal, energies of the patient thus facilitating the bringing to light of repressed material" (1921, p.89). The material triggered by the use of active technique was subsequently subjected to the classical procedure of analysis, interpretation.

Ferenczi was aware how controversial his technical propositions were, and he stressed again and again that none of his techniques was in itself designed to

bring about the desired change, but was only *Mittel zum Zweck*, means to the end of analytic insight. "Active technique plays only the role of *agent provocateur*, its demands and prohibitions foster the occurrence of repetitions which are then to be interpreted, respectively reconstructed as memories" (ibid. p.91). However, Ferenczi's stress on present subjective experience, its augmentation through the repetition of behaviour and the focus on emotions did imply a criticism of an "overly intellectual" practice of psychoanalysis relying almost exclusively on interpretation and reconstruction.

These points were further elaborated in *Entwicklungsziele der Psychoanalyse* (1924) which Ferenczi had co-written with Otto Rank.[9] The book reviews the main strands of the development of psychoanalytic technique and offers an 'up-to-date' formulation of clinical practice focussing centrally on the analysis of the ego, transference, patient *experience* and the more active role of the analyst. Taking their departure from Freud's *Remembering, Repeating and Working Through* (1914) the authors stress that, precisely because what needs remembering is unconscious and hence not available to recall,

> there is no other way open to the patient than that of repeating, as well as no other means for the analyst to seize the essential unconscious material. It is now a question of understanding also this form of communication, the so-called language of gesture, as Ferenczi has called it, and of explaining it to the patient. (ibid. pp. 3-4)

The re-living of infantile material is to play "the chief role in analytic technique" with the repeated material only gradually being made conscious in actual memory, the process to which Freud gave precedence. The relived and repeated material is to be interpreted in relation to the "analytic situation". Thus emphasis is placed on understanding the repetitions it manifests in the

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[9] This work was originally written as an entry to a competition of writings on psychoanalytic technique, for which Freud had donated a prize. Freud himself did not plan to write further on the subject of technique after his *Wege der Psycho-analytischen Therapie* (1919[1918]), but hoped that others, chiefly Ferenczi and Rank, would carry on this task. Ferenczi and Rank in the end decided not to submit this book for the competition since they felt that the question of technique was too vast and complex to be dealt with in a single work.

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session, rather than trying to block the patient's behaviour and asking the impossible of him, i.e. remembering the repressed. This is not an injunction to simply enact the material but a call for "a gradual *transformation of the reproduced material into actual remembering* (first permitting reproduction and then explaining it)" (ibid. p.4, italics in orig.). This emphasis on reproduction is however tantamount to a demand for an increase in "activity". The language of the gesture has to be allowed to be 'spoken' and 'heard', before it can be transformed, i.e. translated into a memory which can be verbalised.

Established technical procedures are criticised for the way in which "knowledge" is used in the analytic process. The authors denounce the "phenomenalistic" route of a purely descriptive analysis ("a contradiction in terms"), which uses only listening or description in the hope that a mere "talking out" would prove curative. At the same time they reject any notion of a direct, dictionary-type translation of the presented material, stressing that any so-called translation always requires an *interpretation* of the text. Correct interpretation can only be achieved on the basis of an understanding of the whole picture, i.e. an appreciation of the total personality rather than just of the symptom - and only "a series of converging experiences can place us in the position" required for such an understanding (ibid. pp.30-1). The authors obviously had an awareness of the hermeneutic circularity of understanding.

"Too much knowledge" can get in the way of such an understanding and lead to great technical difficulties; for instance, an overemphasis on the theory of psychosexual development can lead to a tendency to want to lay bare all the stages of this process, perhaps guided by the view that only this kind of completeness constitutes a 'full analysis'. "In thus searching for the constructive elements of the theory of sex, in some cases, the actual analytic task was neglected" (ibid. p.34). Similar problems were encountered when, on the strength of only little clinical data, the analyst attempted premature speculative syntheses of the material, perhaps in the hope of finding confirmation of existing theories.

Any attempts at 'reconstructing' the patient's history through interpretation alone is similarly misguided; the mere communication by the analyst of that which is repressed does not have a therapeutic effect; "[...] such information glides off from the patients without any effect. They can only convince themselves of the reality of the unconscious when they have experienced - mostly indeed after they have frequently experienced - something analogous to it in the actual analytic situation, that is, in the present" (ibid. p.37). Hence, only through the attention to and elucidation of the *actual experience* of the repeated, re-enacted material in the present of the session can information lead to insight which is therapeutically valuable. Without experience no conviction, without conviction no cure.

There are limits to how much the patient needs to know. It is not any longer the aim of the analysis to fill all the gaps in his memory. The only problem the analyst has to concern himself with is the patient's *wish not to know*, i.e. with his resistance. The authors agree with Freud's shift in technique which gives centrality to the patient's resistance. Only resistance is analysed and removed over time; the important gaps will be filled automatically, restoring the memory of everything the patient *needs to know* to get better. The stress now laid on the actual present experience of the patient limits the role knowledge plays in the analytic hour.

> Whereas formerly one tried to obtain the therapeutic result as a reaction to the enlightenment of the patient, we now try to place the knowledge obtained by psychoanalysis directly in the service of our therapy, by directly provoking the corresponding personal experience on the basis of our insight, and explaining to the patient only this experience, which is naturally directly evident to him also (ibid. p.56).

The core of this 'knowledge' is "the conviction of the universal importance of certain fundamental early experiences - as for example the Oedipus conflict". This re-formulated analytic technique is akin to an educational process, "because - like education itself - it consists, on account of the affective relation

to the teacher, far more in experience than in the factor of enlightenment" (ibid.). Thus the authors stress the point that, whilst there cannot be too much knowledge in terms of the development of psychoanalytic theory, an excess of knowledge brought into the consulting room can impede the analytic process. Insight derived from analysis of the actual experience of the patient as it unfolds in the affective relation to the analyst ought to be the paramount concern, not insight as the result of the transmission of knowledge.

The retreat of the analyst into an impersonal relationship with his patients is felt to run counter to the emphasis on the present subjective experience of the patient, which occurs after all always within the present relationship. "The theoretic requirement of avoiding all personal contact outside of the analysis mostly led to an unnatural elimination of all human factors in the analysis, and thus again to a theorizing of the analytic experience" (ibid. p.40-1). The revision of technique suggested here pretty much rejects the stance of the neutral and abstinent analyst, which far from being accepted as ideal is recast as an insufficiency of technique. This appears to be a rather direct criticism of the injunctions Freud placed upon the analyst in his technical writings.

Freud appears to have responded rather ambiguously to these recommendations, which amount after all to a radical reformulation of the technique he promoted in the 1910's. He had seen the text before publication and had given "valuable advice" to its authors. Freud seemed to accept the recommendations, although he expressed some unhappiness about the stress on experience. "... 'experience' is used like a catchword, its resolution not stressed enough", he writes to Ferenczi on 4 Feb. 1924. On 1 June he writes, "It's discovery is magnificent" (quoted in Stanton 1990 p.35). Freud saw a clear juxtaposition between two types of technique, focussing on insight and experience respectively. In a letter dated 15 Feb. 1924 he writes about the different aims of "old" and "new" techniques; he advises equanimity in this debate and suggests the benefits of the new technique should be reviewed in a number of years. Whilst acknowledging the new development he writes, "Ferenczi's 'active therapy' is a dangerous temptation for beginners", and

adds, "Personally, I shall continue with 'classical' analysis" (letter to Committee, quoted in Haynal and Falzeder, 1993, p.606). Haynal and Falzeder, who discuss the divergence between Freud and Ferenczi, suggest that

> behind this discussion also lies the problem of 'insight' [*Einsicht*] in opposition to empathy [*Einfühlung*]. Does the analyst understand the patient's conflicts only with his rational thinking, as the emerging ego-psychology would have it, or is he, as Ferenczi thought very early, making introjections in identifying himself with aspects of the transference? (ibid. p.612)

In his 1926 *Kontraindikationen der aktiven Psychoanalytischen Technik* Ferenczi offers amendments to his technical suggestions in a move which seems motivated partly by the criticism he received from his colleagues and partly by disappointments he experienced in their clinical application. He reports how an overly active technique tends to increase patient resistance to the detriment of the analytic work especially in the earlier phases of the treatment, re-emphasises the need for a thorough training analysis, and warns beginners not to stray from the well-trodden path of the "classical method". Active intervention is now suggested as a last measure for experienced analysts, who will employ it – "gestützt auf ihr *Wissen*" ("supported by their *knowledge*"; italics in original) - when, after the thorough application of more classical technique, "the patient for his conviction only still lacks the colour of actual experience" ("wenn zur Überzeugung des Patienten etwa nur noch das aktuelle Erlebniskolorit fehlt" [1926, p.184]).

Ferenczi stopped the use of demands and prohibitions, and 'activity' is now seen as the prerogative of the patient, which the analyst, within certain limits, allows or at times encourages. On the part of the analyst he recommends elasticity (*elastische Nachgiebigkeit*), which he contrasts with counterproductive rigidity (*starre Konsequenz*). The analyst's 'activity' is restricted to interpretation or the occasional directive. Having clarified and to some extent retracted his earlier technical suggestions Ferenczi then proceeds to introduce a new type of active intervention: the advice to use

relaxation exercises, again in the service of the reduction of inhibitions and resistances so that the stream of associations is enhanced. Towards the end of this essay Ferenczi again defends the active intervention mode, arguing once more that only the emotional component of the actual experience has the power to *convince* the patient to an extent that insight can have a therapeutic effect. Ferenczi follows up this proposition with the following intriguing argument, in a passage which makes a rather audacious appeal to the audience of his lecture:

Das letzte und logisch unumstößliche Wort der reinen Intellektualität des Ichs über das Verhältnis zu anderen Gegenständen ist der Solipsismus, der die Realität anderer menschlicher Lebewesen und der ganzen Außenwelt mit den eigenen Erfahrungen niemals gleichsetzen kann und sie nur als mehr oder minder lebhafte Phantome oder Projektionen anspricht. Wenn also Freud dem Unbewußten dieselbe psychische Natur zuschrieb, die man als Qualität des eigenen Ichs spürt, so tat er einen logisch nur wahrscheinlichen, aber nie beweisbaren Schritt in der Richtung des Positivismus. Ich stehe nicht an, diese Identifizierung den Identifizierungen, die wir als Vorbedingung libidinöser Übertragungen kennen, gleichzusetzen. Sie führt letzten Endes zu einer Art Personifizierung oder animistischen Auffassung der ganzen Umwelt. All dies ist vom logisch-intellektuellen Standpunkt gesehen 'transzendent'. Wir aber sollten dieses mystisch klingende Wort durch den Ausdruck 'Übertragung' oder 'Liebe' ersetzen und mutig behaupten, daß die Kenntnisse eines Teiles der Wirklichkeit nicht intellektuell, sondern nur *erlebnismäßig* als Überzeugung zu haben ist [...] Ich persönlich fühle mich ganz zum Freudschen Positivismus bekehrt und ziehe vor, in Ihnen, die Sie da vor mir sitzen und mir zuhören, nicht Vorstellungen meines Ichs, sondern reale Wesen zu sehen, mit denen ich mich identifizieren kann. Logisch begründen kann ich Ihnen das nicht, wenn ich also trotzdem davon überzeugt bin, verdanke ich es nur einem emotionellen Moment - wenn Sie wollen, der Übertragung. (ibid. pp.192-3)

The last and logically irrefutable word of the pure intellect of the ego on the relationship to other things is solipsism, which can never equate the reality of other human beings and the whole external world with one's own experiences

> and which can relate to them only as more or less lively phantoms or projections. Thus when Freud ascribed to the unconscious the same psychic nature, which one senses as the quality of one's own ego, he took a logically only probable, but never provable step in the direction of positivism. I do not hesitate to equate this identification with the identifications which we know as the precondition of libidinal transference. Ultimately it leads to a kind of personification or animistic conception of the whole external world. Seen from the logical-intellectual viewpoint all of this is 'transcendent'. But we should replace this mystic sounding word with the term 'transference' or 'love' and we should state courageously that knowledge of part of reality, maybe of the most important part, is not intellectually, but only *experientially* available as persuasion [...] I personally feel entirely converted to Freudian positivism and I prefer to see you, who are seated in front of me and listen to me, not as ideas of my ego but as real beings with whom I can identify. I cannot logically prove this to you, hence if I am still persuaded by this I owe it to the emotional aspect - if you like, to the transference.

Ferenczi tells his audience here that the intellect cannot reach the world at all. The conviction of the reality of the other person, and indeed of the outside world - surely a *conditio sine qua non* for any knowledge we may gain of the other - can come about only via an actual affective experience, which is based on identification. Identification itself is a form of transference - or love. Knowledge is credible only as experienced knowledge, with the sense of conviction resting on emotion rather than logic. Thus *Kenntnis* and *Liebe* are tied together in this concept of identification. Identification appears here as our only reliable contact with external reality. The rhetorical manoeuvre Ferenczi performs here seems as crafty as audacious. By purporting to embrace what he terms Freud's "positivism", and using his concept of transference as the central link, he tries to get his audience to accept a proposition which, one would feel, must be anathema to Freud – the idea that all knowledge worthy of the name is based on an emotional experience. Science is love!

In *Die Elastizität der psychoanalytischen Technik* (1928), where Ferenczi returns to the question of what roles the cognitive and affective functions of

the analyst play in clinical practice, he again seems to retreat from this more extreme subjective and affective position. Empathy, which is here equated with tact, is described as guiding the technical decisions regarding the timing, content and tone of interventions. The actual content of the intervention is arrived at "with the help of our knowledge" gained from, primarily, self-analysis and clinical experience. Ferenczi thus stresses here the cognitive aspect of understanding, and leaves to empathy the task of finding the most sensitive, and ultimately most fruitful, way of communicating this insight to the patient. He recognizes that the patient thus treated will receive the impression of *Güte* (goodness, kindness, care), and adds, perhaps in an attempt to pre-empt criticism regarding the motives of this kindness, "even if the motives for this sensitivity stem purely from the intellectual side of the analyst". The impression of Ferenczi's nervousness in promoting anything like *Güte,* which is here the interpersonal effect of empathy, is only reinforced by the following re-assurance:

> I hasten to add here immediately that the capacity for this kind of 'kindness' means only one side of the analytic understanding. Before the physician decides to make a verbal intervention he must temporarily withdraw his libido from the patient and weigh the situation coolly, he must under no circumstances be guided by his feelings alone. (1928, p.240)

This is an interesting disclaimer, which, whilst reasserting the official version of a much more intellectual process, in fact seems to increase the claims made on behalf of empathy. Empathy does play a role in the analytic understanding, if only one amongst others. It is a libidinal process and an emotional one. There is a danger of getting carried away by this 'warmer' intersubjective understanding, therefore it needs checking through distancing and cooling by intellectual consideration. Ferenczi then speaks of the "demands of the 'rule of empathy'", using inverted commas as in the first introduction of a new term, and contradistinguishes this new and humbler style from the lofty attitude of the omniscient and omnipotent doctor (ibid. p.244).

The *elasticity* of the analytic attitude which Ferenczi promotes involves a "constant oscillation between empathy, self-observation and judgements" (ibid. p.245). The analyst's "cathexes swing between identification (analytic object love) on the one hand and self-control or intellectual activity on the other" (ibid. p.248). The psychic/emotional closeness (indeed oneness) and the distance the analyst needs when thinking about the patient's material in terms of theory and clinical experience are both essential parts of the analyst's mental process. Ferenczi's empathy is moving very close to being equated with love, here of course in the most sublimated form of analytic object love. Love and knowledge are the two poles between which the analyst swings. 'Swinging' refers to an oscillation in the analyst's mental-emotional position vis-à-vis his patient, a movement that Ferenczi makes central to the process of clinical understanding.[10]

During the last years of his life Ferenczi grew more and more critical of the intellectual and pedagogic approach of "one-sided ego analysis" (1930, p.261), and he confesses he had felt forced to break more and more of the technical rules advocated by Freud. He suggests a "principle of permission" (*Prinzip der Gewährung*) according to which relaxation and a friendly caring attitude are employed to help overcome the patient's resistance. Whilst still professing to underwrite the "restrained observation position of the analyst" as the "most reliable, and in the beginning of the treatment the only justified" position, his critical comments on the overly strict and denying attitude of many analysts are becoming more frequent and more pronounced. The restrained and cool objective stance of the analyst can be counterproductive not only in that it makes it harder for the patient to trust the analyst and to give up his defences, it can also be outright harmful when it repeats in the analytic

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[10] The two poles of 'empathy' and 'theory' foreshadow important aspects of Kohut's self-psychology (discussed in chapter 3). The idea of swinging between poles in the process of interpersonal understanding is also used by Buber, although Buber swings, as we will see in chapter 4, between different positions. I will return to this cluster of ideas more extensively in the final chapter.

relationship the original trauma that brought the patient to therapy in the first place.

Ferenczi here re-introduces real *trauma*, i.e. actual failure in the parental/care-taking environment, as the cause of psychopathology – thus reversing Freud's turnaround of 1897.[11] Not single traumatic events but repeated traumata which are inflicted on the child by an adult, mostly in the form of confused over-stimulation which exceeds the child's capacity to cope, lead to a splitting of the child's personality. It is precisely because pathology is seen as arising from problematic interactions between the child and adults that it becomes paramount that this trauma is not repeated in therapy. The acknowledgement of actual, rather than fantasised trauma, leads Ferenczi to formulate an opposition to Freud's technique of *Versagung* (frustration) and to give empathy an important role in the cure. It is *wrong* to frustrate the patient's need to be empathically (and this means increasingly: lovingly) understood. This new, kinder attitude is thought to have a reparative function. The patient is helped by this attitude to delve into the traumatic past under more favourable conditions and to give split off parts of the personality a chance to catch up with psychic growth. Ferenczi explicitly moves the analytic stance much closer to the maternal paradigm: "One proceeds like a tender mother" ("Man verfährt also etwa wie eine zärtliche Mutter..." [1931, p.284]) - at least for a period of deep regression which prepares the patient for the inevitable *Versagung*. The binary mother-child relationship is emphasised over and above the triangular Oedipal constellation which is central in Freud. The analyst as mother displaces the dominance of the father, and the need for love eclipses the need for knowledge.

Ferenczi's increasingly radical opposition to Freud's formulation of psychoanalysis eventually take their toll on the friendship of the two men.

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[11] In 1896 Freud had advanced the theory that hysterical symptoms were caused by unconscious memories of actual sexual seductions in childhood. By the turn of the century he repudiated the seduction theory and replaced it with the idea that hysterical symptoms were caused by repressed infantile sexual fantasies. The details of this shift are discussed by, among others, Smith (1991).

Freud not only openly criticises Ferenczi but suggests furthermore that Ferenczi's deviations are due to an illness. Understandably, Ferenczi is injured by this. The crisis came to a head in 1932 when Ferenczi presents *Sprachverwirrung zwischen den Erwachsenen und dem Kind* (1933), a paper which Freud had read and asked him not to publish. In it Ferenczi re-opened the theory of child sexual abuse as a major source of psychopathology, a theory which Freud had dismissed over 30 years ago. In the light of this alternative aetiology the established 'classical' technique was made to look downright cruel:

> Die analytische Situation: die reservierte Kühle, die berufliche Hypokrisie und die dahinter versteckte Antipathie gegen den Patienten, die dieser in allen Gliedern fühlte, war nicht wesentlich verschieden von jener Sachlage, die seinerzeit - ich meine in der Kindheit - krankmachend wirkte. Indem wir bei diesem Stande der analytischen Situation dem Patienten auch noch die Traumareproduktion nahelegten, schufen wir eine unerträgliche Sachlage; kein Wunder, daß sie nicht andere und bessere Folgen haben konnte als das Urtrauma selbst. Die Freimachung der Kritik, die Fähigkeit, eigene Fehler einzusehen und zu unterlassen, bringt uns aber das Vertrauen der Patienten. *Dieses Vertauen ist jenes gewisse Etwas, das den Kontrast zwischen der Gegenwart und der unleidlichen, traumatogenen Vergangenheit statuiert,* den Kontrast also, der unerläßlich ist, damit man die Vergangenheit nicht als halluzinatorische Reproduktion, sondern als objektive Erinnerung aufleben lassen kann. (1933, p.306)

> The analytic situation: the reserved coolness, the professional hypocrisy, and the hidden antipathy against the patient, which he feels in every bone, was not essentially different from the state of affairs which originally – I mean in childhood – caused the illness. Given this state of the analytic situation our requirement of the patient to reproduce the trauma created an unbearable condition; no wonder it did not have other and better effects than the original trauma. In contrast, the freeing of critique, the capacity to acknowledge and avoid our own mistakes earns us the trust of the patients. *This trust is the certain something which constitutes the difference between the present and the unbearable traumatogenic past,* i.e. the difference which is indispensable

> in order to revive the past not as a hallucinatory reproduction, but as an objective memory.

The rift with Freud precipitated by this devastating critique seemed to contribute to Ferenczi's preparedness in the last year of his working life to abandon all compromises and restraints in his challenges to classical psychoanalysis. The force of his convictions compelled him to experiment with unprecedented forms of participation in his patients' process and to record his thoughts and analytic experience in the *Clinical Diary* which he kept from January to October 1932. Here, in full opposition to the cool and purely intellectual attitude towards the patients' suffering, Ferenczi sets out

> to take really seriously the role one assumes, of the benevolent and helpful observer, that is, actually to transport oneself with the patient into that period of the past (a practice Freud reproached me for, as being not permissible), with the result that we ourselves and the patient believe in its reality, that is a present reality, which has not been momentarily transposed into the past (1988 [1932], p.24).

A joint regression into the traumatic past is risked in the hope that this will yield the patient's belief both in the reality of the original traumatic situation and the personal commitment of the analyst to the patient. This approach is now seen as the inevitable consequence of his idea of the analytic experience with its emphasis on the patient's conviction.

> In another case, in spite of months of repetition of the trauma, there is no conviction. The patient says, very pessimistically: It will never be possible for the doctor really to feel the events I am going through. Thus he cannot participate in experiencing the 'psycho-physical' intellectual motivation. I reply: Except if I sink down with her into her unconscious, namely with the help of my own traumatic complexes. The patient appreciates this, but has legitimate doubts about such a mystical procedure. (ibid. p.38)

The patient's conviction is linked to the analyst's feelings, that is, his readiness to immerse himself in radical empathic identification with the patient's suffering. In the absence of his participation in the actual experience, which includes the physical aspect, there is no hope for progress. Ferenczi believed that the analytic cure depended on his deep identification with the patient's unconscious - a process which involved his delving into his own traumatised unconscious. Analysis had to become, in certain cases of particularly traumatised patients, "mutual analysis", where the analyst abandons his stance of professional authority and enters into a completely unreserved exchange with his patient.

> Certain phases of mutual analysis represent the complete renunciation of all compulsion and of all authority on both sides: they give the impression of two equally terrified children who compare their experiences, and because of their common destiny *understand each other completely* and instinctively try to comfort each other. Awareness of this shared destiny allows the partner to appear as completely harmless, therefore as someone whom one can trust with confidence. (ibid. p. 56; entry dated 13 March 1932; italics added).

Complete understanding requires complete participation; it has nothing to do with bringing prior knowledge to a case. In the experimental phase of the *Clinical Diaries* Ferenczi entered into this participation with almost breath-taking honesty and seemingly no reserve. The 'technical procedures' included not only the acknowledgement of any mistakes and present feelings towards the patient, but also the sharing of aspects of his own neurosis. At times, when both analyst and analysand felt this necessary, their roles would reverse, and the unconscious of the analyst came under scrutiny. The tenderness that might be felt in the course of this intimate process was occasionally expressed not only in words. Ferenczi felt that patients who had been badly sexually abused needed to be physically held when in deep regression. Radical participation indeed. What Freud rather disparagingly called Ferenczi's "furor sanandi" certainly compelled him to engage in

extreme forms of experimentation. Some of his colleagues concluded that he had gone mad.

Objectivity vs. subjectivity?

The juxtaposition of Freud and Ferenczi certainly opens up the possibility of lining up a whole number of opposing notions in the way I did in the beginning of this chapter (i.e. objectivist vs. subjectivist stances, cognition vs. affect, representation vs. imagination, neutrality of observation vs. participation in the observed, the detached observer-analyst vs. the interpersonally engaged therapist). Freud's favourite metaphors – the therapist as the disinterested surgeon, psychoanalysis as archaeology etc. – show that he was clearly enthralled by the vision of the analyst as scientist. Clinical understanding for him was gaining knowledge of a hidden reality. Consequently he formulated the stance of the analyst in ways which allowed him to do analysis as reconstruction of a buried past. Subjectivist and interpersonal notions, as e.g. empathy, played only a supporting role in his formulations of analysis. The interpersonal/intersubjective dimension assumes much more importance for Ferenczi. The patient's *Erlebnis* in the analytic process and, later, the analyst's participation in the patient's subjectivity are crucial not only in terms of clinical understanding, but for the curative process itself. The notion of the scientist-analyst was anathema to the (literally) com-passionate analyst promoted by the later Ferenczi.

Whilst this juxtaposition has a certain dramatic appeal - and the opposition of the key notions involved may also appeal to common sense - it is questionable whether they really do justice to the much more complex and multiple positions both Freud and Ferenczi took up at various points in their work. Furthermore, to the extent that the two writers can indeed be shown to take up these opposing positions the question remains just how adequate these polarised concepts are if one wants to get to grips with the problem of clinical understanding.

In terms of the subsequent development of psychoanalysis there can be no question that Freud's vision carried the day. Ferenczi's 'aberrations' were judged to have led him into a cul-de-sac, and his work was for a long time pretty much 'forgotten' (with the exception of a few analysts, notably Balint who further developed some of his ideas). Many of Ferenczi's thoughts - about early relational trauma, the need for an emotionally participatory stance of the analyst, the stress on countertransference, patient gratification, therapist self-disclosure, "regression to dependency", the curative aspects of the therapeutic relationship, etc. - re-emerged when further variants of psychoanalysis, especially those developed within the Kleinian and Object Relations approaches, were developed. Ferenczi can therefore, with much hindsight, be credited with having had a significant influence on the development of the clinical practice of psychoanalysis. His weakness was the insufficient theorisation of many of the key ideas he introduced, including the role of empathy. This work was taken up by some of the analytic writers to whom I will now turn.

Chapter 2

Internalisation, Translation, Observation

Some psychoanalytic formulations of clinical understanding after Freud

Introduction

In this chapter I intend to present some of the ways in which the problem of clinical understanding was treated by psychoanalytic authors writing in the wake of Freud. I will focus on contributions mainly from the 1940's and 1950's, made by theorists who have not played a major role in mainstream British psychoanalysis. Some of the authors who had considerably more influence on contemporary psychoanalytic practice will be considered in the following chapter.

Keeping in mind the concept of empathy as one of the red threads running through this thesis I want to show some of the diverse directions that clinical thinking took after Freud. The authors presented here are Reik, Fliess, Loewenstein and Sullivan, all of whom are psychoanalysts. Whilst the first three are clearly committed to Freud's legacy, Sullivan departed in important respects from his premises. Both Reik and Fliess, in different ways, develop concepts of clinical understanding which rely primarily on forms of internalisation. Loewenstein picks up the idea that there is a series of signs which can be traced back to the unconscious mind and elaborates a formulation of clinical knowledge in which the translation of different types of languages plays an important role. Sullivan, whose ideas of personality development and psychopathology fundamentally differ from Freud's drive based model of the mind, places clinical understanding firmly into the interpersonal field. The therapist, in his theory, is a participant-observer who seeks to gain understanding of his patient through the investigation of his interpersonal behaviour and his idiosyncratic language usage.

For all theorists presented here the scientific status of their work is an important issue. The adherence to the idea that science affords objective knowledge of an external reality poses a variety of problems since the understanding of the patient comes about in ways which involve, in different forms and to different degrees, interpersonal or intersubjective dimensions.

Reik: The communication of the instincts

Theodor Reik's work focuses centrally on listening to the patient and understanding his unconscious mental content. For Reik analytic understanding is a communicative process and he suggested that the affective signals emanating from within the analyst's own mind constitute a vital source of information for the comprehension of the patient. It is therefore of greatest importance that the analyst pay close attention to his own mental processes.

In *Der überraschte Psychologe* (1935; Engl. transl. *Surprise and the Psychoanalyst*, 1937) Reik addresses the question how it becomes possible for the analyst to understand the unconscious processes of his patients. He distinguishes two processes, *erraten* and *verstehen* (conjecture and comprehension); broadly speaking, the former dominates the earlier, the latter the later phase of the analytic process. The analyst's first task is to open his mind, and his senses, to the patient's conscious and unconscious, verbal and non-verbal communications. He is to proceed like a detective whose first concern has to be to secure and collect the traces of a crime, taking everything into account, including his own hunches and seemingly irrational and irrelevant ideas. Whilst it is taken for granted that, at this stage, any conjectures are highly provisional and have to be treated as uncertain, the analyst should suspend his mental censorship and, by and large, follow a similar 'ground rule' as the patient, i.e. he should ask himself "what comes to mind?". Only in the second phase of 'comprehension' are the individual facts,

thoughts, associations, the separate insights and mental links drawn together to a form of "logical conclusion", which subjects all previously collected material to a severe critique, and which itself has to withstand serious questioning. This is where rationality takes up its dominant position, and where psychoanalysis as a method ceases to be distinct from other sciences. One might ask at this point in what sense this procedure differs from procedures used in other sciences. In Reik's view, it is primarily the suggestion that the unconscious of the analyst supplies the main instrument for the perception of the state of the patient's unconscious which does not sit well with established conceptions of science.

Reik links his ideas of understanding to a phylogenetic theory. He proposes that this purely intellectual process has its origins in a primitive bodily impulse, i.e. to possess the other thing in a very concrete, corporal way. Many of the words used to designate this mental process still betray its original meaning (*to understand, to grasp, to comprehend* in English, *begreifen, erfassen* in German, *comprendre* in French, *capire* in Italian etc.). The most primitive and raw form of taking possession is *incorporation*, that is, literally to eat and thus getting to know what is most worth knowing about the object: how it tastes, and how it feels to have the object inside one's own body. The sublimated hunger for knowledge which drives the psychoanalytic inquiry (as any form of scientific project) has as its instinctual base just this urge to possess and devour.

> The psychological understanding of the other is a special case of this sublimated process of usurpation and incorporation. It is, as it were, psychological cannibalism. The other is taken into the ego, becomes transiently a piece of the ego. Thus, in the process of psychological understanding the human desire for power asserts itself not only in its most refined and sublimated, but unconsciously also in its rawest forms. (1935, pp.189-90, my transl.)

The culturally dominant form of the mental introjection of objects via understanding shares with primitive incorporation the characteristic that it results in a change of the subject's ego; "the ego itself becomes transiently the object; it transforms itself into the object" (ibid. p.190).

Reik believes that the concept of empathy has very little to contribute to the solution of the problem of understanding of unconscious mental processes. 'Empathy' seems to promise a relatively easy route to understanding the other, a proposition which Reik imagines can apply only to the most superficial conscious or preconscious layers of the mind. In contrast he suggests the following formulation:

> [Die] Zusammenwirkung und Gegenwirkung der Worte, Ausdrucksbewegungen und unbewußten Signale, welche auf die Existenz bestimmter verborgener Triebregungen und Vorstellungen hinweisen, werden im analytischen Beobachter keineswegs zuerst das psychologische Verstehen erwecken. Ihre primäre Wirkung wird vielmehr die sein, daß sie in ihm unbewußt dieselben oder gleichgerichtete Triebregungen und Vorstellungen wachrufen. Die unbewußte Aufnahme jener Zeichen wird zuerst *nicht ihre Deutung, sondern die Induktion der ihnen zugrundeliegenden, verborgenen Impulse und Affektinhalte zur Folge haben.* (ibid. p.194, italics orig.).

> The co-relation and counter-relation of the words, expressive movements and unconscious signals, which point to the existence of certain hidden instinctual tendencies and ideas, will by no means initially evoke the psychological understanding of the analytic observer. Rather, their primary effect will be to awake in him unconsciously instinctual tendencies and ideas which are the same or have the same direction. The unconscious reception of those signs will *result*, first of all, *not in their interpretation, but in the induction of their underlying, hidden impulses and affective contents.*

What is induced in the analyst is not so much the mental content, i.e. the unconscious thoughts, but the unconscious impulses themselves (Reik uses

variedly the German terms *unbewußte Impulse, Antriebe, Neigungen, Triebregungen*). Reik's emphasis on the biologically based, and in this sense more 'material' side of mental processes leads him to reject the use of the more subjectivist terms identification and empathy. For him, it is not a case of 'feeling oneself into' the experience of the other but of feeling unconsciously *the same as* the other. The resonance is not with other experience; "the resonance arises rather out of the unconscious remembering and re-evocation of one's own experience" (ibid. p.196).

Understanding is based on a two-step process involving an unconscious *instinctual identification* followed by conscious reflective *dis-identification.* "The psychological prerequisite of analytical conjecture of repressed tendencies is a [...] momentary unconscious ego transformation as well as the subsequent re-transformation and the capacity to see this earlier transformed ego objectively and in the other" (ibid. p.197). Whilst Reik concedes that we are here "in the vicinity of empathy theory" he insists there is an important difference; he talks about "the capacity to share in the experience of others, not *like* our own, but *as* our own" (ibid.). The core of this process is not identification through imitation, but rather a temporary transformation of the ego evoked by the unconscious communication of the other, which leads to the momentary realisation of different hidden "ego possibilities" on the part of the subject. This is a process that Reik believes was much more prevalent in the phylogenetic beginnings of the formation of consciousness and culture; it is still in operation though in child play. The greater fluidity of ego identifications permits the child possibilities of understanding through participation which get closed down as a result of increased repression. The decrease in immediate understanding through non-repressed instinctual participation is the price we pay for sublimation and cultural development.

> The psychical possibilities in the ego of the observer are actualised for an instance by the process of induction of the unconscious impulses. In other words: the repressed contained in the expressions of the other turned into reality for one moment a latent ego possibility in the observer. This image of

> the ego which became psychical reality is projected into the external world and perceived as object. [...] Thus comprehension is preceded by a reproduction of what goes on in the other person's mind, an unconscious resonance seized upon by endopsychic perception. The observation of another is here diverted into observation of the ego, or rather to the observation of a part of the ego, transformed by taking some object into itself. (ibid. p.199)

This concept of reproduction differs not only from empathy as the reproduction of the other's subjectivity but also from Freud's own formulation. Freud's telephone metaphor, for instance, suggests that he thought that the analyst's mind could perceive the unconscious *thoughts* of the patient. Since thoughts themselves are viewed by Freud as representations of instinctual wishes, what is reproduced in the analyst's mind are previous representations. Reik, in contrast, suggests that the instinctual wishes and affects connected to these wishes can be reproduced directly in the unconscious mind of the analyst.

The understanding of the patient becomes possible only "by the roundabout way of inner perception" (ibid. p.199); it proceeds via the analyst's observation of his own affective state as it has changed as the result of this "temporary introjection". This formulation of clinical understanding with its emphasis on the observation of the analyst's own subjectivity is, as I will elaborate in the following chapter, an early formulation of countertransference theory (without using this term).

In *Listening with the Third Ear* (1948) Reik further pursues the problem of psychoanalytic understanding. He maintains the rough divide between conjecture and comprehension, but seeks to clarify the process further by separating out, admittedly somewhat artificially, three phases. First, there is "conscious or potentially conscious perception of the subject matter to the point where it dives down into the unconscious mind of the psychologist"; second, a process of unconscious assimilation of the observed material; and

third, "re-emergence into consciousness of the data so assimilated to the point of their description or formulation" (ibid. p.131).

The first stage of observation or perception raises the question of what it is the analyst perceives, the question of the relevant 'data'. Reik insists that the field of observation must be very wide, exceeding what is available both to the patient's and the analyst's conscious minds. Whilst it is important that the therapist opens his mind, and his senses, to everything observable in the patient's presentation - not just verbal content, but tone and volume of the voice, changes in breathing pattern, facial expressions, eye movements, changes in skin colour, gestures, quirks of behaviour etc. -, it is ultimately that which cannot be consciously observed which provides the essential information. "It is the unconscious mind of the subject [the patient] that is of decisive importance, and the analyst meets that with his own unconscious mind as the instrument of perception. That is easy to say, but difficult to realize" (ibid. p.132).

Again in contrast to Freud, who maintained that the important ideas came from the patient's mind and that the analyst had no knowledge of the content of the patient's unconscious (an assertion questioned in the previous chapter), Reik insists that it is from the analyst's unconscious that the important ideas arise. These thoughts are the result of his unconscious processing of the "psychical data" presented by the patient. "My unconscious mind is able to conjecture a hidden meaning only through given signs" (ibid. p.133). Whilst this process is not open to scrutiny, there is nothing mystical about it; psychical data are after all first of all sensual data:

> If [...] cognition arises from experience, that true dictum must be supplemented by the statement that experience has its origin in our sense-perceptions, that nothing can be in our intellect which was not there before in our senses [...] This statement is also true for a psychologist who seeks to grasp the unconscious processes in others. (ibid. p.135)

The psychical data that give the analyst perhaps the most vital clues as to their patients' unconscious process are thus based on impressions perceived below the threshold of consciousness – subliminal perceptions, as they have come to be referred to today. "A series of neurodynamic stimuli come to us from other people and play a part in producing our impressions, though we are not conscious of noticing them" (ibid. pp.135-6). Understanding proceeds on the basis of a transmission of psychical data through channels of perception. Whilst this happens to a considerable degree outside consciousness, the channels, we feel, are known to us. Reik, however, goes further than this when he speculates on the possibility of receiving impressions "through senses that are in themselves beyond the reach of our consciousness" (ibid. p.137). He refers here, again in a turn to phylogenesis, to "sense-communications, having their origin in the animal past of the human race and now lost to our consciousness" (ibid.). Reik points to the animal capacity for instinctual orientation and perception of danger or pleasure, and he speculates that, whilst most of this prehistoric capacity got lost to us in the course of civilisation, some of it may survive and operate under certain conditions. In telepathy, for instance, Reik believes that something like this "direct psychical communication through these archaic, rudimentary surviving senses" takes place. Telepathy, so understood, is not a super-sensory but rather a "subsensuous" phenomenon, and should be thought about not so much as thought-reading but rather as "instinct-reading" (ibid.).

Returning to the "analyst's first task" to understand his patient, "he must aim at bringing into the field of consciousness those impressions which would otherwise remain unconscious" (ibid. p.141). Only the utmost sensitivity to *all kinds* of information presented by the patient and appreciation of the importance of this unconscious communication can pave the way for the "joint assimilation of conscious and unconscious perception" which may yield understanding. Importantly, Reik's conception of understanding rests on a notion of communication, implying the communicator's (the patient's) wish for his unconscious message to be understood. This contrasts with Freud's conception of the patient primarily seeking gratification, not understanding.

For Reik the patient's communication is a purposeful endeavour seeking "psychical disburdenment" through the disclosure of something hidden in his life. The analyst's understanding of the unconscious communication makes this disclosure possible, it is the understanding of the showing of the hidden. Reik takes Freud's statement that "self-betrayal oozes from all our pores" to mean that a part of the patient wishes to betray himself. Understanding this communication requires that the analyst's mind supplies the counterpart to this oozing of desire, so that the "*self-betrayal of another is sucked in through all our pores*" (ibid. p.143, italics in orig.).

The analyst needs to employ his "third ear" (an expression which Reik borrowed from Nietzsche) to listen to the patient, and what he will then hear is less of a heart-to-heart and more of a "drive-to-drive talk, an inaudible but highly expressive dialogue" (ibid. p.144). This "ear" is directed outwards towards the patient's expressions, but at the same time listens acutely to the "voices from within the self that are otherwise not audible because they are drowned out by the noise of our conscious thought-processes" (ibid. p.147). In the fleeting thoughts and emotions which are aroused in his mind the analyst might be able to catch hold of the current unconscious motives and meanings which might yield surprising insights into the communications of the patient. Contrary to the image of the analyst as objective observer Reik insists that the analyst must attend exquisitely to their own subjectivity if those unconscious responses are not to be lost for the process of understanding. It is in the subtle and often unconscious emotional and mental reactions to the patient that important communication takes place. In today's terminology we would say that Reik advises the analyst to monitor her countertransference process, trusting that this provides useful clues for understanding the patient. Reik did not have available to him this extended concept of countertransference, which was only formulated around 1950, but his later work prefigured this important development in psychoanalytic technique. Countertransference, as it was elaborated as a tool for understanding, will be treated in more detail in the following chapter.

Reik commends Freud's concept of the analyst's *gleichschwebende Aufmerksamkeit* as the best description of the state of mind in which the analyst is at his most receptive for unconscious communications both from inside and from the patient. Free-floating attention creates a "storeroom of impressions, from which later knowledge will suddenly emerge". It provides the condition for the gathering in and unconscious condensation of psychical data, the gestation of pre-knowledge, whilst the analyst consciously still waits for illumination.

Understanding of the deep psychical processes of the other comes about via the "medium [of] the ego, into which the other person is unconsciously introjected." Introjection of this kind, Reik repeats, is different from empathy. "In order to understand another we need not feel our way into his mind but to feel him unconsciously in the ego. We can attain to psychological comprehension of another's unconscious only if it is seized upon by our own, at least for a moment, just as if it were a part of ourselves - it is a part of ourselves" (ibid. p.464). As in empathy it is the *participation* of the ego that provides the basis for understanding; and it is only through self-observation in this process of participation that comprehension can take place. Reik's idea of participation distinguishes it however from empathy. "Of course, we do not share the experiences of emotions of our patients", he writes. The difference that is so self-evident to him is both of a quantitative and qualitative nature. Quantitatively, there is a difference in the duration and intensity of the experiences, - if this was not the case we would be exactly in the same position as our patients: "we could not analyse them; our energy would be used to master these experiences. What really happens in the conjecture phase is that we get just a taste of the menu, no more, just enough so that our tongue and palate recognize the food" (ibid. p.466). Qualitatively, the difference lies in the nature of the participation, its content, as it were. Reik insists that what is communicated to and resonated with in the ego of the analyst is the unconscious impulse of the patient, i.e. the instinctual base of his experience, not the "experience content as such". This resonance is likely to give rise to memories or associations linked with the analyst's own past

experience and thus the shared instinctual experience is fleshed out in accordance with the analyst's personal life experience. It is the recognition of the unconscious impulse which gives rise to psychological comprehension; the drawing of parallels between the analyst's life experiences and those of his patients carries, in Reik's view, grave dangers of misconstruing the latter.

> Conscious reference to our own experience in the face of unconscious processes in the other person, and self-observation for the purpose of comparison with another's life, would not only act as a disturbing factor in the analysis but would also be misleading. It would be bound to lead us astray, causing us to reinterpret another's experience in the light of our own, and thus to falsify it violently. While I reject *conscious* comparison with our own inner processes and reference to our own experience in the comprehension of another's processes, an unconscious reference to self nevertheless seems to me all the more important for psychological cognition. (ibid. p.467)

Given that the route through one's unconscious self is the only one open to understanding the other, there are clear dangers of seeing only oneself and thus superimposing one's own experience onto that of the patient, distorting his truth in the process. Reik admits this problem, but seems to be satisfied that psychoanalysis has sufficiently effective safety mechanisms available to deal with it. Firstly, there is the requirement of the training analysis of the analyst; secondly, Reik calls for "a strict examination of [the analyst's] own impressions and his own psychological judgment of the data" (ibid. p.465), which is meant to safeguard "*the careful observation of the subject, free from presuppositions*" (ibid. p.464). On condition that these safeguards work objective knowledge of the unconscious processes of the patient is, in Reik's view, attainable.

> What is essential in the psychical process going on in the analyst is - after the stage of observation - that he can vibrate unconsciously in the rhythm of the other person's impulse and yet be capable of grasping it as something outside himself and comprehending it psychologically, sharing the other's experience and yet remaining above the struggle, *au dessus de la melee.* The

> first step in sharing the unconscious emotion is the condition of psychological comprehension: his own affective impulse comes to be a means of cognition, but until it is mastered there can be no objectively valid knowledge of the inner processes of the other person. (ibid. p.468-9)

On the level of unconscious communication there is no danger of misunderstanding or misinterpreting. The commonality of our impulsive life, to which we have retained some access as a faint residue of our prehistoric past, enables us to apprehend in our unconscious minds the instinctual tendencies of others immediately and reliably. Whilst the link to the conscious awareness of these impulses was lost in the course of history, the immediacy of unconscious understanding is still given, since on the level of the instincts we are the same. It is in the relation of the unconscious to the conscious mental processes that we differ, i.e. in the kind and the degree of repression. Only the advent of repression led to a level of differentiation that made psychology necessary, having made it possible in the first place. This leads Reik to the following, rather counter-intuitive conclusion:

> When people are so fond of declaring that they are all born psychologists, there is some truth in it, no doubt. Their unconscious is an incorruptible psychological organ of perception, but *only* their unconscious, a part of their personality that is, as a rule, inaccessible to them. They are right therefore, but not in the sense that they think they are. (ibid. p.477)

Reik's work constitutes a psychoanalytical perspective with strong interpersonal and communicative aspects. Understanding the patient proceeds on the basis of a communication from unconscious to unconscious where the quality of the instinctual state is 'the message'. This direct communication of 'mind to mind' differs from Freud's approach who sought to render the inaccessible accessible by establishing a chain of representations. Spontaneous ideas, as they were produced in the process of free association (the whole point of which was of course that they were not free, but psychically determined), established a path that allowed the tracing back of

mental content from the patient's dreams or symptoms to the unconscious origins.

Understanding in Reik's terms happens on the instinctual 'animal' level, the level of biology which is shared by all. Understanding therefore is of that which is *the same*. The individual differences of personal experience, resulting from the contingencies of one's life history and circumstances, are viewed as some kind of interference that has to be eliminated in order to perceive directly and reliably the message of the impulses. It is just this differentiation introduced by personal experience that brings with it the dangers of misunderstanding. Any understanding which is not derived from the perception of the unconscious impulse – i.e. the recognition of your impulse being the same as mine – is viewed as a likely superimposition of the circumstantial and hence irrelevant subjective experience of the analyst.

Reik's formulations give rise to a number of questions, only two of which I would like to briefly discuss. The first concerns the problem of validation, the second the problem of otherness. Reik pursues the aim of objective knowledge, in a domain where both the object of inquiry and the main instrument of the analyst are the unconscious minds of the two participants. The 'knowledge' in question is of the instinctual domain, it is the knowledge of our 'animal nature', communicated on the level of instincts or impulses. Any knowledge that can be extracted from this level and formulated in the everyday language of the conscious mind cannot itself be said to be 'of nature' – it is inevitably a representation of nature in the culturally contingent medium of language. Language itself is saturated with the 'presuppositions' that Reik feels need to be controlled in order to get undistorted access to the reality of the unconscious mind. Not surprisingly, Reik does not specify how this control of the 'subjective factor', that is, the subtraction of contingent personal experience, can be established. His pointing to the requirement for analysts to have undergone analysis themselves does not satisfy as a method for safeguarding objective perception.

Turning to the second problem, if understanding proceeds only on the level of the unconscious impulse, presuming that on this level we are the same, the question arises whether anything about the other's otherness can ever be understood. It is not quite clear whether Reik regarded the contingencies of subjective experience as entirely incidental to the analytic work, or whether his appreciation of the dangers of misunderstanding the patient on the basis of individualised experience led him to rather dismiss all reference to "conscious experience". Differentiation is treated as an obstacle to understanding, rather than as something *calling for* understanding. As a result the possibilities of understanding difference remain unaccounted for. It seems that for Reik the other person can indeed only be understood to the extent that he is the same. It follows that the other who is understood is not an other at all.

Fliess: Trial identifications

Robert Fliess is generally credited for first describing empathy as "trial identification". Whilst Fliess disagreed with Reik, who thought that the internalising processes involved should be called temporary introjections rather than identifications, his formulations largely parallel the ideas published by Reik some five years before him. Despite their terminological differences there exists a significant conceptual overlap between these two writers.

In *The Metapsychology of the Analyst* (1942) Fliess asks what "ingredients" make for a good analyst, that is, what characteristics one needs to possess in order to perform the task of psychoanalysis. Fliess defines the analyst's task as "the application of very specialized knowledge to the understanding and correcting of pathological mental conditions in his patients" (1942, p.212). It is interesting to note here the distinction Fliess makes between *knowledge* and *understanding*: the analyst possesses a body of knowledge which aids him in the *understanding* of the patient in clinical practice. In answer to his question Fliess cites, not surprisingly, the acquisition of analytic theory and clinical

experience together with the belief in the fundamental tenets of psychoanalysis gained through the obligatory process of training analysis. He does, however, stress that all of this could never suffice in preventing the analyst from getting "hopelessly caught in the ambiguities of interpretation". On the contrary: "He would come to feel that he must have overrated his instruction which has not taught him how to grasp the real character of his patient's utterances before it had him render them subject to an at least potentially correct interpretation" (ibid. p.212).

The most important ingredient, which alone can provide the crucial guidance and which is a *prerequisite* to any training rather than the result of it, is a capacity Fliess calls "psychological aptitude". It is defined as

> [the] ability to put himself in [the patient's] place, to step into his shoes, and to obtain in this way an inside knowledge that is almost first-hand. The common name for such a procedure is 'empathy'; and we, as a suitable term for it in our own nomenclature, should like to suggest calling it *trial identification*. (ibid. p.212-3, italics in orig.)

Empathy defined as trial identification affords the analyst with almost first-hand *inside knowledge.* Whilst Fliess thinks that Reik (1935) is wrong in disputing that empathy is essentially a process of identification, he agrees largely with Reik's descriptive treatment of the concept. Fliess suggests, "we know that the nuclear process in identification is introjection" (ibid. p.213). He argues that this "cannot possibly mean - as the idiom 'stepping into somebody's shoes' would suggest - that he introjects himself into the patient's mind, for it is in the analyst's mind that everything has to occur. It can only mean that he introjects the patient's mind" (ibid.)[12]. And he adds, in a footnote:

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[12] This contrasts with the view of Knight, another psychoanalyst who wrote about empathy in the 1940's. Knight, whilst maintaining that empathy involves a subtle interaction of projective and introjective processes, believes that *projection* is the main mechanism involved. Discussing the example of identifying with a character from a book or a movie, he writes: "I put myself in *his* place and live his experiences along with him, experiencing feelings appropriate to the situation which he encounters [...] I identify myself with the object mainly by projection of my own feelings onto him, so that I imagine him to be experiencing emotions that

"More correctly, the patient's ego as the hypothetical subject of the utterance to which empathy is directed" (ibid. p.214).

Empathy, so far, is described as a process of identification the core of which consists in an introjection on the part of the analyst of his patient's ego as the hypothetical subject of his speech. It is an intentional and conjectural process, yet at the same time a "like unconscious process" of reproducing the patient's mind, where the reproduction precedes any comprehension. This identificatory process is desirable for the analytic work only in its transient form and when linked to the detection and resolution of transference conflicts. Fliess, by his own admission somewhat artificially, divides this "metabolic process" into four phases:

> (1) The analyst is the object of (the patient's instinctual) striving; (2) he identifies with its subject, the patient; (3) he becomes this subject himself; (4) he projects the striving, after he has 'tasted' it, back onto the patient and so finds himself in the possession of the inside knowledge of its nature, having thereby acquired the emotional basis for his interpretation. (ibid. p.215)

In accordance with Freud's drive theory and the primacy of transference for analysis Fliess believes that this process is initiated by the instinctual impulse of the patient evoking the instinctual forces of the analyst. The chances of this leading to a therapeutic response on the part of the analyst depend on the completeness of the sublimation of these energies. Sublimation supplies the economical resources for the empathic process and at the same time ensures that it is guided solely by the therapeutic aim of understanding. About the subsequent phases (2) and (3) Fliess says curiously little, concluding "[...] with this third phase the identification has been accomplished: the patient's striving

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I am experiencing. It may be that I also then introject this object to produce [...] identification" (1940, p.336). Similarly, "The analyst projects his own unconscious responses onto the patient in response to the special stimulation of the patient's material, reacts to the material in terms of his own insight and then makes an interpretation if his conscious judgement so directs. The patient then introjects this piece of information or insight as, so to speak, a part of the analyst" (ibid. p.339).

has been transformed into a narcissistic one in the analyst, who by now has become its subject as well as its object" (ibid. p.216). He discusses the dangers that this inevitable disturbance of the analyst's narcissistic equilibrium entails for the analytic process, but he does not specify any further the actual 'mechanics' of identification. He then continues,

> The fourth phase, that of reprojecting the striving in question after it had been the analyst's for the brief moment of trial identification, presupposes its having kept free from admixtures. It is here as it is in bacteriology, where we may transfer a bacterium from an animal onto a medium and back again, and where we have to be sure that it has remained uncontaminated by anything that the medium might carry. In other words, we have to be able to guarantee that no instinctual additions of our own distort the picture after the reprojection of the striving onto the patient. (ibid. p.218-9)

The demand is for the medium, the analyst's mind in our case, to be kept aseptically clean. An indication what might help this is given through the analogy of the tea-taster that Fliess uses to stress the very transient nature of the identification. Only a small quantity of tea is taken into the mouth and spat out as soon as it is tasted.

This kind of identification, Fliess suggests, is made possible by an intentional, directed, and controlled regression on the part of the analyst who enters a state of "conditioned day-dreaming" (Freud's free-floating attention). The analyst's daydream is conditioned in so far as it is almost entirely stimulated by the patient's utterances. It is an intentional and controlled regression in as much as "reality testing is not lost but is temporarily renounced, and the ego obtains, at the price of this renunciation, free access at least to the whole range of the preconscious psychic content" (ibid. p.220). In order to fulfil the almost impossible demands of this type of work - to engage fully in the free play of fantasy and free association whilst being ready all the time to subject this material to logical scrutiny and clinical judgement - the analyst must

acquire a special "work-ego" which can only function in the particular setting of the therapeutic frame. Only in this setting, with its specific aims and restrictions, is the ego granted a kind of special dispensation from the super-ego that makes the analytic process possible.

Understanding in Fliess' model proceeds via the analyst's analysis of the empathic trial identification. Empathy allows the analyst to experience feelings which are not his own, but belong to the patient; the analyst "becomes the subject" in a transient and subtle way. His identification with the patient's experience needs to remain partial, however, leaving part of his mind free to do the analytic work. The instinctual material is only briefly taken into the therapist's mind and its relatively low dosage has to be quickly neutralised. Through empathy the analyst can obtain an "inside knowledge" not otherwise attainable, a knowledge which is subsequently subjected to analysis. Fliess' formulation offers a way of thinking about the process of understanding the patient's unconscious which stresses the need for the analyst to participate in the patient's mental life whilst at the same time remaining a detached observer. Sensitive intersubjective participation, the prerequisite for a deep understanding of the other, is, in this model, not seen to be in conflict with the demand to keep the investigative terrain "uncontaminated".

Loewenstein: A science of translation?

Rudolph Loewenstein, who played an important role in the French psychoanalytic society before WWII and became one of the foremost developers of ego psychology in America, concerned himself a great deal with questions of psychoanalytic interpretation. The issue of interpretation is quite obviously inseparably linked with the problems of knowledge and understanding central to this thesis. In *The Problem of Interpretation* Loewenstein asks:

> What defines interpretation and distinguishes it from other interventions? In psychoanalysis this term is applied to those explanations, given to patients by the analyst, which add to their knowledge about themselves. Such knowledge is drawn by the analyst from elements contained and expressed in the patient's own thoughts, feelings, words and behavior. (1951, pp.19-20)

Interpretation contains knowledge which is new to the patient and yet is drawn from the patient. This echoes Freud's formulation in *Laienanalyse* that the patient needs to "tell more than he knows" (1926, p.281). The patient, in words or otherwise, tells the analyst something he does not know; the analyst, who at the outset of the treatment does not know either, comes to know that which the patient needs to learn. The knowledge the analyst adds to what the patient knows is based on the body of theory which provides the explanatory framework. This seems to raise, rather than answer, the question where the relevant new knowledge originates. It is said to be located, but buried, in the patient's mind; he knows but doesn't know, and therefore can't say. The analyst knows something too, but nothing of the patient's hidden knowledge. The analyst knows psychoanalysis which allows what the patient once knew to be known again.

In *Some Remarks on the Role of Speech in Psychoanalytic Technique* (1956) Loewenstein considers the role played by verbalisation in the analytic process. He uses a differentiation of the functions of speech which was first put forward by Bühler (1934). Speech can have (1) a function of representation (*Darstellungsfunktion*), which Loewenstein thinks of as a "cognitive function", communicating a description or knowledge of objects and relations between them; (2) a function of expression which communicates something about the speaker's experience; and (3) a function of appeal by which the speaker appeals to the addressee to respond or act in a certain way.

In analysis the expressive function of the patient's speech is of the greatest importance. When the patient speaks in the representative function about

objects outside of himself the analyst will try to show him, via interpretations, that he is in fact speaking about aspects of himself. The omnipresence of the transference is revealed in the appeal function of the patient's speech, and it is again through interpretation that the analyst tries to transform the appeal into a self-expression which becomes available for reflection. The analyst himself is meant to stay clear of the expressive and appeals function in his communications to the patient and to confine himself to the cognitive or representative function. His task is to promote insight on the part of the patient, and any engagement in the expressive or appeals aspects of interlocution could detract from that task.

Speech has the power to transmit mental states from one person to the next, with the three functions of speech communicating different aspects of experience.

> When the analyst believes, on the basis of preparatory work, that the patient is ready for it, he lends him the words, so to speak, which will meet the patient's thoughts and emotions halfway. In the peculiar dialogue going on between patient and analyst, their mutual understanding is based on the general property of human speech to create states of mind in the interlocutor akin to those expressed by the spoken words. The function of representation in speech elicits images and representations in the addressee which are similar to those used by the addressor. The expressive function tends to arouse emotions or states similar to those expressed. The function of appeal potentially creates the reactions corresponding to the appeal. As far as the analyst is concerned, we expect that the patient's speech shall elicit in him only those potential responses which may act as signals for his understanding of the patient, and which ultimately may be used by him in interpreting the latter's utterances. (ibid. p.62)

This is a formulation of empathy in other words, based on a concept of properties of speech. Understanding the other proceeds on the basis that the commonality of representations in language elicits the corresponding thoughts and emotions. Whilst this formulation offers an explanation how common

experiences are communicated through the use of a shared language, the question, already encountered above, regarding the possibility of understanding *difference* remains un-addressed. Loewenstein shows us how we understand an other, as long as the other is not all too 'other', but more like ourselves.

Furthermore, the analyst's participation in the dialogue with his patient is meant to be limited to the purely cognitive function, i.e. he is meant to speak as a detached and personally disinterested observer. However, since the important 'observational data' emerge only in the participatory, interpersonal mode of this "peculiar dialogue", and are gathered, moreover, in an intuitive or preconscious mode which itself escapes knowing, the objectivity which he strives to preserve in this situation appears to be already compromised.

Whilst listening to the speech of the patient the analyst is required to pay attention not only to the actual content of his utterances, but also "to understand a second, a kind of coded message conveyed by them" (ibid. p.62). The consciously spoken words of the patient are viewed as governed by the secondary process, i.e. understood to be the result of the reworking by the ego of more primary psychic phenomena. The task of analysis is to bring to consciousness the utterances which are under the sway of the primary process. The primary and secondary processes differ in their relation to object versus word representations (the signified and signifier in Saussure's terms).

> One might say that next to the usual vocabulary of any human language - i.e., to a definite set of meaningful relations between signs and ideas, 'signifying' and 'signified' - there exists another which is limited in scope, less definite, usually unconscious, and unintelligible, and which gains a partial hold upon the human mind on certain conditions; e.g. in dreams, in neurotic and psychotic thought processes. (ibid. p.62)

Free association is meant to bring to the fore this primary language. The idea of two different kinds of vocabulary being operational in the mind leads

Loewenstein to a formulation of understanding as a process of translating one vocabulary into the other.

> In respect to the primary and secondary processes, the analytic process has a twofold effect. On the one hand, analysis elicits expressions of the unconscious vocabulary. On the other hand, it causes these thoughts to be translated into words of the ordinary language. Being confronted with them, as it were, by means of the speech act, the patient during the analysis is led to a gradual gaining of insight into phenomena that are under the sway of the primary process. By putting them into words, he subjects them to the influence of the secondary process. (ibid. p.63)

By making unconscious thoughts available to consciousness and thus to speech "reality testing", both regarding external and internal/mental events, becomes possible and a much more differentiated appreciation of the complexities of one's own and other people's motivation can take place. Given Loewenstein's usual precision in his writings the formulation "it causes these thoughts to be translated" is strikingly vague. It says nothing about what we may want to know here: What is the nature of this causal relation between analysis and these thoughts? Who is doing the translating? What are the respective contributions of patient and analyst? And are there rules that apply to these translations, i.e. are there ways of assessing whether a translation was correct or not?

Having based the psychoanalytic method on interpretation as a process of translation of the patient's speech Loewenstein concedes

> the importance of the immediate understanding of the unconscious between two people, of the intuitive grasping of nonverbal forms of emotional expressions; and these important ways of communication might lie quite outside the realm of verbalization. They even may play a part in the analyst's understanding of his patient. However, the essential factor in the investigative and therapeutic function of psychoanalysis is based upon the use of speech between patient and analyst. To be sure, not all relevant processes during an

> analysis occur on the level of consciousness; nor are all of them verbalized. And yet, without verbalization on the part of the patient, without interpretations, without gaining insight, there would be no analysis and thus no such processes. (ibid. p.65)

There seems to be a degree of unease in this paragraph. Whilst claiming not to underestimate the importance of intuitive, unmediated, un-verbalised understanding of others, but having nothing to say about it, then conceding that *even in analysis* this process *may play a part*, Loewenstein claims that what is essential about the analytic process is that which he is able to give an account of in terms of his linguistic theory. One suspects that the unease with the intuitive grasp of the patient – Reik's unconscious-to-unconscious communication – has to do with Loewenstein's idea of what constitutes psychoanalysis as a science, an impression that grows stronger as one reads on.

In *Some thoughts on interpretation in the theory and practice of psychoanalysis* Loewenstein returns to the problem of knowledge and understanding. He states that symptoms "can be understood as part of the personality only after having been correctly interpreted" (1957, p.123). It is not understanding which generates the interpretation, but the other way round: interpretation yields understanding. Ultimately this is based on the knowledge of the ways in which symptoms are determined by typical pathogenic conflicts, of the libidinal and aggressive drives underlying them, and of the typical stages of human development. It is just this reducibility of the symptom to common dynamic and genetic factors, that, according to Loewenstein, account both for the scientific character of psychoanalysis and the apparent monotony of the explanations offered in published case studies.

The body of knowledge which informs the interpretations given to the present patient consists of the explanations which are generalised from the clinical work with individual patients and which are presented in the literature "in scientific terms". Loewenstein feels it is important to stress that whilst the

interpretation offered in the session is based on this knowledge, it differs from a scientific application in that it has to be sensitively tailored to the individual case in accordance with the precise details of that person's life historical data. But is this indeed different from 'science'? Perhaps Loewenstein is concerned to dispel the impression that psychoanalysis is too crude a science to be humane. Before going on to explicate his idea of psychoanalysis as science he distinguishes three levels of interpretation: "(1) interpretations as statements of general, explanatory concepts; (2) as statements about the results of psychological investigation of a given person; (3) as used in the individual therapeutic analysis" (ibid. p.125). Loewenstein follows Bernfeld (1932) who termed psychoanalysis a *Spurenwissenschaft*, a "science of traces". Bernfeld writes that the use of interpretations aimed at helping to reconstruct the genesis of neurotic symptoms rests on two essential premises. The first one is that the process to be reconstructed must have left traces behind it; the second, that some regular, consistent relation must exist between specific psychic, personal experiences and the traces they leave. Only this link permits the former to be inferred and interpreted from the latter.

Interpretation as inference drawn from various clues moves psychoanalysis in the vicinity of criminology, history and linguistics. Loewenstein returns to the idea that at times it is possible to comprehend immediately - i.e. unmediated even by preconscious inferences - the unconscious meaning of another person's utterances or behaviours (a process he calls perception). Whilst he does not doubt, for instance, that an immediate understanding of the mother's expressions is possible for the baby and that an "unconscious understanding of emotional states of the mother may exist even in older children" (ibid. p.128) he insists that the acquisition of language complicates the process of understanding, since the understanding by way of verbal meanings becomes superimposed on the direct comprehension of the (m)other's emotional states.

Loewenstein now suggests that the understanding of another human being comes about through the distinct processes of inference, empathy and perception. The analyst uses all the ways of obtaining "observational data"

which are employed in normal social intercourse; it is however the "objective, scientific method of psychoanalytic investigation" which leads to a much more "reliable way of knowing about other human beings" (ibid. p.128). The fundamental psychoanalytic methods of free association and subsequent interpretation yield additional data, Bernfeld's traces, which are not normally accessible.

> On the one hand, this science of traces hinges on the knowledge about the existence in every person's past of processes, developments, typical conflicts, their vicissitudes, derivatives, transformations, and recombinations they undergo in the course of years. It thus hinges, on the other hand, upon the acquaintance with signs that permit us to infer their existence. [Footnote: This in turn hinges on the assumption, which may not always be justified, that all processes leave traces or that there is a regular relation between each process and the trace it leaves.] Information concerning these processes derives from reconstructions in other analyzed cases and from direct observation. (ibid. p.131-2)

In practice, Loewenstein admits, this process of making inferences on the basis of signs available to observation is far less scientific than he would like. Discussing the example of an interpretation he gave to one patient he writes: "[...] I would be hard put to it to explain on what grounds I made this inference. It must have been arrived at by way of many small signs which remained preconscious to me, until the conclusion was suddenly brought to my conscious awareness by [something the patient said]" (ibid. p.134). Loewenstein recoils from accepting the term intuition to designate this process since it moves analysis into "too artistic" and subjective an arena. He concedes, however, that "this intuitive, preconscious grasping for clues" (ibid. p.131), which over years of clinical experience leads to a greater "acquaintance" with signs that permit inference and thus allows for interpretations, have predominance in practice over the more scientific method of applying a body of generalised knowledge to the specific case of the present patient.

Furthermore, the communication of an interpretation requires *tact*, which Loewenstein had defined (in his essay *The Problem of Interpretation*) as "that intuitive evaluation of the patient's problems which lead the analyst to choose, among many possible interventions or interpretations, the one which is right at the moment" (1951, p.23). The communication of interpretations to a client is only the end result of a complex process needing a good deal of preparatory intervention, such as facilitating patient communication, and forming and corroborating, or amending, provisional hunches.

> Still other steps consist in communicating to the patient some observation derived from his associations, hoping that it may group or organize the material in such a way as to elicit additional material ultimately leading us to an understanding and thus to an interpretation of the patient's behaviour. (1957, p.136)

Here understanding is not, as it was at the beginning of this essay, that which is brought about by interpretation understood as the application of knowledge; understanding now emerges almost spontaneously in the analyst as a result of the regrouping of the material in the patient's mind which is triggered by the analyst's preliminary interventions. Understanding now *leads* to interpretation, rather than the other way round. The process of interpretation is continuously influenced by the patient's psychical process.

> It is not, as it may seem, that the analyst knows it all in advance and but judiciously chooses the moment and the way to impart this understanding to the patient. To be sure, frequently the analyst sees or knows something long before the patient is able to remember or to grasp it. But he acquires this knowledge gradually from his patient. If the analyst's interpretations enable the patient to gain insight, the latter's communications and interpretations, in their turn, create insight in the analyst. Moreover, an interpretation is meaningless as a one-sided act and acquires its full significance only through its counterpart, the effects it produces on the patient. This subtle interaction

> between patient and analyst is an essential feature of the analytic process. (ibid. p.141)

Knowledge comes about as a relational process. To begin with the patient does not know what needs knowing. He gains this knowledge with the help of the analyst who in turn acquires his knowledge as the patient's psychic material is "regrouped" (a process helped by tactful verbal interventions) in ways that render it understandable. Thus understanding leads to interpretation which triggers insight, or knowledge. What the analyst contributes to this process is (1) the body of generalised psychoanalytic knowledge; (2) clinical experience, acquaintance with the signs; (3) acquaintance with the patient, which allows for interventions to be made tactfully (empathically, we might say, i.e. in accordance with the patient's terms of experience); (4) receptivity to the understanding to which he is 'led' by the regroupings of the patient's material.

Essentially, Loewenstein concludes, psychoanalysis is an "interplay between observational data, gathered from clean clinical work, and their interpretation within a scientifically valid conceptual framework - be it the one we have now or possibly a future, better one" (ibid. p.144). It is by no means clear what safeguards the 'cleanliness' of the analytic work, but it is clear that Loewenstein is keen to formulate analysis as an investigative process objective enough to merit scientific status. The clinical fact that much of the 'data' is gathered in ways which are to a considerable extent preconscious and arise out of an interpersonal dynamic does not sit easily with the assertion of objectivity.

In *Remarks on Some Variations in Psychoanalytic Technique* (1958) Loewenstein returns to the question of interpretation. He now *equates* interpretation with understanding the patient and making effective use of this understanding. The analyst's task is to acquire from the patient the material which enables understanding and to formulate and communicate it to the patient in such a way that the patient can make use of it, i.e. gain insight into

his psychic conflicts. The discussion of what this means in practice brings out the tensions between the specific and the general elements involved in interpretation, or that between understanding and knowledge.

> Each patient, being a unique individual with a unique combination of traits and problems, will present a unique combination of patterns of behaving in analysis [...]. Hence each has to be understood in an individual way and dealt with accordingly. These individual differences among patients account for the various ways in which we must understand the material. [...] Hence the difficulty of formulating general rules for interpretation. Psychoanalysis nevertheless has discovered a general framework of principles governing the interpretive work in analysis. However, within this general framework a large number of variations are inevitable. (1958, p.156)

There is clearly an issue here how much relative weight the generalisations have as against the particulars of a specific case. To put the same question differently: To what extent can the particulars of the unique patient be understood in the terms of an established body of generalised knowledge?

> It is not as if the analyst knew everything and merely had to convey this knowledge via interpretations, according to rigidly established rules. In actual fact, during the analytic process the analyst gradually learns from his patient while attempting to convey to him what he thus learns, so that the process of gaining insight and conveying it is reciprocal to some extent. (ibid. p.156)

Knowledge here appears not as something the analyst brings to the patient, but something he gains from being in dialogue with him. However, on the same page, discussing the question of the correctness of interpretations, Loewenstein takes up again Bernfeld's (1932) idea of the "science of traces". It is taken for a "fact that past psychic processes leave traces behind them. As a technique, psychoanalysis proceeds to uncover the traces, to bring them to the fore and to interpret them correctly. As a body of knowledge, it enables the analyst to reconstruct past psychic processes out of such traces" (ibid. p.157). The body of generalised psychoanalytic knowledge posits that there

are traces of this kind and that they can be 'followed back' to certain crucial psychic events in the past; it prescribes, by the same token, how the material presented by the patient is to be correctly understood. 'Correctness' here can only mean that the interpretation of what is 'learned from the patient' coincides with the body of analytic knowledge, which is to say that what was understood as unique, and therefore new, is explained in the terms of what was already generally 'known'. At issue here is the circularity of understanding: that which needs understanding appears to be already understood by the terms guiding the investigation. This phenomenon, known in philosophy as the 'hermeneutic circle', will be further discussed below.

It appears that Loewenstein is caught up with an idea of science which actually hampers his efforts to account for the complexities involved in interpersonal understanding. He tends to downplay considerably the intuitive, preconscious, interpersonal aspects of this process in order to safeguard psychoanalysis' respectability as science, only to have to re-introduce these aspects 'through the backdoor' in order to avoid too mechanistic and reductive a description. The tensions which run through his work between observation/explanation and intuition, objective and subjective methods, knowledge and understanding - and, at one point, between science and art - present an obstacle to a fuller account of the intricacies and problems of understanding, rather than contributing a great deal to their clarification.

Sullivan: Participant-observation

Harry Stack Sullivan was an American psychiatrist who, although he had been psychoanalytically trained, developed an approach to psychotherapy which was in many ways discontinuous with the European tradition. Sullivan had been in training analysis with Clara Thompson, who in turn had studied with Ferenczi. He was greatly influenced however by American pragmatism and emphasised in his work lived experience, and practical, social reality. His clinical work was mainly with schizophrenic patients, and he pioneered psychotherapeutic work in 'therapeutic communities'.

Sullivan defines the field of psychiatry, which includes all psychotherapy, as "the field of interpersonal relations, under any and all circumstances in which these relations exist" (1940, p.10). Personality for him "can never be isolated from the complex of interpersonal relations in which the person lives and has his being" (ibid.). He maintains nevertheless that it is a "valid area for the application of the scientific method", so long as it is understood that "the data of psychiatry arise only in participant observation" (1970, p.3). Psychotherapy only exists in a relational context.

> The psychiatrist cannot stand off to one side and apply his sense organs, however they may be refined by the use of the apparatus, to noticing what someone else does, without becoming personally implicated in the operation. His principal instrument of observation is his self - his personality, *him* as a person. The processes and the changes in processes that make up the data which can be subjected to scientific study occur, not in the subject person nor in the observer, but in the situation that is created between the observer and his subject. (ibid. p.3)

Understanding of another person's functioning cannot be gained by turning this individual into a unit of study. The only data available to observation are interactional events, not to be sought in or allocated to one of the participants, but attributable to the 'between' of the interpersonal situation. Sullivan asserts that what is treated as data in psychiatry (e.g. the patient's behaviour, the content and manner of his expressions, information about him provided by third parties, the therapist's feelings and behaviour in the session) can be subjected to consensual validation, but, he insists, this information needs to be understood in the context in which it was 'gathered'. He stresses that the concepts used to explain clinical phenomena should be demonstrable with the evidence at hand, and expressed strong suspicions of any presumed 'inner' entities such as drives, structures, unconscious fantasies etc.

Sullivan defines the aim of psychotherapy as "elucidating characteristic patterns of living" (ibid. p.13), which are sedimented in the patient's personality and their habitual relational behaviour. Due to the multiplicity of factors contributing over time to the development of personality organisation it is not possible to isolate pathogenic causes. To get to know the other's problems it is important to understand the person, and to understand the person one must understand his dealings with others.

> Thus there is no such thing as learning what *ails* a person's living, in the sense that you come to know anything definite, without getting a pretty good idea of who it is that's doing the living, and with whom. In other words, in every case, whether you know it or not, if you are to correctly understand your patient's problems, you must understand him in the major characteristics of his dealing with people. (ibid. p.13)

Sullivan proposes that we don't normally know how much we know about the people in our social environment. Most of this knowledge is not easily accessible since it is not usually formulated verbally. Whilst in ordinary social relations there is no need for this, a therapist has to make his knowledge of the other person accessible to himself so it can be used for the purposes of the therapeutic work. Sullivan thus operates a distinction between a tacit and a symbolised kind of knowledge.

The psychotherapist as *participant observer* is inextricably involved in everything that goes on in the session. This is so not just because of the interlinked-ness of expressions, where every expression can be understood as a response to what has been said or done by the other person, but also because of the way meaning comes about.

> The fact is that we cannot make any sense of, for example, the motor movements of another person except on the basis of behavior that is meaningful to us - that is, on the basis of what we have experienced, done ourselves, or seen done under circumstances in which its purpose, its

> motivation, or at least the intentions behind it were communicated to us. (ibid. p.19)

It is only on the basis of this background experience that meaning can be deduced. The therapist's own personal history, his sense of himself, the customs and proscriptions of his particular culture, the highly conventional patterns of language usage etc. together form a backcloth which plays a considerable role in the process of ascribing meaning to the patient's behaviours and expressions. Since this is inevitably so it needs to be taken into the equation, because to ignore this influence hampers understanding. Sullivan asserts, "[...] to the extent that he [the psychiatrist] is unconscious or unwitting of his participation in the interview, to that extent he does not know what is happening" (ibid. p.19).

The other person is knowable only through the observation of behaviour - and all behaviour, certainly in the consulting room, is social interactions. The therapist can observe the patient's interactions with himself, and observe his own responses and behaviours toward the patient; he can focus intently on the patient's communications (by no means all verbal) and reflect on these perceptions in order to gain understanding; what he cannot do is gain direct undistorted access to the psychic reality of the patient. Since everything that is knowable about the other person comes about in the interpersonal field everything that is formulated as such knowledge is imbued with the meanings of the one who 'knows'. Interpersonal perception does not exist - interference-free, as it were - outside the complications introduced by the past experiences and established meanings of the observer.

This argument problematises the circularity that threatens to undermine objective understanding. Sullivan too flags up the problem of the implicated investigator which is so central to the hermeneutic tradition. Whilst he stresses that the therapist's personal involvement will inevitably influence the ways in which the patient is understood, he treats this as a problem which needs to be overcome. The tendency to imbue the patient's expressions with

ready-made meanings is a serious obstacle to understanding that needs to be actively countered. To do so, Sullivan advocates that one listens to the patient's expressions with critical interest, always holding in mind the question: "Could that mean anything except what first occurs to me?" (ibid. p.20). Occasionally the therapist needs to clarify the meanings intended by the patient, a procedure which might have several positive effects on the patient. It communicates the therapist's interest and care, which in itself provides relief; it opens up new understandings for the therapist; and, most importantly, it helps the patient to clarify his thoughts to himself and bring to consciousness aspects of his experience which were so far repressed.

The necessity to understand the particular ways in which the patient uses certain words or expressions flows from Sullivan's view of language. Language, he believes, is used by us in a highly idiosyncratic fashion, with the meanings of our words and expressions being inextricably linked with the original interpersonal contexts in which they were learned. It therefore takes time, care and much inquiry to understand more precisely the meanings of the patient's words. It is a mistake to assume that the first meaning that occurs to the therapist is the one intended by the patient.

Sullivan's theory of therapy is inseparably liked to his theory of the development of personality. Interestingly, empathy plays a central role in his account of how personality, and psychopathology, evolves, not however in his ideas regarding clinical understanding.

> *Empathy* is the term that we use to refer to the peculiar emotional linkage that subtends the relationship of the infant with other significant people - the mother or the nurse. Long before there are signs of any understanding of emotional expression, there is evidence of this emotional contagion or communion. This feature of the infant-mother configuration is of great importance for an understanding of [...] acculturation or cultural conditioning. (1940, p.17)

Empathy is a form of early contagion, a channel through which the caregiver's anxiety is imported into the infant's experience. This anxiety cannot be dealt with by the child alone, and the caregiver whose help is needed at this point cannot be turned to for comfort since she is herself the source of the anxiety. The distinction between a "good mother", i.e. a non-anxious mother who can be used for need satisfaction, and a "bad mother" who is experienced as the source of anxiety, is the first distinction in the infant's mind. Later the child learns to interpret the (m)other's feeling states, as they are communicated via gestures, facial expression, tone of voice etc., as approving or disapproving responses to her own actions. This process gives rise to a distinction in the child's mind as to the kind of person she is; a "good me" and a "bad me" come into being reflecting, by and large, the messages received (either verbally, through behavioural responses or via empathic linkage) from important others. Even more seriously, behaviours or experiences on the part of the child which regularly arouse very intense anxiety in the caregivers cannot be held in mind or remembered; they become dissociated as a "not me" which cannot be represented as part of the self. Crucially, in order to gain some control over her experience, the child now becomes actively involved in shaping her behaviour according to the appraisals received form the (m)other. This adaptation aims to reduce the occurrence of anxiety via empathic linkage. Furthermore, the child tends to identify with gestures and behaviours which give rise to a 'good me' experience and to steer clear of those which evoke 'bad me'. Thus self arises as a consequence of restraints introduced through early social interaction. "The self may be said to be made up of reflected appraisals" (ibid. p.22).

Anxiety is thus the central concept in Sullivan's theory of personality. He sees anxiety as originating in the (m)other, transmitted to the infant via empathic linkage, and defended against through the evolution of what he terms the "self-system". The dissociation from and disavowal of anxiety-provoking experience is the cause of psychopathology. Psychopathology hence is due to failures in the care-taking (primarily maternal) environment. In contrast to Freud, but echoing thoughts of the later Ferenczi, psychic conflict is not

inevitable, and pathology comes about in response to actual problems in early relationships. The defensive aspects of the psyche are countered by integrative, satisfaction-seeking tendencies which promote psychic growth. In terms which foreshadow core assertions of humanistic psychotherapy approaches (briefly discussed in chapter 4) Sullivan maintains, "the basic direction of the organism is forward" (ibid. p.97), and "[...] there is a tendency to achieve mental health" (ibid. p.99).

The aim of psychotherapy is to facilitate the reintegration of the "dissociated motivational systems", a task which involves the dissipation of the continuing influences of the patient's unresolved past relational experience. This is the crux of psychotherapy, according to Sullivan. "One achieves mental health to the extent that one becomes aware of one's interpersonal relations" (1940, p.207). The understanding how the self and one's relations to others are structured by earlier relational experience is "*the* necessary formula to which everything must be assimilable, if it is therapy" (ibid.).

It is those parts of the patient's experience that are excluded from the self (i.e. that which the patient mustn't know), as well as those parts which are knowingly suppressed (that which the patient will not say) which need to be brought to light and into interpersonal contact.

> Remembering that the self dynamism is a growing integration useful in dealing with others for obtaining satisfactions and avoiding anxiety; knowing that its growth is restricted by the function of anxiety which excludes from awareness all the data which would expand the self at the cost of insecurity; it must be evident that the patient cannot know enough to explain his present difficulties. What with the witting suppression of some considerable part of that which does appear in the patient's awareness, it must also be clear that far more than an interrogation is needed if one is to secure relevant and highly significant data about the sources of peculiarity in a patient's interpersonal relations. (ibid. p.184)

The therapist's task is to study a number of the interpersonal relations of the patient in detail to infer the nature of the important interpersonal events. The therapeutic investigation focuses primarily on the patient's external past and present relationships; the aim is to discover and dissolve distortions of present relationships in terms of past ones. The relationship with the therapist is looked at as one instance of the patient's relational pattern, but does not have the priority it is afforded in classical psychoanalysis. The therapist remains *participant-observer*, an expert on the observation of the relationship he participates in with his patient; he does not get drawn deeply into a personal relationship with his patients, and does not encourage this depth of engagement on the part of his patients.

The therapist's focus is on the detection of dissociated experience and its eventual verbalisation. Dissociation is in part explained as a consequence of experience not being formulated in language. "[...] one has information about one's experience only to the extent that one has tended to communicate it to another - or thought about it in the manner of communicative speech" (ibid. p.185). The process of regaining suppressed past experience, which leads to an expansion of the self, involves communication, i.e. finding the words and relating these to an other. Verbalisation is thus attributed a curative role which seems somewhat at odds with a view of the personality as socially constituted. In contrast to the relevance of the personality of the early caregiver for the development of the self-system, the relationship to the person of the therapist is not afforded a central role. The process of gaining insight into past relational patterns, in which the therapist seems to play a rather 'external' role, is thought to be sufficient to undo a structure which had been interpersonally constituted.

Language, in Sullivan's view, is not however just a medium for self-expression, it is also one of disguise. This is the consequence of the self-system's tendency to steer away from anything which might cause anxiety. Anxiety gives rise to the security operations of the self-system: the patient will want to talk about something less anxiety provoking, or will talk about anxiety

provoking situations in ways which guard him against his own experience. The understanding of the relational patterns of the patient therefore has to be sought through the very detailed inquiry into what the patient does, says and feels in his important relationships. This information is not volunteered by the patient, or offered via free association, it has to be looked for by the therapist in the details of the patient's interactions. Sullivan is scathing about the idea of free association (1940, p.186 and 190); he is equally dismissive of the "charming naivety" (ibid. p.186) of therapists who endow with great therapeutic significance their own reveries during sessions (what has subsequently become known as countertransference technique). In contrast, Sullivan maintains that in order to get hold of the relevant material it is vital that the patient be instructed to co-operate in particular ways which are designed to bring to awareness those areas excluded from the self-process: the noticing of changes in his/her bodily states and actions; the noticing of marginal thoughts; and the prompt statement of all that comes to mind (ibid. p.200ff).

Sullivan's account of psychotherapy contains a considerable amount of vacillation regarding his investigatory stance. On the one hand he stresses that the position of the therapist is always that of an involved participant. As such he is inside and part of the experience of the patient which constitutes the focus of the inquiry. One corollary of this involvement is the therapist's influence on the patient's behaviour. Another is the likelihood, if not the necessity, that the therapist's own personal experience and history influences the meanings ascribed to the patient's behaviour. This would lead to the conclusion that understanding is an interpersonal process, where the emerging meanings are shaped by the two participants. This is not, however, the conclusion which Sullivan draws. The other side of his methodology, the observational aspect, demands that the therapist stays out (or gets out) of this interpersonal field to take up a position which is presumed to enable objective observation yielding data that can be subjected to "consensual validation". His concept of distortion, for instance, implies a view of reality as objectively knowable (measured against which a perception can be judged to be

'distorted'). This reliance on an idea of objective knowledge contrasts with a view which holds that one's reality is always codetermined by features of the external world and personal ways in which these are organized into meaningful experiences.

Thus Sullivan's therapist as participant-observer is a participant trying to get out of the circularity which his involvement imposes on his understanding of the situation. As a result, his style of clinical engagement is marked by an emphasis on interpersonal separateness and emotional detachment. For him knowledge of the other arises not out of intersubjective participation but through the observation of the patient's interpersonal behaviour and the investigation of his idiosyncratic linguistic meanings. His emphasis on language – and the curative role of verbalisation of dissociated experience – is in tension with those aspects of his theory stressing the social constitution of the self. In the following chapter I will turn to developments within psychoanalysis which focus in a more coherent fashion on the technical ramifications of theories of social constitution of personality/self.

Chapter 3

Countertransference, Intersubjectivity, Empathy

The introduction of the centrality of the relationship into psychoanalysis

Introduction

In the previous chapter we could observe a growing recognition in the psychoanalytic literature of the therapist's interaction with the patient. The start of a shift towards an increasing consideration of the interactive, interpersonal character of the analytic process, which was implied but 'stemmed' in Freud's ideas, was more whole-heartedly embraced and elaborated in subsequent, explicitly relational formulations of psychoanalysis. In what ways and to what extent this interactive aspect of the process involves the analyst's subjectivity, and what such an subjective engagement might mean for the status of psychoanalysis, these questions are being asked with increasing urgency and lead to a number of new formulations of clinical understanding.

The analyst's countertransference in particular is being investigated with much interest and is ascribed a constructive role in the analytic process. Empathy too receives more attention and is conceptualised in a much more complex and interactive fashion. In the work of an increasing number of analysts both countertransference and empathy gain centrality for analytic understanding and are recognised as important aspects of the analytic cure.

In this chapter I will show how the investigation of the analyst's mental processes in the therapy session led to a re-conceptualisation of the analytic work as an interpersonal process. Countertransference, originally deemed an obstacle to the work, was developed, particularly within British psychoanalysis, into one of the most important 'tools for understanding'.

Schafer (1959) formulated perhaps the most sophisticated conceptualisation of empathy in the analytic literature. In the context of the analytic work, he claims, empathy is much more than a process of one person understanding the subjectivity of another. It is instead a highly complex process which, over time, leads to important psychic changes in both participants in the analysis, and as such has a 'generative' function. In Kohut's writings too empathy gains an ever more central role: it started off defining the field of psychoanalysis and was pronounced *the* analytic method of data-gathering; it ended up making a major contribution to the analytic cure.

The reformulations of psychoanalysis suggested by those writers focussing on countertransference technique and empathy imply changes in the position of the analyst vis-à-vis his patient. Analysis is seen as a much more interactive communicational process than was originally thought, and the idea of it operating as an objectivist science loses further ground. One approach which sets out to elaborate in a coherent fashion the consequences from these changes in view is the 'intersubjectivity theory' put forward by Stolorow and his group of collaborators. Intersubjectivity theory views psychoanalysis as interpersonal and mutual to an extent that the idea of the analyst taking his patient as an object of knowledge breaks down completely. Stolorow et al. redefine analytic understanding as one subjectivity understanding another; it arises from the dialogue of "two personal universes" and can only be understood as a result of their mutual engagement. In its intersubjective variant psychoanalysis has become psychological, personal and participatory in a way never envisaged by Freud.

Countertransference theory

The term countertransference came to be used in two rather distinct ways, which Kernberg (1965) distinguished as the *classical* and the *totalistic* positions. The first one refers to the narrower definition introduced by Freud which views countertransference as originating in the analyst's own neurotic

conflicts. The second group of perspectives tends to view countertransference as the totality of the analyst's experience with the patient and as such comprises both pathological and non-pathological components. The first regarded countertransference primarily as an obstacle that needed to be overcome, the second saw it as a new route to clinical understanding. For Freud countertransference was certainly not a technique; the term countertransference technique will be reserved for the second meaning.

Freud introduced the term *Gegenübertragung*, countertransference, in just one paragraph of his introductory lecture to the Second International Psychoanalytic Congress in 1910 where he addresses new developments in analytic technique (the lecture was published under the title *Die zukünftigen Chancen der psychoanalytischen Therapie;* English *The future prospects of psychoanalytic therapy*). The paragraph reads:

> Andere Neuerungen betreffen die Person des Arztes selbst. Wir sind auf die 'Gegenübertragung' aufmerksam geworden, die sich beim Arzt durch den Einfluß des Patienten auf das unbewußte Fühlen des Arztes einstellt, und sind nicht weit davon, die Forderung zu erheben, daß der Arzt diese Gegenübertragung in sich erkennen und bewältigen müsse. Wir haben, seitdem eine größere Anzahl von Personen die Psychoanalyse üben und ihre Erfahrungen untereinander austauschen, bemerkt, daß jeder Psychoanalytiker nur so weit kommt, als seine eigenen Komplexe und inneren Widerstände es gestatten, und verlangen daher, daß er seine Tätigkeit mit einer Selbstanalyse beginne und diese, während er seine Erfahrungen an Kranken macht, fortlaufend vertiefe. Wer in einer solchen Selbstanalyse nichts zustande bringt, mag sich die Fähigkeit, Kranke analytisch zu behandeln, ohne weiteres absprechen. (1910b, pp.126-7)

> Other innovations concern the person of the doctor himself. We have become alerted to the 'countertransference' which arises in the doctor as a result of the patient's influence on his unconscious feelings, and we are not far from demanding that the doctor must recognise this countertransference within himself and overcome it. Since a larger number of people practise

> psychoanalysis and exchange their experiences, we noticed that each psychoanalyst can only proceed as far as his own complexes and internal resistances allow, and we therefore insist that he begin his work with a self-analysis and continue to deepen this whilst gathering experience with patients. Anyone who does not produce results in such a self-analysis may as well give up on their capability to treat patients analytically.

Freud thought that the countertransference evoked in analytic practice was due to the analyst's own unconscious conflicts which were being stimulated by the patient's material. The presence of countertransference thus constituted an obstacle to the analytic work which had to be addressed and overcome in the practitioner's own analysis. The recognition of the phenomenon of countertransference led directly to the demand for the analyst to have undergone analysis himself. Freud did not continue to be convinced that a self-analysis would suffice.

There are only very few references to countertransference in Freud's work. His technical papers do, however, address the problem of the analyst's own emotional responses in the course of his work. Most of the recommendations offered in these papers are, as we have already seen, negative, promoting an attitude guided by the 'three golden rules' of analysis, all of which can be said to refer to 'absences' on the part of the therapist: anonymity, neutrality and abstinence.

The injunction to push to one side all of one's affective responses seems to contradict Freud's recommendation that the analyst let go of any censoring process in his own mind and to assume an attitude which parallels the *Grundregel* of free association which the patient is asked to follow. Only in the absence of a censor can the analyst's unconscious mind function as the 'telephone receiver' to the patient's unconscious.

> Wenn der Arzt aber imstande sein soll, sich seines Unbewußten [...] als Instrument bei der Analyse zu bedienen, so muß er selbst eine

psychologische Bedingung in weitem Ausmaße erfüllen. Er darf in sich selbst keine Widerstände dulden, welche das von seinem Unbewußten Erkannte von seinem Bewußtsein abhalten, sonst würde er eine neue Art von Auswahl und Entstellung in die Analyse einführen, welche weit schädlicher wäre als die durch Anspannung seiner bewußten Aufmerksamkeit hervorgerufene. (1912b, p.176)

> For the physician to be in a position to use his unconscious [...] as an instrument for the analysis he himself needs to meet a psychological condition to a large degree. He is not to tolerate within himself any resistances which keep from consciousness that which his unconscious comprehended; otherwise he would introduce into the analysis a new kind of selection and distortion, which would be far worse than the one resulting from the strain of his conscious concentration.

In *Bemerkungen über die Übertragungsliebe*, where Freud addresses the problem how to respond to a patient who has fallen in love with the analyst, he concludes one paragraph with the following remarkable statement: "Ich meine also, man darf die Indifferenz, die man sich durch die Niederhaltung der Gegenuebertragung erworben hat, nicht verleugnen." (1915[1914], p.224) "I am of the opinion that one must not deny the indifference which was attained via the suppression of the countertransference". Clearly, Freud believes that the indifference which results from the suppression of the analyst's emotional response is the attitude required for the work of analysis. The emotional truth of the analyst must be kept from the patient; - but, in the name of the 'strict truthfulness' on which psychoanalysis is founded, the truth of the resulting indifference must not be denied.

Freud saw countertransference as a phenomenon arising within the psyche of the analyst, a disturbance of his objective perspective due to influences of his own unresolved neurosis. As such it is a largely intra-psychic process occurring in the analyst. It is however *counter* to something in the patient (at one point Freud uses the curious term *Gegenliebe*, counter-love) and therefore has an inter-personal aspect. As far as Freud was concerned

countertransference was an obstacle to analysis, never a tool for understanding. He thought it was paramount to reduce as much as possible the emotional reactions of the analyst through his personal analysis, thus leaving the psychoanalytic situation free to be structured by the patient's transferences. The alternative to the removal of countertransference was to make use of it for the understanding of the patient's unconscious communications. This avenue led to the formulation of countertransference technique, the development of which I wish to outline next.

Countertransference technique

Between Freud's first introduction of countertransference in 1910 and the surge in interest that this concept aroused from around 1950 onwards hardly anything was written on this subject. The exceptions were (apart from Freud's own rare comments which do not develop the concept further) the 1926 article by Helene Deutsch (already quoted in chapter 1, in connection with Freud's telephone metaphor) and Ferenczi's 'Clinical Diaries' from 1932.

Deutsch argued that countertransference was not just a pathological response but also a process of unconscious identification of the analyst with her patient. Memory traces of the analyst's own early experience are revived by the material of the patient. The similarity of the experiences gives rise to empathic identification, not only with the patient's ego, but also with his "original objects". Deutsch suggests that a "complementary attitude" could be evoked in the analyst when the patient directs those "infantile-libidinous wishes" at her that were originally directed towards the parents. Both types of identification (with the ego and the objects of the patient) lead to the stimulation of the "intuitive empathy" of the analyst. Her ideas on empathy and identification foreshadow Racker's (1957) concepts of "concordant" and "complementary countertransference".

Reik's contribution too can be viewed as important to the development of the concept of countertransference. Reik insisted after all that the analyst must pay very close attention to the affective signals emanating from within, since they constitute one of the most important routes towards the understanding of the patient. The perception of the patient's unconscious was only possible via the analyst's inner perception of his own affective state which allowed the comprehension of the unconscious impulses set off by the patient's unconscious. Fliess, who, as we saw, followed Reik's ideas in many ways, thought that his own model of understanding could safeguard against the dangers of countertransference (in Freud's sense) whilst still drawing on a process of intersubjective participation ("trial identification") as an indispensable aspect of clinical understanding. His stipulation that the identification with the patient's unconscious be brief, low in intensity and rapidly neutralised helped to make the idea acceptable that the analyst's ability to do clinical work did not depend on him being entirely unaffected by the patient. Furthermore, it still left intact Freud's concept of countertransference which, in Fliess' distinction, applied to intense and longer-lasting identifications.

Since the early 1950's interest in countertransference phenomena increased considerably. Countertransference was investigated by a number of writers and was identified not only as an *inevitable* part of the analytic process, but also as an aspect of the analyst's experience which had *distinct uses* for the analytic work.

Paula Heimann's paper *On Counter-transference* (1950) is widely credited as the first formulation in the literature of the constructive role countertransference can play in the analytic work. The analyst's responses to the patient can, she suggests, be used as a means for understanding the patient. "My thesis is that the analyst's emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst's counter-transference is an instrument of research into the

patient's unconscious" (ibid. p.140). The therapeutic situation is described as "a *relationship* between two people" (ibid.) both of whom have feelings.

Heimann maintains that there exists a climate of fear and guilt regarding the affective responses of the analyst. This produces a pressure to push to one side those feelings, with the result that the analytic work turns mechanistic and over-intellectual. The difference between patient and analyst is not that of presence and absence of emotions, but between the ways in which these feelings are attended to and used for the work. The analyst needs "to *sustain* the feelings which are stirred in him, as opposed to discharging them (as the patient does), in order to *subordinate* them to the analytic task in which he functions as the patient's mirror reflection" (ibid. p.140). The analyst should employ Freud's technique of "evenly hovering attention" which allows him to listen on a variety of levels "with a freely roused emotional sensitivity".[13]

Heimann starts from the premise that normally understanding does not present a problem. "[The] basic assumption [is that] the analyst's unconscious understands that of his patient. This rapport on the deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in the countertransference" (ibid.). Furthermore, his conscious mind understands the patient's verbal meanings. Consequently, the analyst's feelings do not require work in order to be understood. "But often the emotions roused in him are much nearer to the heart of the matter than his reasoning, or, to put it in other words, his unconscious perception of the patient's unconscious is more acute and in advance of his conscious conception of the situation" (ibid. p.141). Only if there is a discrepancy between what is readily understood and the analyst's emotional response does countertransference occasion further thought. The feelings stirred up in the process are viewed as superior guides to understanding compared with the analyst's rational mind.

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[13] The ideas Heimann presents in this short paper to a large extent echo Reik's formulations published two years earlier. Reik's influence may have been overlooked due to the fact that he did not use the term countertransference in his work.

Heimann, like Freud and Reik before her, implies that if the analyst's unconscious understands the patient, then this understanding is as readily available for the analytic work as any conscious understanding. There does not appear to be a problem for the analyst to get hold of her own unconscious, which, as I have argued before, seems to render the distinction between unconscious and conscious thoughts rather redundant – at least as far as the analyst goes.

Margaret Little (1951) picks up on the problems caused by the analyst's "paranoid or phobic" attitude towards his own feelings or thoughts. Whilst she retains the first, narrower definition of countertransference she advocates that the analyst should be granted much more humanness, an attitude which allows his countertransferential responses to be made useful for the therapeutic work. Understanding of the patient proceeds largely on the basis of empathy, a process of introjective (never projective!) identification which needs to contain an element of distance or separateness on the analyst's part. Countertransference becomes a problem when the analyst loses the difference (of time and space) and identifies with the patient's unconscious in the present moment. When this occurs Little advocates that this "mistake" is admitted to the patient, unless such self-disclosure seems contra-indicated in the particular case. These still rather revolutionary technical recommendations (in spite of, or perhaps because of, Ferenczi's clinical experiments) follow from her highly interactive conception of the analytic process. Understanding the unconscious is not a one-way traffic. The patient too is sensitive to the analyst's defensiveness and tends to become increasingly resistant to analysis unless this aspect of the process is openly acknowledged. For the therapist not to admit his countertransference is "tantamount to denying its existence, or forbidding the patient to know or speak about it" (1951, p.149).

The analytic process is characterised by an extremely complex interaction between the psyche of the patient and that of the analyst:

> [...] transference and counter-transference are not only syntheses by the patient and the analyst acting separately, but, like the analytic work as a whole, are the result of a joint effort. We often hear of the mirror which the analyst holds up to the patient, but the patient holds one up to the analyst too, and there is a whole series of reflections, repetitive in kind, and subject to continual modification (ibid. p.148).

The analytic cure proceeds as the gradual disentanglement from this hall of mirrors which cannot succeed unless the analyst is prepared to be seen to be real, i.e. human, by the patient. Countertransference is perhaps the most important way in which her humanness manifests in the session.

Racker, who writes from a Kleinian perspective and consequently thinks about countertransference mainly in terms of internal object relations, was very influential in broadening the concept. His discussion of countertransference focuses, to a large degree, on the interaction between the patient and the analyst, that is, he sees transference and countertransference impacting upon each other in the complex interplay of the analytic process. Like the transference of the patient, "*countertransference is always present and always reveals its presence*, although, as in the case of transference, its manifestations are hard to perceive and interpret" (1953, p.313, italics in orig.). The denial of countertransference increases the likelihood that a *countertransference neurosis* develops which entails the danger that the analyst's pathology becomes "grafted onto" the psyche of the patient, turning analysis into a malignant rather than a curative process. Only the acknowledgement of countertransference reactions makes it possible that these might be used in the service of analysis, even if they contain elements of the analyst's own pathology.

Racker (1957) defines countertransference as "the expression of the analyst's identification with the internal objects of the analysand, as well as with his id and ego, and may be used as such" (ibid. p.179). Following Deutsch (1926) Racker introduces a distinction between *concordant* and *complementary*

countertransference. The former refers to an identification with the patient's self, the latter to identifications with the patient's internalised objects (important relationships from the past). Concordant identification is pretty much equated with empathy, which in turn is linked to the analyst's attempt to understand the patient. Racker describes it as a "resonance of the exterior in the interior" (1957, p.181). The understanding thus attained is, however, by now means free from 'distortions', admixtures deriving from the analyst's own (to some degree neurotic) personality. "[The] analyst's concordant identifications (his 'understandings') are a sort of reproduction of his own past processes, especially of his own infancy, and [...] this reproduction or re-experience is carried out as response to stimuli from the patient [...]" (ibid. p.182). Complementary identifications are "produced by the fact that the patient treats the analyst as an internal (projected) object, and in consequence the analyst feels treated as such; that is, he identifies himself with this object" (ibid.).

Racker thinks of countertransference as being "induced" by the patient; every transference on the part of the patient has the potential to draw out a matching emotional response from the therapist. It is of paramount importance that the therapist maintain "deep and continuous" contact with his own internal processes both to be aware of these responses and to safeguard against the danger that a relational scenario from the patient's past becomes simply re-enacted in a complementary countertransference scenario. The patient's transference, one could say, constitutes an invitation to engage in such a repetition. The therapist can use his countertransference response to alert himself to the presence of such a 'call' and identify the nature of the relationship scenario 'on offer'. It is important to resist the pressure to actively participate in the patient's drama, and to use the insight gained from being subjected to such pressure to interpret the unconscious psychic content. In the absence of an awareness of such powerful intersubjective forces the analyst is in danger of "drowning" in countertransference and of unwittingly undermining the analytic effort by a re-enactment of the original pathogenic scene.

The analyst's countertransference reaction is viewed as "the living response to the transference situation" at any given moment of the process. It is the main clue to the understanding of the transference and guides the decisions regarding the content and timing of interpretations. The understanding of the patient in countertransference technique arises from being drawn into participating in a relational interaction, a 'drama' or a 'dance' of a particular kind. The therapist is being acted upon by the patient in both verbal and non-verbal, conscious and unconscious ways, and thus "induced" to take up a particular emotional position toward the patient. To understand the particulars of this positioning and the functions it serves in the mental life of the patient is to understand perhaps the most important thing about the patient, that is, the way in which his mind is structured by internal object relations. Understanding, then, is about positioning; it is essentially participatory understanding.

The analyst, in Racker's view, is not free from the influences of her own unconscious, and therefore the patient is not the only 'neurotic' in the consulting room. Given this basic recognition, together with the highly interactive conception of the analytic process, it is not surprising that Racker attacks "the ideal of the analyst's objectivity" (ibid. p.180). The analyst's subjectivity is inevitably implicated, and it is, as we have seen, vitally important for the understanding of the patient. These insights give rise to a reformulation of objectivity as it pertains to the analytic work:

> The analyst's objectivity consists mainly in a certain attitude toward his own subjectivity and countertransference. The neurotic (obsessive) ideal of objectivity leads to repression and blocking of subjectivity and so to the apparent fulfilment of the myth of the 'analyst without anxiety and anger'. The other neurotic extreme is that of 'drowning' in the countertransference. True objectivity is based upon a form of internal division that enables the analyst to make himself (his own countertransference and subjectivity) the object of his

> continuous observation and analysis. This position also enables him to be relatively 'objective' toward the analysand. (ibid.)

The revision of the analyst's position within the therapeutic process as it emerges from this new concept of countertransference had a dual effect which shifted the problematic of proper understanding in a new direction. Whilst the new attitude towards the analyst's affective states helped to lessen the anxieties and tendencies to avoid this aspect of the analytic process it also presented the opposite problem of a potentially *too ready* acceptance of the therapist's pathological responses. Does too much reliance on the analyst's countertransference not blur the perceptive field to a hopeless extent? Furthermore, the suspicion has to be faced that the explanation of the analyst's affective disturbances in terms of the mental state of the patient could be used to cover own personal problems or deficiencies in understanding or technique. After all, how can a therapist know with any degree of certainty whether an intense emotional reaction to a patient is due to features of his own personality or is indeed a clue to his patient's mental process? Clearly, there are dangers that the understanding of these emotional reactions as 'belonging' to the patient can be used by therapists in defensive and self-serving ways. These dangers seem to roughly match the dangers inherent in the classical position on countertransference, i.e. the potential loss of interpersonal connectedness, and of the understanding of the patient derived from the impact he has on the analyst's subjectivity.

Further elaborations of empathy

Following the surge of interest in countertransference in the 1950's, there was another hiatus in its theorisation during the 1960's. The concept of empathy however underwent further important modifications. To illustrate some of the

most important developments I will draw on Roy Schafer's early work[14] and on Heinz Kohut's 'self-psychology'.

Schafer (1959) observes how little the concept of empathy is actually investigated, in spite of the insistence on its central role by many authors; as a consequence, it has remained inadequately defined. Schafer defines empathy as "the inner experience of sharing in and comprehending the momentary psychological state of another person", specifically the hierarchic organisation of psychic contents as it exists in the particular life situation, with its particular history, of this patient. He uses the term *generative empathy* to denote the highly organised psychic response of the therapist to his patients. Empathy, as it operates within the analytic work, is not only about understanding the patient, it is "a process that initiates and promotes growth in the subject, the object, and the relationship between them" (ibid. p.344). Thus, for the first time, empathy is conceptualised as a growth promoting or curative factor in its own right.

Schafer describes empathy as "a subtle and relatively conflict-free interplay of projective and introjective mechanisms [...], enhancing the object of contemplation as well as the subject's experience; thus the relationship between the two." Empathic comprehension is a process which evolves over time, with equally important cognitive and affective aspects.

> Empathy involves experiencing in some fashion the feelings of another person. This experience can only be approximate or roughly congruent, since the other self is not directly or fully knowable. The shared experience is based to a great extent on remembered, corresponding affective states of one's own. Observing a patient's life at any one point, we tentatively project onto him the feelings we once felt under similar circumstances, and then test this projection by further observation. (ibid. p.347)

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[14] By this I mean the work he produced when he was still writing from an ego-psychology perspective. I will return to Schafer's later 'narrative' theory in chapter 6.

The empathic response of the therapist, however, needs to be monitored and questioned from a countertransference perspective, both in order to discern what part of the patient's psyche (or what internal object representation) is alive in the therapist's mind at this moment *and* to what extent the affective responses of the therapist become in turn active stimuli for the patient. The affective aspect of empathy effects not only a re-creation in the therapist's mind of emotions approximating those of the patient, but also an affective response to these emotions which can be communicated back to the patient. Passive and active, projective and introjective processes are intermingled to an extent that the empathic response "amounts to carrying on a relationship with another person internally, and with a relatively high degree of cathexis" (ibid. p.348).

The cognitive, even if largely preconscious, component of empathy is in operation as the therapist pays attention to subtle, often non-verbal cues, the detection of inferences, causal 'feels' etc. It also counteracts the danger that 'inside knowledge' is solely based on an experience of fusion with the patient's mental state. Empathic knowledge is on the "level of 'I know what you feel because I know that I once felt something like it and I know how you make me feel'" (ibid. p.349). A degree of separateness is maintained which allows that "the empathic and interpretative process [...] be carried to completion through renewed observation and interaction" (ibid.). Empathy thus is distinguished from an automatically joining in the other's feelings. It "requires oscillation between the observing and experiencing part of the ego" (ibid. p.350).

In the course of the analytic process the therapist gains increasingly detailed, *felt* knowledge of his patient. "In achieving familiarity with the characteristic drift of the patient's associations, affects, and expressive movements, and with his history, current life situation, and future prospects, the analyst builds up a temporarily articulated internal image of the patient's world" (ibid. p.356-7). A different concept of knowledge is evoked here – knowledge as *familiarity* or *acquaintance*, which enables the therapist to hold an increasingly

developed representation of the patient in his mind. Good acquaintance with the patient's mental functioning can lead to a *correspondence* in associations which can be understood, on one level, as a fit between the therapist's and the patient's inner world and, on another level, as a correspondence of the (always to some degree hypothetical) image the analyst has of the patient and the reality of this person.

> In building this image, in establishing the patient's world in his own inner world, the analyst approaches a position where he is often able to fantasy and feel (in affect and body) as the patient does. He becomes increasingly able to anticipate the course of the material, including the patient's response to one or more conceivable interventions. [...] The building up of this image of the patient is based on a series of partial introjections, emotional reactions, and revival of memories concerning oneself and the object; this is followed by (or alternates with) re-externalisations or projections onto the patient and by reality testing to check the validity of the image thus far developed. The hypercathected internal image is thereby increasingly enriched, focused, hierarchically organized, and stabilized. It becomes a substructure within the analyst's ego, which means it does not need to be re-created anew on each occasion of stimulation but remains steadily available. (ibid. p.357)

Schafer insists that an identificatory process is in play here, since the ego of the empathizer undergoes a temporary modification. Whilst the identification "remains segregated within the ego as an object of actual and potential contemplation", it is more than an internal object representation or introjection.

It is important to note that, whilst there is great emphasis placed on describing the process of empathy as one of getting to know the patient, in the sense of developing an increasingly correct image of the person, this process requires another form of knowledge which is meant to lend support to the correctness of this image. Schafer evokes the notion of "reality testing" which supposedly allows the analyst "to check the validity of the image". The nature of this process and what constitutes in turn *its* validity is not further explained.

Kohut's self-psychology

Heinz Kohut, a psychoanalyst who became hugely influential, particularly in America, made empathy central in a way which constituted his psychology as a radical departure from much of Freud's psychoanalysis. To understand the theoretical shift his concept of empathy introduces requires a brief introduction of *self-psychology*, the name Kohut gave to his theory when its divergences from classical psychoanalysis became more fully developed. Kohut gives centrality to the *self* as "a center of initiative and a recipient of impressions" (1977, p.99). Contrary to classical psychoanalytic theory the self in no longer a representation, i.e. a product of the activity of the ego, but becomes an active agent itself. Furthermore, in parallel to the developmental theories of British object relations approaches, the self is seen as growing out of the infant's interpersonal matrix.

The development of a cohesive self is the central issue for Kohut. Healthy development hinges on the infants relations with its *self-objects*, the term Kohut introduces for the parental care-givers to indicate the central role they play in the formation of the self. In the early years self-objects fulfil vital psychological functions for the child, functions the child will take over as the self coalesces. Much of psychopathology is linked to deficiencies in self-object relations which hamper the constitution of a healthy self. The task of the self-psychology therapist becomes the reparation of the self via the provision of a better self-object. It is here that empathy takes up its increasingly central role. The therapeutic process focuses primarily on the subjective experience of the patient and empathic inquiry becomes the predominant orientation of the therapist. In the following I will outline the development of empathy in Kohut's work and discuss some of the problems his contributions to a theory of clinical understanding run into.

Early in his career, when he still adhered to the central tenets of classical psychoanalysis, Kohut posits introspection and empathy (which he terms "vicarious introspection") as "the essential constituents of psychoanalytic fact

finding" (1959, p.465). He maintains, furthermore, that this "primary method of observation" indeed defines the contents and the limits of the observed field. "Only a phenomenon that we can attempt to observe by introspection or by empathy with another's introspection may be called psychological" (ibid. p.462). Whilst he concedes that the psychoanalyst also employs other modes of observation (in particular the patient's verbal behaviour in free association) Kohut stresses that "the final and decisive observational act [...] is introspective or empathic" (ibid.). Only through empathy, i.e. the mental move of placing oneself inside the other person's experience, can we establish *psychological* facts about this person, that is, understand something about his motives and the possible meanings of his experience, his actions and expressions.

Kohut makes the important observation that psychological understanding, since it requires empathy, is relative to the cultural distance between the observer and his subject. The actions, expressions, desires and sensitivities of another person are more easily understood if they share our cultural background, since our acquaintance with the clues we receive from them facilitates our empathising with their experience. Yet even with people from different backgrounds we normally assume that there are sufficient commonalities to allow us some understanding.[15]

Kohut believes that the centrality of introspection and empathy for psychological understanding is so clearly demonstrable that he does not hesitate to pronounce Breuer and Freud as the "pioneers" in their scientific usage. The psychoanalytic method as developed by Freud is portrayed as the introduction of "the consistent use of introspection and empathy as the observational tool of a new science" (ibid. p.464). Whilst recognising that free association and the analysis of resistance are the principal techniques of psychoanalysis, Kohut still insists that these should be considered as

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[15] This question of the relative cultural positioning of the analyst and her patient will be further discussed in the context of Gadamer's hermeneutic philosophy where it gains central importance.

"auxiliary instruments, employed in the service of the introspective and empathic method of observation" (ibid.). The domain of psychoanalysis in Kohut's definition is thus coextensive with whatever introspection and empathy can reveal. Kohut fully subscribes to Freud's drive theory, yet he starts to re-interpret psychoanalysis as the understanding of "inner experience". His definition of psychoanalysis by the introspective and empathic method leads him to re-appraise some of the key psychoanalytic concepts, giving primacy to concepts which are derived from introspective and empathic observations over "biological speculation".

Kohut further developed his clinical and theoretical amendments of the classical Freudian position in his writings on his work with narcissistic patients. He now maintained that the origins of narcissistic disturbance were prior to the Oedipal phase and he shifted the focus on to the earlier child-mother (maternal caretaker) relationship. The pathogenic role of deficient parenting (i.e. environmental failure) was seen as more important than intrapsychic conflict as suggested by Freud. Consequently, Kohut held that it was not sufficient to apply Freud's explanatory framework to these patients. He came to believe that it was essential to place the focus on the experience of the person who lived through it, i.e. the patient's subjectivity. Increasingly, he became convinced that, in order to understand how people come to experience themselves *as selves*, it was important to study the kind of attention and care that they had received during infancy. For healthy development to take place, the child needs objects who, by relating to the child in certain ways, *affirm* first of all his healthy narcissism and in doing so assist the child in the establishment of self-organisation, self-feeling, and self-esteem. Healthy development requires the availability of *self-objects*, i.e. objects which the child can make use of for the constitution of his own sense of self.

The healthy self requires for its development a milieu of three particular kinds of self-object experiences, which, in the context of the psychoanalysis of a narcissistic patient, reappears in the form of three kinds of self-object

transference. Firstly, self-objects are required who "respond to and confirm the child's innate sense of vigour, greatness, and perfection" (Kohut & Wolf, 1978, p. 414), and who, through their approving and admiring gaze, support the child's expansive movements. These self-object were thought to provide essential "mirroring functions". Secondly, experiences of self-objects are needed "to whom the child can look up and with whom he can merge as an image of calmness, infallibility, and omnipotence" (ibid.); Kohut called these "idealizing self-object experiences". Finally, experiences are required in which the self-objects provide, through their accessibility to the child, experiences of similarity between the child and themselves, giving rise to an experience of the self-object as "alter ego". The corresponding three types of self-object transference Kohut calls *mirroring transference, idealizing transference*, and *alter ego* or *twinship transference* respectively.

Healthy narcissism for Kohut is not, as Freud thought, opposed to and does not detract from object love; on the contrary it takes a good dose of it to seek and be able to sustain intimate relationships.[16] His work with narcissistic patients led him to believe that the narcissistic needs of neither child nor patient must be confronted too early or too harshly if damage to the healthy narcissism, which is required for the maintenance of good self-esteem, is to be prevented. Instead of confrontation Kohut proposes a gradual process of "optimal frustrations", which enable a process of "transmuting internalisations" to take place. The patient is thought to attempt to revive a disrupted developmental process and must be allowed to experience the analyst in the ways his *self-object needs* dictate. This approach entails less absolute reliance on interpretation as the primary curative factor, and more emphasis on empathic responsiveness. Interpretations run the risk of pointing out the psychological separateness of the analyst and, in doing so, interfere with his important function as self-object. The patient's transference experience is clarified and accepted, rather than confronted through interpretation.

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[16] The question arises to what extent Kohut's notions of healthy narcissism and the value of intimate relationships are informed by - and in turn play a role in promoting – the rather wholesome philosophy of the 'American way of life'...

Empathy for Kohut came to include an affective relationship with the patient, where understanding was not only sought to explain the origins of pathology, but included a communication of the analyst's acceptance of the patient's wishes and behaviours. The idea that the analyst should meet the patient's developmental needs brought Kohut's approach in conflict with the then predominant mode of American psychoanalysis, ego psychology, which prescribes the interpretation and dissolution of transferences rather than their gratification. His call for "sustained empathic immersion in the patient's subjective reality" is difficult to integrate with demands to follow the rule of non-gratification. The inherent conflict between these two clinical strategies echoes, without being referred to explicitly by Kohut, the disagreements between Ferenczi and Freud. Kohut, similar to Ferenczi, shifts the emphasis from the objectivism and rationalism of the Freudian analyst to subjectivity and personal meaning. Interpretive understanding (explanation) has become less important than reality and meaning *as experienced by the patient*.

Kohut (1971) presents his contributions still as a development of classic Freudian drive theory. Narcissistic love, rather than being superseded by object love, coexists as a third route for libido throughout life. Kohut, rather than criticise drive theory, tries to accommodate his propositions within the then predominant psychoanalytic model by suggesting a *sequential integration*; his reformulation of psychoanalytic theory is meant to be relevant for the pre-Oedipal period during which the infant differentiates himself from the other as other. Kohut thought initially that in doing so he could leave the main edifice of psychoanalytic theory unchanged.

In 1977 however he makes a decisive move away from classic drive theory, applying a broader definition of the self, which is now seen not just as a representation within the ego, but given centrality as the structure which organises personal experience. The formative period of the self, which is equated with what had become known as the 'pre-Oedipal' stage, is regarded as the crucial period for healthy psychological development. The Oedipal

phase, to the extent that it is fraught by the very strong sexual and aggressive desires described by Freud, is seen as a consequence of failures in the management of earlier self-object needs. Whilst this seems a very clear rejection of some fundamental psychoanalytic ideas, Kohut avoided pitching himself against Freud in clear-cut opposition. He maintained that most clinical material could be interpreted in either classical Freudian manner or from the viewpoint of self-psychology. He suggested a principle of *complementarity* in an attempt to resolve the problem of integrating these by now very diverse theories.

The shift that Kohut's theory underwent between 1971 and 1977 concerns centrally the role empathy plays in the analytic process. In 1971 Kohut writes, "Empathy is a mode of cognition which is specifically attuned to the perception of complex psychological configurations" (ibid. p.300).

> In scientific psychology, too, empathy is restricted to being a tool for the gathering of psychological data; it does not by itself bring about their explanation. In other words: it is a mode of observation. The gathering of data must be followed by their ordering, by a scrutiny of the (for example, causal) interconnections of the observed phenomena in terms that are removed from the observations themselves [...]. Therefore, if empathy, instead of limiting its role to that of a data-collecting process, begins to replace the explanatory phases of scientific psychology (which is then only *verstehend* [...] without also being *erklärend*), then we are witnessing the deterioration of scientific standards and a sentimentalizing regression to subjectivity, i.e., a cognitive infantilism in the realm of man's scientific activities. (ibid. pp.300-1)

This quote demonstrates the importance to Kohut of the notion of psychoanalysis as a scientific, and thus 'mature', activity. Empathy is here portrayed as a mere tool of data collection, like a net which is cast into the inner world of the patient's mind, capable of hauling back the raw, i.e. non-interpreted, material which subsequently becomes the object of scientific enquiry. The notion of collecting data here seems to suggest a mere listing of

isolated, non-interpreted facts, as if the act of collecting did not always already bring these data into a prefigured unity. 'Subjectivity' is something a scientist must not succumb to, and the idea of hard 'data' lends strength in the fight against any affective and regressive (which seem intrinsically linked here) tendencies. Kohut does not, however, face the problem of how these 'data' become constituted. Empathy is presented here as the experience-near observational stance which the therapist needs to employ at the start. Subsequent to data gathering, it becomes crucial to go "beyond empathy" in order to formulate hypotheses which alone are capable of providing an explanation of the material. Empathy is thus a method which the therapist needs to be able to employ, but then to relinquish. It is however hard to see how the act of collecting data - and in this act already (pre)*understanding* them - can be brought off without bringing to bear preconceptions inherent in the theories which are 'subsequently' used to order and explain the material 'objectively'.

What was, in 1971, a scientific methodology became, by 1977, intrinsically linked to Kohut's developmental theory and therapeutic approach:

> The child who is to survive psychologically is born into an empathic-responsive human milieu (of self-objects) just as he is born into an atmosphere that contains an optimal amount of oxygen if he is to survive physically. And his nascent self 'expects' [...] an empathic environment to be in tune with his psychological need-wishes with the same unquestioning certitude as the respiratory apparatus of the new-born infant may be said to 'expect' oxygen to be contained in the surrounding atmosphere. When the child's psychological balance is disturbed, the child's tensions are, under normal circumstances, empathically perceived and responded to by the self-object. (1977, p.8)

These developmental ideas relate to clinical technique in the following way:

> The importance of the two-step sequence - step one: empathic merger with the self-object experience (...); step two: need satisfying actions performed by

> the self-object - cannot be overestimated; if optimally experienced during childhood, it remains one of the pillars of mental health throughout life (...). The fact psychoanalysis is a psychology that explains what it has first understood is intimately connected with the two-step principle that defines human psychological functions *ab initio*. (...) Every interpretation, in other words every reconstruction, consists of two phases; first the analysand must realize that he has been understood; only then as a second step, will the analyst demonstrate to the analysand the specific dynamics and genetic factors that explain the psychological content he had first empathically grasped. (ibid. pp. 87-8)

In his earlier writings Kohut suggested that the empathic perception of the analyst is just a first and, as it were, preliminary step followed by interpretation. In his last book (1984), which was published posthumously, he asserts that empathy makes a crucial, if essentially incomplete, contribution to the analytic cure: "[The] analyst's more or less accurate empathic understanding of the current condition of the analysand's self (phase one of the therapeutic unit) promotes the movement towards health and leads to the laying down of new psychological structure [...]" (p.105). The psychological growth initiated by empathy has to be supported and consolidated via the explanatory framework offered as a second step in the analyst's interpretations.

In an interesting discussion of the case of a patient who reacts very anxiously and defensively to the therapist's absence Kohut demonstrates that different, but roughly equally convincing explanations can be offered depending on the theoretical orientation of the analyst. Whilst clearly not all these mutually exclusive interpretations could be right, Kohut insists that they all could be experienced by the patient as a helpful understanding *if* the analyst correctly grasps the emotional state of the patient. Kohut holds that there can be accurate understanding without accurate explanation – even an *inaccurate* explanation does not preclude accurate understanding. An accurate explanation however must be preceded by correct empathic understanding.

Where accurate empathy is present it becomes possible that "(correct) understanding [can be] transmitted through the vehicle of an (incorrect) interpretation, that is, an incorrect explanation" (1984, p.95). Kohut can thus claim that "given the analytic situation and the analyst's reliable responsiveness to his analysands, good - if not optimal - therapeutic results can be achieved even though the theories that guide the analyst in his assessment of the patient's psychopathology and in his understanding of the therapeutic process may be in error" (ibid. p.91). In this sense empathic understanding of the patient is more important than the explanation of his psychic state.

The fact that Kohut can see a situation where the intervention can be therapeutic although the content of the interpretation is wrong throws some more light on his concept of empathic understanding. Empathy is mainly a communication of understanding of the patient's emotional state, his mood, so to speak. Moods can be responded to accurately whilst giving wrong explanatory contexts only because the emotional message is communicated largely through non-verbal means. Tone of voice, facial expressions and other bodily behaviours can after all communicate an empathic response no matter what the verbal message, the interpretation, is.

There is, however, a certain amount of ambiguity even in Kohut's latest book regarding the status of empathic perception and understanding. Whilst he expresses a belief in "the capacity to employ empathy in a way that facilitates the collection of undistorted data, particularly in the area of scientific depth psychology", he points out that this capacity is dependent on many factors - "biological equipment and [...] childhood experience" amongst them. Kohut calls empathy an "irreplaceable but by no means infallible depth-psychological tool" (1984, p.83). This tool is not particular to his self-psychological amendments of psychoanalysis, rather, he says, this "broadened theoretical grasp [...] has expanded the potential range of application of this instrument of observation. Via the theories of self-psychology [...] the self-psychologist can empathically perceive configurations that would otherwise have escaped his

notice" (ibid. p.84). Kohut would clearly like to give the impression that all he was doing was to shine the 'empathy torch' into a so far neglected corner of the patient's psyche – and what he found there were 'self-object needs'. It is apparent however that empathy as employed by a self-psychologist leads to the discovery in the patient of the kinds of things self-psychology theory predicts. Later, Kohut concedes this somewhat reluctantly: "[...] we must admit that, strictly speaking, there can be no observation without theory. The number of different explanatory configurations available to an analyst [...] will influence the scope of his observations vis-à-vis a given patient" (ibid. p.96). This, of course, holds true for all theory and is thus not an argument against self-psychology. It does however undermine the belief in "undistorted data". Theory determines what is considered "data" and their "range", and it prefigures their interpretation.

It is also worth noting that Kohut's preoccupation with undistorted data constitutes a problematic very different from the one Freud was dealing with. For Freud the central problem was always interpretation, i.e. the problem of deciphering the meaning underlying the manifest 'text'. Freud's question was, therefore, how do you decipher, as opposed to Kohut's question, how do you find data which do not require deciphering since they show 'undistortedly' what is there.

Kohut's early view of empathy as a mainly data-gathering function makes it preliminary to the decisive step of interpretation. Here the distancing, interpretative-explanatory second step is regarded as crucial for the therapeutic process. Furthermore, he seems to have hoped that this way of construing empathy would protect psychoanalysis from charges of immature and sentimental subjectivity and thus safeguard its status as a science. In his later (1984) view the explanatory second step can be wrong (or inter-changeable with other right/wrong interpretations) whilst the communication of empathic responsiveness to the patient (getting the feeling state right and attending to it in an accepting manner) can make the patient *feel understood* and thus in itself have a therapeutic effect. The second, interpretive step

appears here as secondary also in terms of the curative function. This change constitutes a significant shift in terms of the relative weighting of the patient's subjective experience and the insight gained through interpretation. Kohut's later stress on the need for the therapist to understand and accept the patient's subjectivity led him to an increasingly interpersonal formulation of the analytic process. The quality of the therapeutic relationship as it is experienced by the patient now plays an important role in the cure.

With regard to the two definitions of countertransference however Kohut remained a "Freudian". Throughout his career Kohut maintained a negative view of countertransference, using this term only to refer to the manifestations of the analyst's neurotic disturbances in the analytic process. Consequently, he warned of the ways in which countertransference hinders the development and analysis of the patient's self-object transferences. "Clearly, we must keep the lenses of our magnifying glasses clean; we must, in particular, recognize our countertransferences and thus minimize the influence of factors that distort our perception of the analysand's communications of his personality" (1984, p.37). Kohut denied that the observer inevitably influences the observed and insisted that difficulties in understanding arose from the analyst's "shortcomings as an observing instrument" (ibid. p.38).

Kohut maintained that psychoanalysis can and must be practised in a non-idiosyncratic fashion. Since countertransference is by definition harmful, the analyst's personality should be kept out. At the same time, Kohut knew that the analyst's sustained empathy is not a neutral stance as required by classical psychoanalysis. Thus, throughout his writings, a tension persists between his wish to redefine psychoanalysis as an activity which is determined by interpersonal factors and his efforts to keep it "clean" from the analyst's subjectivity and thus safeguard its status as a science.

Intersubjectivity theory

Intersubjectivity theory, a relatively recent strand within American psychoanalysis, had begun independent of self-psychology, but, since it contains important overlaps with Kohut, is sometimes regarded as an expansion of his work. Giving, like Kohut, centrality to the method of "sustained empathic immersion" in the patient's subjectivity, Robert Stolorow and his collaborators attempt to develop a more comprehensive relational paradigm for psychoanalysis. The central shift in emphasis their work introduces is away from the individual, isolated self to the fully contextualised reciprocal interaction between the subjectivities of patient and therapist.

Intersubjectivity theory arose out of a reformulation of the positioning of the therapist vis-à-vis his patient which contrasted radically with Freud's classical scientific ideal of the analyst as an objective observer taking the patient's mind as his object. Intersubjectivity theory sees the therapist as intrinsically and inescapably engaged with his patient in a relationship which for both participants is personal to such an extent that their *interrelatedness* colours everything that is said or thought within (and about) the therapeutic process. Intersubjectivity theory is thus one of the strands within psychoanalytic thinking developing the consequences of the radical re-conceptualisation of countertransference.

Atwood and Stolorow (1984) attempt to formulate a psychoanalytic phenomenology which uses for its discourse experience-near concepts and aims to "illuminate the structure, significance, origins and therapeutic transformations of personal subjective worlds in all their richness and diversity" (p.1). They declare their philosophical basis as hermeneutics, aspects of existential-phenomenological philosophy, modern structuralism and "certain trends in contemporary Freudian thought" which redefine psychoanalysis as pure psychology, i.e. primarily Kohut. The authors formulate the psychoanalytic investigation as a hermeneutic process unfolding

in a field which is, following Kohut, delineated by the methods of introspection and empathy:

> All psychoanalytic understanding is interpretive understanding, in the sense that it always entails a grasp of the meaning of something that has been expressed. This meaning belongs to an individual's personal subjective world and becomes accessible to understanding in the medium of the analyst's empathy. Empathy arises as a possibility [...] because of the common bond of humanity shared by the observer and the observed. The inquiry concerns an experiencing person, who stands in turn within the experiential field of the analyst, and empathy is implicit in the attempt to understand a person's communications and actions from the standpoint of his own subjective frame of reference [...]. (1984, p.4)

One person's subjective experience of himself and his world, as it becomes manifested in the meanings of his expressions and actions, is accessible, mediated through the process of empathy, to the subjective experience of the other. Meaning is thought to reside in the individual's subjectivity. It becomes comprehensible to the therapist via empathy due to the commonality of their experience. The authors repeatedly emphasise the personal, subjective nature of each person's frame of reference however, thus pointing to the difference of experience and 'standpoints'.

> The development of psychoanalytic understanding may be conceptualized as an intersubjective process involving a dialogue between two personal universes. The goal of this dialogue is the illumination of the inner pattern of a life, that distinctive structure of meaning that connects the different parts of an individual's world into an intelligible whole. (ibid. p.5)

Two personal universes, linked through the common bond of humanity and, in this case, the psychoanalytic situation where the patient stands within the field of inquiry of the analyst. Their communication is conceived of as a dialogue in the course of which the analyst forms hypotheses regarding the possible meaning of the patient's expressions, which are then subjected to

comparisons and cross-referencing with other hypotheses arising from further communications. Thus "a field of provisionally identified meanings" becomes established which allows for the assessment of the validity of individual hypotheses according to the "degree of coherence" they show with the analysis as a whole. This is the hermeneutic circle in action. The individual hypotheses give rise to the whole field of established and possible meanings, which in turn provides the context for the evaluation of single insights.

> The structure of meaning disclosed by this mode of investigation becomes manifest in invariant thematic configurations that are repeated in different sectors of the person's experiences. The elucidation of such invariants forms the counterpart in the interpretive sciences of psychoanalysis to the doctrine of replication of observations in the sciences of nature. (ibid. p.5)

Psychoanalysis as a pure psychology uses interpretive procedures throughout and accordingly evaluates the validity of its findings by hermeneutic criteria. These include "the logical coherence of the argument, the comprehensiveness of the explanation, the consistency of the interpretations with accepted psychological knowledge, and the aesthetic beauty of the analysis in disclosing previously hidden patterns of order in the material being investigated" (ibid. p.6). Whilst these criteria open up the possibility of evaluating the merit of different accounts, it is understood that the process of interpretation, which takes place within the "specific psychological field located at the point of intersection of two subjectivities" (ibid.), is always relative to the whole of the context of both participants. Since interpretation is relative to the personal, cultural, and theoretical background of the analyst there is always a plurality of meanings.

The relativity of interpretation is inescapable; all understanding is "grounded on and limited by the finite perspectives of [the analyst's] own personal world" (ibid.). This fact, which, in the authors' minds, makes psychoanalysis as a pure psychology unacceptable to anyone committed to a natural science framework, is given by the intersubjective nature of inquiry in the analytic

situation. The plurality of meanings has to be faced by every analyst and is occasion for continued critical self-reflection. To acknowledge that the person of the analyst is always implicated in the direction the analysis takes necessitates, as part of this self-reflection, the consideration of alternative ways of understanding the patient.

The intersubjective context in which psychoanalysis takes place is so fundamental to everything that emerges from this situation, that psychoanalysis itself is redefined as *the study of intersubjectivity*. "In its most general form, our thesis [...] is that psychoanalysis seeks to illuminate phenomena that emerge within a specific psychological field constituted by the intersection of two subjectivities - that of the patient and that of the analyst" (ibid. p.41). Psychoanalysis is neither a science of the presumed 'inner', the intrapsychic realm of the mind, nor is it a science of 'the social' which studies 'behavioural facts' from a position presumed to be outside the observed.

> Rather, psychoanalysis is pictured here as the science of the *intersubjective*, focussed on the interplay between the differently organized subjective worlds of the observer and the observed. The observational stance is always one within, rather than outside, the intersubjective field [...] being observed, a fact that guarantees the centrality of introspection and empathy as the methods of observation [...]. Psychoanalysis is unique among the sciences in that the observer is also the observed. (ibid. pp.41-2)

Psychological phenomena are viewed not as products of mechanisms which take place in some isolated sphere 'inside the mind', but as forming as part of the interaction between subjectivities. They arise at the interface of reciprocally interacting subjectivities.

The description of the psychoanalytic situation as a field of mutual influence and regulation leaves no room for the analyst to maintain a privileged position of objectivity and neutrality. The analyst has no immediate access to reality,

and there is no stance or mechanism available to him which can insure him against the potential effects aspects of his own subjectivity might have on the analytic process. In consequence of this view some of the theoretical constructs which have been foundational to psychoanalysis undergo radical transformations. As an example of this I want to briefly discuss the reformulation of transference suggested by Atwood and Stolorow.

> Experience, if it is to be given any meaning at all, has to be organised in accordance with *some* principles. The experience of reality is therefore always *as constituted* by one's subjective organisation (which in turn is shaped by the patterning of one's early interpersonal transactions). These organising principles are largely outside consciousness, not necessarily because they were repressed, but because they were mostly 'too close' to come into view.[17] There is no access to reality except via the use of such organising principles; consequently, there is no such thing as 'undistorted reality'. This means, within the context of the psychoanalytic process, that there cannot be a final point when transference (the 'distortion' of the perception of the analyst in terms of the organising principles of the past) is dissolved at last and the analyst is recognized for who he is in reality. It also means that the analyst himself has no way of determining when he is 'correctly' or 'realistically' perceived by the patient; he too can only entertain a version of himself, have a self-image, which is construed according to his own organising principles.[18]

The issue of transference and countertransference thus becomes a question of how the subjectivities of *both* participants are structured in terms of their respective previous experience and how these two subjectivities interact with each other. Instead of asking how the patient can be rid of his distortions, this perspective gives rise to a different set of, structuralist, questions: How is the patient's subjective world organised? What are the repeated patterns? Which experiences are emphasised, which are systematically excluded? How stable

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[17] This is in line with an implicit notion of 'the unconscious' in Heidegger as that which we cannot see because we are wholly embedded in it -- immersed in it, as it were, like fish in water.

on the one hand, how rigid on the other is the structure of the person's subjective world?

Atwood and Stolorow draw on Piaget's concepts of *accommodation* and *assimilation* to show how the "structures of subjectivity" can be illuminated without falling back on what has become, in their eyes, an untenable objectivist position. Piaget writes: "Psychologically (behaviorally) considered, assimilation is the process whereby a function, once exercised, presses toward repetition, and in 'reproducing' its own activity produces a schema into which the objects propitious to its exercise, whether familiar [...] or new [...], become incorporated" (1970, p.71). Assimilation eventually gives rise to the general schemata called structures, and it maintains these structures through its continual functioning. Accommodation, in contrast, refers to "the process whereby the schemes of assimilation themselves become modified in being applied to a diversity of objects" (ibid. p.63). Piaget's concepts - whilst not necessitating a judgement of the kind: are the mental representations of the patient in accord with external reality - still yield criteria for the assessment of psychological health or pathology. How easily can new experience be accommodated into the existing framework, or alternative views entertained, without the self losing its sense of coherence and continuity, i.e. its identity? These ideas lead Atwood and Stolorow to a reformulation of the task of the analyst:

> [...] the essential work of interpretation is to elucidate the nature, developmental origins, and functional significance of the psychological structures that pre-reflectively organize the patient's subjective experiences in general and thematise the transference relationship in particular (1984, p.46).

It is however not primarily insight into the mental structures which engenders therapeutic change. The patient's experience of his relationship with the therapist is most important for the generation of new psychic structures, which

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[18] I will return to the discussion of transference in chapter 6.

in turn allow for an increase in the range of available experiences and in the capacity for consideration of alternative meanings.

> Successful psychoanalytic treatment, in our view, does not produce therapeutic change by altering or eliminating the patient's invariant organizing principles. Rather, through new relational experiences with the analyst in concert with enhancements of the patient's capacity for reflective self-awareness, it facilitates the establishment and consolidation of alternative principles and thereby enlarges the patient's experiential repertoire. More generally, it is the formation of new organizing principles within an intersubjective system that constitutes the essence of developmental change throughout the life cycle. (Stolorow & Atwood, 1992, p.25)

This formulation of the analytic cure defines the therapeutic factor no longer as an intrapsychic event brought about by insight (the renunciation of infantile wishes brought about by the analysis of transference resistance), but places it into the interpersonal domain. Therapeutic change has become a function of the experience of being understood in a particular way. The analyst's "sustained empathic inquiry" makes possible the right kind of interpretation, but his availability to the patient as a self-object (Kohut) facilitates the development of the patient's self-structure via the internalisation of the analyst's empathic stance. Empathy itself is credited with "mutative power":

> Structure-forming articulations of experience are directly promoted in the facilitating medium of the analyst's empathic communications. Thus the cumulative experience of being understood in depth leads both to the crystallization of a sense of the self that has been comprehended and to the acquisition of the capacity for empathic self-observation. (ibid. p.61).

Whether this endeavour is successful or not depends to a large degree on the capacity of the analyst to 'decentre' (Piaget 1970), i.e. gain the kind of reflective self-awareness which brings into view the structures governing the organisation of his experience of the patient and, by the same token, opens up the possibility of alternative understandings. Whilst, as was already pointed

out, the countertransference of the analyst is seen as inescapable in that he will always organise his understanding in some particular ways which accord with his own subjective world, the attainment of a decentred perspective is seen as vital if unconscious identifications with the patient and subsequent countertransference *enactments* are to be avoided.

However, the idea of decentring begs the question where it is that the analyst 'steps' in his mind to attain a point of view from which to perceive his own idiosyncratic subjective world (his 'centre'). 'Decentring' seems to imply that it is possible somehow, in spite of all the protestations regarding the subjective organisation of experience, to step 'outside' and bring this personal perspective into a more impersonal view. If intersubjectivity theory were to remain consistent on this point, it would have to renounce the possibility of this move. *Any* possible 'self-reflective', 'decentred' position is subject, in principle, to the same contingencies and limitations as the original 'centred' one. The difference alternative perspectives can make seems to me rather more limited. By adding one (or more) position(s) any precipitant ideas regarding the truth-value of the first (or second, or third) position can be suitably revealed as contingent.

A similar point can be made with regard to intersubjectivity as a theory. Whilst proposing that experience is structured in such a way that any claims regarding access to external, objective reality are ruled out, Stolorow and his collaborators put forward a developmental theory which, since it is designed to explicate the origins, functions and scope of subjectivity, makes claims pertaining to *all* subjectivities. In doing so they of course enter the domain of objectifying science without explaining how this should become possible.

The discussion of intersubjectivity theory concludes the review of psychoanalytic formulations of clinical understanding. The shift I have described in the last three chapters from a detached objectivist position to more subjectivist and relational concepts will be followed through in the next

chapter where alternative formulations from non-psychoanalytic theories will be discussed.

Chapter 4

The Patient as Client

Mutuality in humanistic psychotherapies

Introduction

In the preceding chapters I have focussed on the development of psychoanalytic ideas of clinical understanding. I have described an overall trajectory beginning with Freud's objectivist programme and driving, over time, further and further into the domain of interrelatedness, intersubjectivity and mutuality. In this chapter I will present some formulations of clinical understanding from within the field of humanistic psychotherapy, a broad range of approaches which followed this trajectory further and, in many cases, explicitly severed the connection with much of Freud's vision[19].

Humanistic psychotherapy evolved, primarily in the United States, from the 1940's onward and gained huge popularity during the late 60's and 70's. Humanistic psychotherapy was conceived as a 'third force', in opposition to what was seen as the stark determinism and reductionism of both the psychoanalytic and the behavioural approaches dominating psychology after World War II. Humanistic psychology, as it emerged from the work of Allport, Maslow, Rogers, Perls and others, put forward a vision of human nature emphasising its positive, creative, self-determining, growth-promoting aspects. It stresses the uniqueness of the individual who is seen as the only true 'expert' of his, essentially private, subjective experience and who is taken to be capable of leading a life in freedom according to his own volitional choice. Freedom, privacy, uniqueness, self-determination, self-transparency,

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[19] This is certainly the case for the two main humanistic authors discussed in this chapter. Both Rogers and Perls had psychoanalytic training of one form or another, and both explicitly distinguish their respective therapy approaches from psychoanalysis (see e.g. Raskin and Rogers 1989, and Perls et al. 1951).

choice, self-actualisation, personal growth – these are some of the key terms which are used in both descriptive and prescriptive ways.

The valorisation of the uniqueness of the experience of each person and the fulfilment of her personal potential over and above the established cultural norms affected also the way in which the therapeutic process was conceived. Since nobody can be an expert on what is unique, the authority of the therapist as 'doctor', relying as it does on generalised notions of mental illness and health, is to be utterly distrusted. Therapy is now not the 'treatment' of *patients*, but the 'facilitation' of the growth of the individual *client*, shifting away from the perceived power differential of the medical paradigm towards ideas of relations of equality and mutuality.

In the following I will focus on Carl Rogers' 'person-centred' approach and on Gestalt psychotherapy as it was first conceived of by Fritz and Laura Perls and later amended into a 'dialogic' method by some of its contemporary practitioners. Since both Rogers and the Gestalt theorists claim to embrace, to a greater or lesser extent, aspects of Buber's existentialist philosophy I will start this chapter with an outline of his work as far as it pertains to my thesis.

Buber's dialogic philosophy

Martin Buber (1878-1965), existentialist philosopher and Jewish theologian who had studied with Dilthey and Simmel, became widely known for his book *Ich und Du* (1923; translated in English as *I and Thou*, 1970). Buber's central thesis that our humanity can only be fully realised in reciprocal dialogic encounter with the other had immense influence both within philosophy and modern theology. In *Ich und Du* Buber distinguishes two basic and radically different kinds of relations we have to our world, the *I-It* and the *I-Thou*. Depending on the nature of the relation we are engaged in with the other both our selves and the other are constituted in fundamentally different ways.

There is no 'I' as such, 'I' only comes into being in meeting the other in either one of those two basic modes.

In the *I-it* relation the subject *stands back* from the other to view 'it' objectively and from the outside, as it were, in terms of possible uses, and of causes and effects. Whilst the 'it' can designate both things and persons, the point is that in the I-it mode people too are related to as if they were things, that is, objects to be studied, manipulated, used or controlled. Whilst the I-it is the relation between a subject and an object that can be viewed in some independent way, the *I-Thou* is conceived of as a reciprocal and mutual relationship between two subjects. The I-Thou refers to an attitude of fully *turning towards* the other, seeking an interpersonal meeting characterised by presence and openness. The otherness and uniqueness of the other person are seen as givens which call for respect and understanding. Authenticity, responsiveness, mutuality and genuine present-ness are key characteristics of this attitude. Buber maintains that it is only in this type of meeting that man realises his full humanity. It is in meeting the Thou that the I realises itself. The 'other' of the I-Thou is not necessarily another person; it is possible to enter into I-Thou encounters with nature, or ideas and works of art. God is the eternal Thou who can only be known when addressed in this open, living, dialogic manner. We can get glimpses of God's existence in the I-Thou encounters with others who make up our everyday world.

Thus, the difference between the I-Thou and the I-it concerns the quality of the relation itself, not just the terms related to each other. Whilst the I-it is based on a distinction between subject and object, the I-Thou is conceived as intersubjective to such an extent that is becomes wrong to speak about subjectivity as something 'inner' belonging to one person. Buber further explicates this distinction in terms of the difference he introduces between his notions of participation or relation (*Beziehung*) on the one hand, and experience (*Erfahrung*) on the other. "Those who experience don't participate in the world. For the experience is 'in them' and not between them and the world. The world does not participate in experience." (1923, p.56) In

experiencing we distance ourselves from the other, we take up a position from which we observe and reflect on our observations of an object. This mode allows the gathering of knowledge of objects, their classification and generalisation. In contradistinction, the I-Thou is characterised by relationship, in-between-ness, participation, concern, and reciprocity.

Buber obviously uses the terms *Erfahrung* and *Beziehung* in a very particular fashion[20]. *Beziehung* for Buber operates only when the sedimentations of the past fall away to allow the openness of the present encounter. The *Beziehung* of the I-Thou Buber believes to take place uncontaminated by the preconceptions and intentions of the persons involved.[21]

> The relation to the You is unmediated [...]. Nothing conceptual intervenes between I and You, no prior knowledge and no imagination; and memory itself is changed as it plunges from particularity into wholeness. No purpose intervenes between I and You, no greed and no anticipation; and longing itself is changed as it plunges from the dream into appearance. Every means is an obstacle. Only where all means have disintegrated encounters occur. (ibid. pp. 62-3)

In contrast, experience, in Buber's use of the term designating objectifying distance, *prevents* the full encounter with the Thou. Whilst there is a moral obligation implied in his insistence that the I-Thou is the mode of relating that realises our true humanity, Buber emphasises that it is transient and has to give way again to the I-It. "Every You in the world is doomed by its nature to become a thing or at least to enter into thinghood again and again" (ibid. p.69). It is the "sublime melancholy of our lot" that every loving encounter, every contemplation, every actualisation of work runs its course and ends in its loss, at which time the You has "again become describable, analyzable, classifiable", i.e. has become the object of experience and, potentially,

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[20] His use of the term relation for instance differs from Simmel, who uses this term to designate social relations which have become sedimented and objectified

[21] The possibility of entering into a relation of understanding free from preconceptions and intentions is denied by the philosophers I draw on in Part II.

knowledge. Buber sees this loss as inevitable; he admits it is also necessary, both in the domain of the everyday and in the pursuit of the development of science. Just how distrustful Buber remains, however, of what he calls "conceptual knowledge", how mindful he is of the danger that knowledge might kill its objects, is apparent in the following paragraph:

> Knowledge: as he beholds what confronts him, its being is disclosed to the knower. What he beheld as present he will have to comprehend as an object, compare with objects, assign a place in an order of objects, and describe and analyze objectively; only as an It can it be absorbed into the store of knowledge. But in the act of beholding it was no thing among things, no event among events; it was present exclusively. It is not in the law that is afterward derived from the appearance but in the appearance itself that the being communicates itself. That we think the universal is merely an unreeling of the skeinlike event that was beheld in the particular, in a confrontation. And now it is locked into the It-form of conceptual knowledge. Whoever unlocks it and beholds it again as present, fulfils the meaning of that act of knowledge as something that is actual and active between men. But knowledge can also be pursued by stating: 'so that is how matters stand; that is the name of the thing; that is how it is constituted; that is where it belongs.' What has become an It is then taken as an It, experienced and used as an It, employed along with other things for the project of finding one's way in the world, and eventually for the project of 'conquering' the world. (ibid. pp.90-1)

Two kinds of knowledge are juxtaposed here, one arising from the I-Thou, the other from I-It relations. The former is characterised by terms like beholding, confronting, disclosing, unlocking, communicating, actual, active, particular and present; the latter is described in terms of comparing, analysing, naming, locking in, conquering, objects, matter, things, stores and universals. Buber's preference is clear, especially when it comes to interpersonal understanding. Only to the extent that I-It type knowledge is absent can the other person's communication have the kind of impact which leads to the disclosure of his being. This occurs in "genuine dialogue – no matter whether spoken or silent – where each of the participants really has in mind the other or others in their

present and particular being and turns to them with the intention of establishing a living mutual relation between himself and them" (1947, p.19). Buber stresses that it is precisely the uniqueness and immediacy of the truly dialogic encounter that leaves the I without any conceptual or other readily available 'handles' to manage the meeting of the You. The I is left fully exposed to the impact of the other:

> What occurs to me says something to me, but what it says to me cannot be revealed by any esoteric information; for it has never been said before nor is it composed of sounds that have ever been said. It can neither be interpreted nor translated, I can have it neither explained nor displayed; it is not a *what* at all, it is said into my very life; it is no experience that can be remembered independently of the situation, it remains the address of that moment and cannot be isolated, it remains the question of a questioner and will have its answer. (ibid. p.29)

It is clear from this paragraph that Buber has in mind a meeting of great interpersonal impact that defies one's preconceived (and present) ideas, a meeting that leaves one reeling just because of what has happened is somehow in excess of what can be put into available words. The event of meeting the other defies interpretation and translation; understanding is not mediated by a language which is already known. It is hard to see, however, how anything that is said which was not "composed of sounds that have ever been said" and which seems to escape entirely an understanding governed by the rules of language can convey meaning. Given the extent to which some of his main concepts refer to speech, it is clear that Buber did not believe language played no part in understanding. In his essay *The Word that is Spoken* (1965) Buber writes at length about the importance of speech and the need for one's spoken words to be understood (for only through the understanding by a You is the I realised). For Buber language is fundamental to the being of man, and it operates primarily in the mode of dialogic exchange of spoken words, i.e. addressing an other and awaiting a response. Language always already exists, which is to say that the other who is

addressed (in speech or in thought) co-constitutes the one who speaks or thinks. Whilst any utterance or thought of course draws on existing language (and in so far consists of sounds already heard) the otherness of the other, coming up against which is central to the I-Thou relation, is encountered only to the extent that what is heard has been un-heard of. The otherness of the other (a concept which implies the multiplicity of particular others) breaks open the realm of existing meanings. What is communicated and understood in the I-Thou relation goes beyond what either of the participants were capable of saying or understanding prior to their meeting. The force of the I-Thou meeting is due to its newness and unexpectedness (it cannot be expected). What is said and understood results from this dialogue which, *sui generis,* exceeds the sum total of the words of the speakers. Dialogue is not produced by two speakers, it is that which happens in "the between", the sphere that exists between the speaking persons.

Buber's I-Thou relation is a meeting between two parties which is essentially private and exclusive of anything 'third' that might impinge on its immediacy. It is a two-person relationship that unfolds oblivious of any other persons or its social context. The stress is on the present and unique to an extent that any prior ideas or meanings brought to this meeting, including of course the entire realm of linguistic meanings, are seen as detracting from its impact. Furthermore, since the I-Thou can be 'read' equally from both participating sides, its mutuality results in a formal symmetry. Privileging the couple the participants of which constitute each other and only refer to each other Buber's I-Thou operates on an entirely level playing field. The relation to the other is conceived as free of any differences of power or responsibility.[22]

Relationships which are structured with the aim in mind that one (or some) of its participants are helped in some fashion, e.g. therapeutic or educative relationships, rely for the fulfilment of that aim on elements of the I-Thou, yet

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[22] Levinas' (1989) rejection of this symmetry constitutes his central disagreement with Buber.

there are ineluctable limitations to their mutuality. In the post-script to *I and Thou* Buber takes up this problem, first in relation to the task of the teacher:

> The teacher who wants to help the pupil to realize his best potentialities must intend him as this particular person, both in his potentiality and in his actuality. More precisely, he must know him not as a mere sum of qualities, aspirations, and inhibitions; he must apprehend him, and affirm him, as a whole. But this he can only do if he encounters him as a partner in a bipolar situation. And to give his influence unity and meaning, he must live through this situation in all its aspects not only from his own point of view but also from that of his partner. He must practice the kind of realization that I call embracing [*Umfassung*; my note]. (1923, p.178)

What is required here is rather complex and makes conflicting demands on the teacher. She is asked to 'intend' the pupil both as the person he is and as that person who has realised his best potentialities. This demand is further explained as "apprehending and affirming the pupil as a whole", something which can only be achieved in a bipolar partnership. Furthermore, the teacher needs to be able to see things also from his, the pupil's point of view; she needs to have an understanding of the pupil which is, in part, informed by empathy.

The aim to realise the pupils *best* potentialities implies a hierarchy of potentialities and the privileging of some potentialities over others; it also implies someone who makes this choice, the teacher, who 'intends' the potential person of the pupil. This seems to contradict the requirement to apprehend and affirm the *whole* of the person of the pupil, which by definition includes his *worst* potentialities. The apprehending of the whole person that Buber advocates in the spirit of the I-Thou in this instance looks more like the 'intending' of the one possible versions of the future person which coincides with the moral values of the teacher. The intention to influence the child (no doubt an inevitable part of the task of a teacher), which according to Buber's definition has to be subsumed under the I-It relationship, looks to take

precedence over the ideal of the I-Thou. Whilst the pupil is also required to 'intend' the teacher as the teacher he is, Buber stresses that it is vital for the achievement of the educational task that the mutuality of this relationship stays incomplete.

Similar restraints on mutuality are in operation in psychotherapy, and yet, like the teacher, the therapist can achieve his aims only if he enters into a personal I-Thou "confrontation" with the other he is concerned with.

> [His] true task, which is the regeneration of a stunted personal centre [...] can only be brought off by a man who grasps with the profound eye of a physician the buried, latent unity of the suffering soul, which can be done only if he enters as a partner into a person-to-person relationship, but never through the observation and investigation of an object. In order to promote coherently the liberation and actualization of this unity in a new situation in which the other person comes to terms with the world, the therapist, like the educator, must stand not only at his own pole of the bipolar relationship but also at the other pole, experiencing the effects of his own actions. Again the specific 'healing' relationship would end as soon as the patient decided to practice the art of embracing and actually succeeded in experiencing events also from the doctor's point of view. Healing, like educating, requires that one lives in confrontation and is yet removed. (ibid. p.179)

Whilst Buber's concept of *embracing* (*Umfassung,* also translated as *inclusion*) introduces an idea similar to empathy, he insists that the acceptance of "the strictness and depth of human individuation, the elemental otherness of the other" (1965, p.59) is the foundation of every "genuine conversation". In such a conversation the other needs to be respected in his otherness, no matter how radical the difference in the views expressed might be. When it comes to the discussion of disagreements,

> everything depends so far as human life is concerned, on whether each thinks of the other as the one he is, whether each, that is, with all the desire to

> influence the other, nevertheless unreservedly accepts and confirms him in his being this man and in his being made in this particular way. (ibid.)

The other is not held at bay as the other, but turned to and "made present". Making present of the other becomes possible in virtue of a particular capacity,

> a capacity possessed to some extent by everyone, which may be described as 'imagining' the real: I mean the capacity to hold before one's soul a reality arising at this moment but not able to be directly experienced. Applied to intercourse between men, 'imagining' the real means that I imagine to myself what another man is at this very moment wishing, feeling, perceiving, thinking, and not as a detached content but in his very reality, that is, as a living process in this man. (ibid, p.60)

In making another person fully present, what is imagined "is joined in the act of imagining", so that the I experience something that the other experiences not just in a general, but in a quite specific manner. "This making present increases until it is a paradox in the soul when I and the other are embraced by a common living situation, and (let us say) the pain which I inflict upon him surges up in myself, revealing the abyss of contradictoriness of life between man and man" (ibid. p.60).

Thus Buber's concept of 'making present', to the extent that it involves a process of experiencing the experience of the other, contains an element of empathy based on imagination. Buber is very keen however to emphasise that this is a bi-polar situation, i.e. the other is still faced in his otherness. It is thus not an empathic movement in which two become one, nor is it a detached observation of the other as a separate object. Buber writes: "I prefer the name 'imagining the real', for in its essential being this gift is not a looking at the other, but a bold swinging - demanding the most intensive stirring of one's being - into the life of the other" (ibid. p.71). Through this act of imagination the other can be known "in his wholeness, unity, and uniqueness,

and with his dynamic centre" (ibid). 'Making present' thus gives rise to a knowledge of the person which is totally different in kind from the knowledge arrived at by the observational and analytical methods of the human sciences. Buber also uses the term *Umfassung* (translated as inclusion or embracing) for this 'bold swinging', and, whilst distinguishing it from empathy, gives it centrality for his concept of the dialogical. Empathy, for Buber,

> means, if anything, to glide with one's own feeling into the dynamic structure of an object [...]; it means to 'transpose' oneself over there and in there. Thus it means the exclusion of one's own concreteness, the extinguishing of the actual situation of life, the absorption in pure aestheticism of the reality in which one participates. Inclusion is the opposite of this. It is the extension of one's own concreteness, the fulfilment of the actual situation of life, the complete presence of the reality in which one participates. Its elements are, first, a relation, of no matter what kind, between two persons, second, an event experienced by them in common, in which at least one of them actively participates, and, third, the fact that this one person, without forfeiting anything of the felt reality of his activity, at the same time lives through the common event from the standpoint of the other. A relation between persons that is characterized in more or less degree by the element of inclusion may be termed a dialogical relation. (1947, pp.124-5)

The terms making present, imagining the real and inclusion or embracing seem to be used pretty much synonymously, and they define dialogical relations (ibid. p.97). The central idea is of an intense dual relationship, where both poles of the duality can be experienced with almost equal power without ever merging into one. Understanding is not achieved from a position of disinterest by a spectator of an 'external' other. As we saw Buber rejected 'observation' as a route to interpersonal understanding. Contra 'empathy', Buber retains the radical otherness of the other. Neither objectification nor identification can be allowed to eradicate the independence and difference of the people involved in the dialogic meeting. Understanding comes about through a commitment to the other in which the other remains other. This commitment is a strictly personal affair.

It is interesting to note that Buber, for whom mutuality was such an important aspect of the fully-fledged I-Thou encounter, was very clear about the incompatibility of this relationship dimension with psychotherapy. In acknowledging the fact that the therapeutic relationship could never be fully mutual Buber, who never practiced psychotherapy, saw an essential distinction which Carl Rogers refused to accept. In a public dialogue between the two men conducted in 1957[23] Buber stresses the difference in position and intention between therapist and client, a difference which Rogers seeks to eliminate. In Buber's view the client cannot practice (and has no intention of practicing) the inclusion that characterises the central mental movement on the part of the therapist. The client is after all concerned with his problems, and the focus on this concern constitutes the therapeutic situation. The help seeking/giving dimension of the therapeutic process structures the relationship in an asymmetrical manner. Rogers claims that the therapeutic relationship is, at least in its important, change promoting moments, one of equality and is experienced by the two participants in the same way. Buber denies this possibility, pointing to the reality of the situation: both client and therapist look at the client's situation, not at that of the therapist. In relation to therapy Buber insists, "You are not equals and you cannot be" (Rogers, 1989, p.50).

Rogers' theory of therapy, which takes the ideas of equality and mutuality a considerable distance, gives empathy a central role in the therapeutic process. The shift introduced in his work towards a radical individualism and, concomitantly, an exclusive focus in therapy on the client's subjectivity will be discussed in the following section.

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[23] The dialogue between Buber and Rogers took place in Ann Arbor, Michigan, on 18 April 1957, at a conference on Buber's work organised by the University of Michigan. The dialogue was moderated by the American philosopher Maurice Friedman.

Rogers: The primacy of empathy

Carl Rogers came to psychotherapy via a psychoanalytically oriented child guidance training and was influenced early on in his career by the work of Otto Rank and his followers who he met at the University of Pennsylvania School of Social Work and the Philadelphia Child Guidance Clinic. Rogers, who published an early version of his approach to psychotherapy in 1940, claimed that it was Rank who first made him realise the importance of concentrating entirely on the feelings expressed by the client and of responding to him in a wholly accepting manner. Professing a strong belief in the positive, health and growth seeking aspects of the human psyche, Rogers promoted a conceptually rather simple, if not simplistic, form of 'person-centred' psychotherapy. Perhaps due to the optimism it expressed, his work became hugely popular from the 1960's onward.

Central to Rogers' theory is what he calls the actualising tendency in man[24], "a trust in a constructive directional flow towards the realization of each individual's full potential" (Raskin and Rogers, 1989, p.155). Positive development, so Rogers' main thesis, will occur once certain interpersonal conditions are in place. "I can state the overall hypothesis in one sentence, as follows. If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth, and change and personal development will occur" (1961, p.33). To seek fulfilment of personal potential is human nature.

> The individual has within himself the capacity and the tendency, latent if not evident, to move forward toward maturity. In a suitable psychological climate this tendency is released, and becomes actual rather than potential. It is evidently in the capacity of the individual to understand those aspects of his life and of himself which are causing him pain and dissatisfaction, an understanding which probes beneath his conscious understanding of himself

into those experiences which he has hidden from himself because of their threatening nature. It shows itself in the tendency to reorganize his personality and his relationship to life in ways which are regarded as more mature. Whether one calls it a growth tendency, a drive toward self-actualization, or a forward-moving directional tendency, it is the mainspring of life, and is, in the last analysis, the tendency upon which all psychotherapy depends. (ibid. p.35)

Impairment in psychological functioning is seen as wholly due to deficiencies in the social environment, especially where the provision of early care is linked to externally imposed "conditions of value", creating a conflict in the child between its need for loving care and its "organismic valuing process". If psychopathology is caused by external obstacles to self-experience and self-expression, then, Rogers follows, all that needs to happen is to provide an interpersonal climate free of these constraining elements, and the arrested developmental process can resume. Rogers centrally believes that "a self-directed growth process would follow the provision and reception of a particular kind of relationship characterized by genuineness, non-judgemental caring, and empathy" (Raskin and Rogers, 1989, p.155). These three characteristics, which most often are termed *congruence, unconditional positive regard* and *empathy*, are the key qualities the therapist needs to possess and to demonstrate to the client. In 1957 Rogers claims that they constitute the "necessary and sufficient conditions" of therapeutic effectiveness.

Congruence (also: genuineness) refers to the correspondence between the therapist thoughts and his behaviour towards the client. For the therapist to be genuine means to be aware of his feelings, and to be willing to be in touch with and express the various feelings and attitudes which exist in him. The therapist does not put up a professional front or personal façade. "It is only by

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[24] The concept of *self-actualisation* was advanced by Kurt Goldstein (1939), whose holistic theory of personality was very influential within humanistic psychology. See below for his influence on Fritz Perls.

providing the genuine reality which is in me, that the other person can successfully seek for the reality in him. It seems extremely important to be real" (1961, p.34). Rogers thought that congruence was the most basic of the three conditions.

Unconditional positive regard refers to a fundamental attitude of acceptance and appreciation of the client as a person of intrinsic self-worth. Other terms used for this aspect are non-possessive caring, prizing and warmth. Unconditional regard is that element in the therapist which safeguards that the therapeutic relationship is one of "warmth and safety, [...] the safety of being liked and prized" (1961, p.34). In the presence of this condition Rogers thought therapeutic progress was likely.

Empathy, the condition which Rogers thought was most trainable of the three, seeks to understand 'from inside' the client's feelings and communications as they seem to him at that moment. Empathy refers to the therapist's familiarity with the client's subjectivity, but it also includes the communication of this understanding to the client. Importantly, empathy is only empathy if it is received as such by the client. Thus, it is essentially a communicative process.

> Empathic understanding. When the therapist is sensing the feelings and personal meanings which the client is experiencing in each moment, when he can perceive these from "inside", as they seem to the client, and when he can successfully communicate something of this understanding to his client, then this third condition is fulfilled. (1961, p.62)

Rogers contrasts this empathic approach, which he thinks of as phenomenological, with other types of understanding, e.g.,

> 'I understand what is wrong with you'; 'I understand what makes you act that way", or 'I too have experienced your trouble and I reacted very differently'; these are the types of understanding which we usually offer and receive, an

evaluative understanding from the outside. But when someone understands how it feels and seems to *me*, without wanting to analyze me or judge me, then I can blossom and grow in that climate. And research bears out this common observation. When the therapist can grasp the moment-to-moment experiencing which occurs in the inner world of the client as the client sees it and feels it, without losing the separateness of his own identity in this empathic process, then change is likely to occur. (ibid. p.62)

Empathy is not just and not primarily the process of the therapist gaining understanding of the client; it is one of the key factors in the change process itself. Truax and Carkhuff (1967), two close collaborators of Rogers, link this concept of empathy to Fliess' concept of trial identification.

> [Empathic] understanding means that the therapist has to a great degree successfully assumed the internal frame of reference of the patient [...] this "trial identification", where the therapist steps into the patient's shoes and views the world from this emotional and perceptual vantage point, allows him for the moment to experience the world, events, and significant people *as if* he were the client himself. To be "inside" the client, and yet to remain "outside", lets the therapist sense the meaning of the anger or the fear, its antecedents and its consequences, without being overwhelmed by the experiencing. Thus he can contribute to the expansion and clarification of the patient's own awareness of experiences and feelings. This is the essence of the fine balance between identification and objectivity that the therapist must achieve to become effective. (ibid. pp.285-6)

Empathy is a conscious and intentional joining in the client's subjective experience, not more and not less. The understanding that is gained through empathy is thought to be an understanding *with* rather than an understanding *of* the client. Empathy for Rogers is not about the therapist comprehending the client in ways he cannot comprehend himself. Empathic understanding is of the client's conscious subjectivity; it is the duplication of the client's subjectivity in the therapist's mind. For psychoanalytic formulations of empathy the task of understanding the patient's unconscious is central; in

person-centred psychotherapy this task is replaced by that of understanding the client's subjective experience (as it is known, i.e. conscious, to the client). The emphasis is on communicating the willingness and the capacity to understand the client as she understands herself. The ensuing subjective feeling of being understood and accepted supports the client's ongoing and deepening self-exploration and self-acceptance.

The therapist's relational attitudes help reduce the client's interpersonal anxiety (including his fear of the therapist); this facilitates the reflection on intrapsychic anxieties. Reduction in anxiety is thought to enable greater self-awareness, allowing access to an increasing range of experience. 'New knowledge' comes from 'inside' the client, it is not offered by the therapist on the basis of his expert knowledge.

Empathy is conceived not so much as a cognitive process as a participation in the client's conscious subjectivity, stressing in particular the affective components of the client's experience. And yet, there is, in Rogers' concept of *advanced empathy*, a blurring of the distinction between empathic communication and what might in psychoanalysis count as an interpretation of unconscious mental content. This is what Rogers says about advanced empathy: "When the client's world is clear to the counsellor and she can move about in it freely, then she can both communicate her understanding of what is vaguely known to the client, and she can also voice meanings in the client's experience of which the client is scarcely aware" (1962, p.93). Here the therapist can see more, understand more than the client, and can through verbal communication add to her self-awareness and self-knowledge.

Contra psychoanalysis Rogers insists that this understanding must not be subjected to explanations drawing on theoretical constructs but needs to remain within the terms of the client's own experience. Also, the communication of understanding has to be embedded in a relationship which is full of warmth and acceptance. It is on these grounds that Rogers takes issue with the use of empathy by Kohut. In an article written in 1968, shortly

before his death, he criticises Kohut for his cold and impersonal use of empathy as a method of collecting information about the client's inner life, and he reaffirms his life-long conviction that empathy is a powerful healing agent in its own right. "It is one of the most potent aspects of therapy, because it releases, it confirms, it brings even the most frightened client into the human race. If a person can be understood, he or she belongs" (1986, p.129). Empathy induces the experience of being understood which in turn leads to a sense of belonging. The breaking down of the perceived barriers alienating the client from the world inhabited by others and, by the same token, from himself is the primary function of a therapy in the person-centred mode.

The therapist's *knowledge* has no place in this scheme of things, and interpretation has become an anathema.

> No approach which relies upon knowledge, upon training, upon the acceptance of something that is taught, is of any use [...] It is possible to explain a person to himself, to prescribe steps which should lead him forward, to train him in knowledge about a more satisfying way of life. But such methods are, in my experience, futile and inconsequential. (1961, p.33)

Rogers goes as far as suggesting that it takes no expert knowledge, and hence no prolonged course of study or training, to become a psychotherapist. After all, "the client is his or her own therapist" (Raskin and Rogers, 1989, p.161). The function of the psychotherapist is merely to facilitate the process of self-exploration and self-actualisation, and this function is provided through the relational attitudes of the person of the therapist. 'Knowledge' and the idea of expertise which accompanies it can only get in the way of the kind of person-to-person meeting that Rogers thought was the condition for healing and growth. And yet, if the therapist can add to the client's self-knowledge, as Rogers suggests in introducing the notion of advanced empathy, the question arises where this new knowledge comes from. Rogers does, after all, smuggle in an element of interpretation whilst claiming to stay within the reach of empathy, thus creating a conflict regarding what is admitted as knowledge.

There is a question, furthermore, whether Rogers' three core conditions do not pose rather conflicting demands on the therapist. To the extent that the therapist is required to be genuine, he is meant to be in touch with and (discerningly and considerately) give expression to his own personal thoughts, feelings, and responses. At the same time, he is required to demonstrate, at all times and regardless of what the client presents him with, a warm and accepting attitude, whilst conducting the subtle phenomenological task of empathic enquiry. These demands are hard to reconcile with each other, and at times must appear contradictory. It seems difficult to believe that any therapist might genuinely have only warm and accepting feelings towards his clients. Furthermore, a person who can equally accept and appreciate all manner of characteristics and behaviours in other people surely needs to be a person not only without internal conflict, but also without preference and prejudice – a person from nowhere, so to speak, who is hardly a person at all. Also, the demand to be both genuine and empathic requires that the therapist be both inside his own subjectivity and that of the client. Again, to be truly genuine could very easily clash with the empathic mode. In contrast to Buber's concept of inclusion (his *bold swinging* between the two positions), Rogers' theory is ambiguous as to whether it wants to be a one-person or a two-person psychology.

Rogers thought his therapy, when successful, operated in the I-Thou mode as defined by Buber. As we saw however, Buber was rather critical of empathy since it tends to eradicate the other person's fundamental otherness. Furthermore, he insisted that the mutuality central to the I-Thou could not exist in a relationship which is structured so one person can be helpful to the other (and not the other way round). The immediacy and openness of the encounter that Buber has in mind has to be compromised by the non-reciprocal empathic focus necessary to do therapy.

The 1957 dialogue between the two men ends with Buber stating quite plainly what he sees as another essential difference to Rogers' philosophy of the

person, putting forward an argument that amounts, in my mind, to an even more fundamental criticism. Buber asserts that a distinction should be made between the concept of "persons" and that of "individuals". The stress on the uniqueness and private-ness of the individual tends to run counter to the recognition of the essential social connectedness and reciprocity of the person. It is very clear that he criticises what is for Rogers the core concern: the self-referential, individualising character of the actualising tendency with its stress on uniqueness and private fulfilment. "I am *against* individuals and *for* persons" (in Rogers, 1989, p. 63) are Buber's last words in this debate.

Given the rather extreme emphasis on individuality and privacy of experience in Rogers' theory of personality, there is indeed the question, what provides the basis for the possibility of empathy. Does empathy not require that I recognise in the other something I know in myself? Is it hence not based on *sameness* or at least great areas of overlap, i.e. *similarities* of experience? If experience is essentially unique and private, everybody is indeed the (only) 'expert' on him/herself, and nobody could hope to find the kind of access to another person deserving the name 'understanding'.

For a rather different vision of the person, and consequently of the process of understanding in the psychotherapeutic process, also from within the humanistic psychotherapy arena, I will now turn to a discussion of Gestalt therapy as it was developed by the Perls' and their collaborators.

Gestalt therapy: Contact at the boundary

Founded by Fritz and Laura Perls in the 1940's Gestalt therapy is based on principles adopted from Gestalt psychology and incorporates elements of phenomenological and existential philosophy. Gestalt psychology originally grew out of the convergent researches of Wolfgang Köhler, Max Wertheimer and Kurt Koffka. It first developed as a theory of perception in opposition to the more classical theory of perception dominant at the end of the 19th

century; later it was extended to social psychology by Kurt Lewin and his pupils. Originally resolutely naturalistic in its orientation, it emphasised, like phenomenology, the inseparability of subject and object.

Gestalt psychologists pointed to the inherent structures in complex perceptual units (like a melody or a person's physiognomy); they thought that such acts of perception possessed *Gestaltqualitäten* as perceptual realities supervening and imposed on sensation. These inherent qualities entailed that such structures had to be viewed as organized wholes, a concept which was used to undermine the belief in the existence of 'sensation as such'. It is not the sensations which are primarily given as the raw material of perception and subsequently organised into perceptual wholes, as associationist theory claimed. Sensations, Gestalt psychology maintains, can be determined only secondarily as elements within the Gestalt. It is always the already organised whole which is primarily perceived.

Gestalt psychologists concluded that the perception of complex structures as *wholes* had to be explained as evidence of pre-wired patterns and laws of perception. The concept of the *figure/ground* relation plays a central role in this context. The *figure* stands out from the surrounding *ground*; it appears to have a more definite surface and clearer boundaries which makes it capable of being definitely perceived and recognized. The ground lends the backdrop for the figure but appears itself as less definite. The figure is termed by the German word *Gestalt* which translates, somewhat unhappily, into the English 'shape' or 'configuration'. Gestalt psychology implies that the brain has an inbuilt tendency to detect meaningful whole *Gestalten*, making perception a much more active process than previously thought. Köhler additionally put forward that the figure/ground relationship within the perceptual field changes in accordance with the fluid rhythms of the organism's need satisfaction cycle.

Fritz Perls came into contact with Gestalt theory early in his career through his work in Frankfurt as an assistant of Kurt Goldstein, a physician and psychiatrist who was also a leading Gestalt psychologist. Perls was

impressed by Goldstein's concept of the organism-as-a-whole, which posited the organism/environment interface as the basic variable. For Goldstein all parts of the organism are dynamically interrelated and can only be understood as part of this dynamic whole.[25] Perls subsequently trained as a psychoanalyst - he was an analysand of Wilhelm Reich in the 1930's, and later of Karen Horney. From Reich he adopted the emphasis on the psyche-soma link. For the 'middle-period' Reich psychological rigidity, i.e. neurosis, is manifested and supported by postural-muscular rigidity. Any psychological change must be accompanied by modification of this physical 'armouring', implying a functional identity of 'character' and bodily posture. As further important influences Perls quotes Kurt Lewin's field theory and Jan Smuts' (1926) holism.

Perls published his first book on what came to be known as Gestalt therapy in 1947, after his arrival in the US from South Africa[26]. Whilst Fritz Perls appeared as the founding father of Gestalt therapy, whose charismatic presence dominated the Gestalt scene to such an extent that this approach became identified with his books and his demonstration techniques, some writers claim that his wife Laura had a major influence on the development of this method and wrote (or co-wrote) some of the material which was published in her husbands name (see Yontef and Simkin, 1989). In the few publications under her own name she appears to promote a Gestalt therapy somewhat at variance from that of Fritz Perls. Her criticisms of the increasingly 'gimmicky' practice of Gestalt and her emphasis on the dialogic engagement make her increasingly influential with contemporary theorists. I will return to Laura Perls' contributions and the moves towards a dialogic Gestalt therapy after I have outlined some of the central ideas publicised by Fritz Perls and his collaborators.

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[25] Goldstein himself was influenced by biologist J. von Uexkuell, whose suggestion that the internal structure of an organism comes about via the internalisation of external structure was also taken up, in very different ways, by K. Lorenz and Lacan.

A central concept of Gestalt therapy is awareness; Perls states that the main goal of Gestalt is the increase of awareness on the part of the client. Gestalt focuses on the *here and now* experiences of the client and the therapist in an attempt to get hold of what is 'actually' sensed and felt by the client. This focus on the 'raw data' of experience is designed to reach underneath the habitual thought and behaviour patterns, preconceived ideas, and neurotic inhibitions of the client. Gestalt therapy uses focussed awareness and experimentation, and endeavours to stay clear of explanation and interpretation.

Two further key concepts are *experience* and the *contact boundary*. Perls et al. (1951) elaborate these in relation to a generalised idea of the *organism*. The organism is viewed as wholly immersed in its environment; it constantly interacts with it to such an extent that it does not make sense to speak about its organisation, its capacities or its functions without keeping its environment in mind. Perls et al. therefore propose to speak only of the *organism/environment field*. Even when referring to psychological constructs, such as impulses, drives etc., which tend to imply the isolation of the individual organism, it should not be forgotten that they are always functions within an interacting field. Experience is the experience *of* this interaction, it is the experience *of* the contact boundary.

> Experience occurs at the boundary between the organism and its environment, primarily the skin surface and the other organs of sensory and motor response. Experience is the function of this boundary, and psychologically what is real are the 'whole' configurations of this functioning, some meaning being achieved, some action completed. The wholes of experience do not include 'everything', but they are definite unified structures; and psychologically everything else, including the very notions of an organism or an environment, is an abstraction or a possible construction or a potentiality occurring in this experience as a hint of some other experience.

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[26] In 'Ego, Hunger and Aggression' (1947) Perls called his new type of therapy 'concentration therapy'. The name Gestalt therapy was later suggested by Laura Perls, who in fact had written parts of the book without being named as one of its authors.

> We speak of the organism contacting the environment, but it is the contact that is the simplest and first reality. (1951, p.273)

Accordingly, Perls et al. define psychology as the study of "the operation of the contact-boundary in the organism/environment field". This is further explained as follows:

> When we say 'boundary' we think of a 'boundary between'; but the contact-boundary, where experience occurs, does not *separate* the organism and its environment; rather it limits the organism, contains and protects it, and *at the same time* it touches the environment [...]; the contact-boundary - for example, the sensitive skin - is not so much a part of the 'organism' as it is essentially *the organ of a particular relation of the organism and the environment.* [...] What one is sensitive of is not the condition of the organ (which would be pain) but the interacting of the field. Contact is awareness of the field or motor response in the field. (ibid. p.275)

Thus, any experience, all psychic reality occurs at the contact boundary; it is the awareness of the interaction between the organism and the surrounding field. "Consciousness" (a term used usually in inverted commas), it is suggested, is "a special kind of awareness, a contact-function where there are difficulties and delays of adjustment" (ibid. p.276). Amongst the most important functions of the contact-boundary are the maintenance of the difference of the organism from its environment, and the exchanges with the environment which supply the organism with whatever it needs. Importantly, both the intake of nourishment and expulsion of toxins occur across the boundary; the environment is taken in but also rejected according to the needs of the organism. Both ingestion and expulsion are seen as life preserving functions of creative adjustment which enhance the further growth of the organism. Thus the contact boundary is defined as the location where, physically but also psychologically, difference is maintained and negotiated.

It is the quality of the functioning of the contact-boundary, the degree to which the organism can respond to the environment in flexible, adjustive and creative ways, which define psychological health or ill-health. Gestalt therapy focuses on the analysis of the current experience of the client with the emphasis being placed not on the content of the experience, but on the way in which experience is structured, that is, the way in which the contact-boundary operates.

> By working on the unity and disunity of this structure of the experience here and now, it is possible to remake the dynamic relations of the figure and ground until the contact is heightened, the awareness brightened and the behaviour energized. Most important of all, *the achievement of a strong gestalt is itself the cure, for the figure of contact is not a sign of, but is itself the creative integration of experience*. (ibid. pp. 278-9)

Perls rejects the idea that the person is structured internally in a fixed or stable way, and he opposes any concept of a core of the personality. There are only the fluctuating experiences of the contact-boundary with different gestalts forming and dissolving according to the needs and interests arising within the individual in relation to the stimulations and challenges that the environment presents. 'Self', another term frequently used in inverted commas, is understood as a "temporal process" (ibid. p.426), "the system of contacts at any moment" (ibid. p.281).

> As such, the self is flexibly various, for it varies with the dominant organic needs and the pressing environmental stimuli; it is the system of responses; it diminishes in sleep when there is no need to respond. The self is the contact-boundary at work; its activity is forming figures and grounds. (ibid. p.281)

> Self may be regarded as at the boundary of the organism, but the boundary is not itself isolated from the environment; it contacts the environment; it belongs to both, environment and organism. (ibid. p.427)

'Self' thus arises at the boundary as and when there is interaction between the person and their environmental field. As a consequence of this move of the locus of self from a position of presumed centrality to the very periphery of the person, it becomes "absurd" to ask what a person's 'real self' is. It is always the response to a present situation, even if the response is to keep something out of awareness. Whilst the self cannot be meaningfully discussed apart from its environment and is conceptualised as constantly changing according to the person's internal and external conditions, Perls et al. insist that it is a highly active and, at least in healthy functioning, creative process. It integrates the organism's various physical, mental and emotional functions, and directs attention and activity according to the organism's needs. It is the process by which meaning is created and behaviour is organised as a meaningful response to the presenting situation.

Self as a function, or manifestation, of contact with the external world relies on stimulation, that is otherness, for its existence; and it is the *degree of otherness* which determines the intensity with which it comes into being. For example, skin, whilst always part of the organism, becomes only part of the self-experience when stimulated through touch or heat. The authors paraphrase Aristotle: "When the thumb is pinched, the self exists in the painful thumb" (ibid. p.427). The intensity of self-experience is in direct proportion to the intensity of the confrontation with otherness: "In brief, where there is most conflict, contact, and figure/background, there is most self; where there is 'confluence' (flowing together), isolation, or equilibrium, there is diminished self" (ibid. p.429). Confluence refers to the loss of differentiation between the person and his 'other'/object. Processes like adaptation and habit formation lead to the decrease of stimulation and, as a result, to the diminishing of the sense of self. Similarity is a weak experience, sameness a non-experience. Confluence is defined as "the condition of no-contact (no self-boundary)" (ibid. p.510) and is seen, if habitually used, as one of the neurotic defensive

mechanisms[27] which Perls terms "interruptions to contact". It is the prevention of self-experience by means of avoidance of the excitation which results from confrontation with otherness. In this model, self and other can only be experienced a) together and simultaneously, since experience is bipolar by nature and comes about only in the contact of self and other; and b) to the extent that the other is different, since sameness is not considered to make the kind of impact that gives rise to experience.

This theory of the person has important consequences for the conceptualisation of the psychotherapeutic process. The therapist experiences and can come to know the client to the extent that the client is other than him or her; the same holds true for the client, who can experience both therapist and self only in their different-ness. Otherness is a precondition for experience, and hence for knowledge. Furthermore, contact, awareness, self-experience, figure/ground formation etc, that is, all qualities which play a crucial role in the definition of psychological health, come about and are heightened by the experience of otherness. Consequently, Perls saw it as the therapist's task to *increase the experience of otherness*, leading, of course, to a more confrontational therapeutic style. From Perls et al.'s statement "Every healthy contact involves awareness (perceptual figure/ground) and excitement (increased energy mobilization)" follows a therapeutic strategy which is primarily 'counter-confluence'. Experiences of sameness or identification cannot be said to be experiences at all; rather they are states of non-experience the whole neurotic point of which might be exactly the avoidance of otherness. Since Perls subsumes empathy under the concept of confluence, empathy is highly suspect to him:

> If the therapist withholds himself, in empathy, he deprives the field of its main instrument, his intuition and sensitivity to the patient's ongoing processes.... He must have a relational awareness of the total situation, he must have contact with the total field - both his own needs and his reactions to the

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[27] Perls uses 'defence mechanism' in a non-psychoanalytic way, i.e. his understanding of defences does not rest on a notion of the unconscious.

> patient's manipulations and the patient's needs and reactions to the therapist. And he must feel free to express them. (1973, p.105)

Empathy was consequently rejected as a modality of understanding. It only resurfaces within Gestalt theory in its more recent 'dialogic' re-formulations, first as an aspect of 'inclusion' (Yontef 1991) and later under its own name (Hycner and Jacobs 1995). Some of these developments I will discuss below, after considering briefly some questions regarding the Gestalt concept of the self so far presented.

The self, according to one strand in F. Perls' writings, cannot be thought of as a separate entity; it is conceptualised as always co-created by the present situation, or social relationship. There is no account of what might give stability and coherence over time to the self, apart from neurotic sedimentations and acquired 'confluent' habits. The healthy I is constantly changing. This idea has a certain appeal given the challenge it poses to ideas of the person as a much more fixed and historically (or genetically) determined entity. It is however rather counter-intuitive, and it gives rise to a number of questions, which I will pose here without being able to discuss them in any detail.

If the self were such a transient phenomenon, and the function only of the contact with the other, what is it that constitutes the otherness of the other that gives rise to this experience of contact? It cannot really be the other's self? Furthermore, if the idea of 'real self' is absurd, how can it said to be 'authentic' (authenticity being another important value espoused by Perls)? Finally, there is the question of understanding, which is obviously the most relevant for this thesis: If the self is constituted only through the experience of difference to an other, how is interpersonal understanding possible? Understanding cannot, after all, proceed on the basis of irreducible differences between individuals. Even to understand the idea of difference presupposes some identity. This objection will become clearer in the following chapter where I will turn to the

discussion of the preconditions of understanding as elaborated by hermeneutic philosophy.

There is in the Gestalt theory of Fritz Perls and his collaborators a strong tension, if not contradiction, between an idea of the person who is only thinkable in terms of her interaction with the environment and an individualism which, over time, became radical to the point of absurdity. In sections of his writings Perls portrayed the self as coming into existence only in relationship, using a strongly 'Buberian' language – as for example in the following quote which describes the relationship between client and therapist as an existential dialogue:

> [...] the *We* which is different from the I and You. The *We* doesn't exist, but consists of I *and* You, is an everchanging boundary where two people meet. And when we meet there, the I change and you change, through the process of encountering each other. (1969, p.7)

Perls asserted the fundamental importance of the I-Thou relationship also in Levitsky and Perls (1970). In 1969, however, Perls writes: "responsibility means simply to be willing to say 'I am I' and 'I am what I am'", thus advocating an individualism which sheds responsibility for and dependency on others and refuses to adapt to society's (or any other person's) demands. The contact boundary, which had originally been conceptualised as the place of the 'between', is increasingly interpreted as the line which delimits the individual self. The person who was originally conceptualised in entirely interactive terms as part of a person/environment process became – for reasons which do not seem to flow from the development of the original founding concepts - increasingly separated from his embedded-ness in its field and ended up, at least in F. Perls' later view of the mature, self-supporting adult, as highly individualised and defined almost in opposition to their social ties. In 1975 Perls writes: "I define maturity as the transition from environmental support to self-support" (in Stevens, 1975, p.5), suggesting the person can support himself independently from his environment.

This individualism erodes the relational and dialogic aspects of the person and, consequently, of the therapeutic process. The other person, in Fritz Perls' writings, remains rather opaque when s/he appears at the contact boundary. Perls' main interest seems focussed on the ways this meeting enhances the definition and gratification of the self. Whilst his emphasis on freedom, choice, personal responsibility and authenticity show the influence of existentialist thought, this is not the existentialism of Buber[28]. The deep dialogic engagement with the other was sacrificed in favour of the actualisation of a self to whom the other became rather incidental.

Perls' radically individualistic views and his increasing reliance on often very provocative experiments, which he conducted in one-off demonstration sessions in front of large audiences, came under attack from some Gestalt practitioners who tried to salvage some of the original ideas. Yontef (1991) for instance is keen to draw a distinction between Gestalt and what he terms 'Perlsism'. Laura Perls was among those who felt that there was much too much emphasis on technique in Gestalt therapy and that many practitioners made the mistake of trying to copy the highly experimental demonstration style of Fritz Perls at the cost of the relationship with their clients. Laura Perls wrote of the deep influence that a personal meeting with Buber had on her: "I think that Buber and Tillich were of much greater influence on me in the long run than analysis and Gestalt psychology, because it was an immediate, direct, existential approach to life" (1989, p.17). She also voiced opposition to the increasingly technical, not to say 'gimmicky' style of many 'Perlsian' practitioners:

> A Gestalt therapist does not use techniques; he applies himself in and to a situation with whatever professional skill and life experience he has accumulated and integrated. There are as many styles as there are therapists

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[28] Both Fritz Perls' and his later 'dialogic critics' present Gestalt as an existentialist psychotherapy (Perls 1976, Hycner and Jacobs 1985, Yontef and Simkin 1989).

> and clients who discover themselves and each other and together invent their relationship. (1976, p.223)

Whilst Laura Perls asserts the importance of Buber for her concept of Gestalt therapy there is not much reference in the literature to the I-Thou relationship before the mid-1970's, when particularly Yontef and later also Jacobs started discussing the I-Thou relationship much more extensively (Yontef 1975, 1979; Jacobs 1978). Yontef (1983, 1984) began to refer to Gestalt therapy as a "dialogic method", whilst Hycner (1985) suggested that the dialogic approach within Gestalt therapy needed to be made explicit. This marked increase in the importance ascribed to the therapeutic relationship sought to address the problem, identified by a number of practitioners, not only of an over-reliance on technique but also of the strong emphasis on individualism in Gestalt therapy.

Gestalt therapy as dialogue

Relatively recently there has been a strengthening of the current within American Gestalt theory which gives centrality to the therapeutic relationship defined as a dialogic existentialist encounter. Yontef (1993), suggests that Gestalt therapy is a "dialogic method", whilst Hycner and Jacobs (1995) develop a dialogic approach which is in essence an attempt to transpose Buber's philosophy of the I-Thou into clinical practice.

Jacobs sees two main strands running through Gestalt; one, going back to Perls et al (1951), emphasizing *awareness*; the other focussing centrally on *contact.* Regarding the first strand Jacobs observes rightly that, to the extent that Gestalt is practiced as a diagnosis of functions and application of techniques, the therapist's stance is that of an observer/expert and as such closer associated with a medical model, rather than a dialogic one. The contact boundary, whilst defined as an interactive function, is studied by Perls et al. from an observer position, rather than from the point of view of the

experiencing subject. The contact boundary which is thus observed must be different from the one that the client experiences. Thus, whilst claiming to take an existentialist stance, the approach to the study of the contact boundary is that of the natural scientist.

The dialogic approach advocated by Hycner and Jacobs takes the openness of the interpersonal encounter, which is defined closely following Buber's ideas, as an irreducible human need and consequently places it at the centre of the therapeutic process:

> The human heart yearns for contact - above all for genuine dialogue. Dialogue is at the heart of the human. [...] The paradox of the human spirit is that I am not fully myself till I am recognized in my uniqueness by another - and that other person needs my recognition in order to fully become the unique person she or he is. (1995, p. ix)

> By the dialogical is meant the overall relational context in which the uniqueness of each person is valued and direct, mutual, and open relations between persons are emphasized, and the fullness and presence of the human spirit is honoured and embraced. (ibid. p.4)

'The dialogical' as the ideal of human interpersonal connectedness becomes an implicit goal of the therapeutic process. The therapist becomes the "steward of the dialogical"; this entails that "the individuality of the therapist is subsumed (at least momentarily) *in the service of the dialogical*" (ibid. p.13). It is the therapist's task to become aware of what is missing from the dialogic situation and to work towards the supplementing of this lack. Increased self-knowledge of the client, which is central to so many conceptions of the therapeutic process, can only come about through dialogic relation.

The therapist's dialogic stance vis-à-vis the patient is characterised by *presence, open communication,* and *inclusion*, paralleling Buber's definition of the I-Thou relationship. Presence refers to Buber's existential *turning toward*

the other as the basic stance. The therapist is meant to bring *all of him/herself* ("as the person s/he is") to bear in the meeting; this is seen as a precondition for the client's bringing all of him/herself to the session ("as the person s/he is"). Preconceptions, expert knowledge and technique are seen as obstacles to presence.

The condition of genuine and unreserved communication demands of the therapist to be honestly and unreservedly involved, yet not to say indiscriminately everything that comes to mind. What should be unreservedly said however is everything that occurs to the therapist "in the process of the dialogue", which implies a concern for the client and sensitivity to his present psychological state. Authenticity, spontaneity and immediacy are valued since it is believed that their expression furthers the task of therapy, both by helping the client to 'take the next step' and by safeguarding the therapist's capacity to "remain available for contact" (ibid. p.66).

Inclusion is, as we have seen, Buber's term for "imagining the reality of the other". In contrast to empathy, Buber asserts, this involves a "bold swinging" between the different vantage points of the two participants in the dialogic meeting. Two poles are to be held in mind, rather than 'going over' to the other side. Jacobs maintains that this inclusion can be practiced in a one-sided way. The client's capacity for the dialogic meeting is likely to be limited (presumably this makes him/her the client in the first place), in which case it is left to the therapist to "appreciate" the client in a "dialogue without mutuality". "One person, the therapist, can be present and 'imagine the reality' of the other. *This is the dialogic attitude.* The dialogic attitude is an expression of the latency of the I-Thou" (ibid. p.74).

The emphasis on the otherness of the other person is understood to imply that any knowledge the therapist brings to the session, since it is always knowledge of something prior to the present situation, is of very limited value. Knowledge can neither predict nor fully explain the other as he is met in the dialogic encounter. Consequently, not-knowing and the element of surprise

are emphasised; knowledge can at best lend some "support" in the therapeutic engagement.

> The therapist doesn't ignore all the knowledge she has, but rather this knowing is shaped by her overall sense of the client and what that person needs at the time. Throughout the therapy there is the art of knowing when to emphasize the 'general' or the unique. (ibid. p.15)

This 'art' remains, unsurprisingly, unspecified; it is unclear how this overall sense of the client comes about. The idea that seems to be in play here is one of 'the whole being' of the therapist acting like an organ that can sense 'the whole being' of the other and know their psychic state when this sense impression links up in some way with the therapist's body of knowledge and experience. 'The art of knowing' is evoked presumably to fill some conceptual gap. Resonance, following the lead of the client in the dialogic 'dance', learning how to move to the rhythm of the client, tracking the moment-to-moment experience of the client are some of the key metaphors used to describe the therapist's mode of operation.

In accordance with the phenomenological rule of 'bracketing' or 'reduction'[29] the therapist is required to suspend personal biases, as well as any general knowledge about people, psychological processes or diagnostic categories, and to attend instead to the unique person in front of him, in a manner as open and interested as possible. Theories, training and clinical experience are necessary and not to be forgotten, but to be put to one side to let something new and unforeseeable happen. General knowledge and prior experience, i.e. all that which makes up the body of therapeutic knowledge, is to move into the background in order for the person of the client to become the only figure. Bracketing off one's preconceptions and allowing the "sensory processes to discover whatever is revealed by the self and the situation" (ibid. p.61) is meant to bring to light the relevant aspects of the client's experience and, at

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[29] These terms originate from E. Husserl's phenomenology.

the same time, safeguard its acceptance. Phenomenology implies acceptance, which in turn, in the context of the therapeutic dialogue, has an important curative function.

> This phenomenological attitude implies acceptance. Patients who can accept themselves will have no need to judge and deny their experience. In the therapy relationship, the therapist's acceptance seems to open for patients the possibility of self-acceptance, and this permits patients to deepen their own awareness. (ibid. p.61)

In spite of Buber's insistence that any intention to change or to manipulate the other is entirely incompatible with the dialogic ethos, technique has always played an important role in Gestalt therapy and is not dismissed by Hycner and Jacobs. In dialogic therapy, however, the *in-between* of the meeting is meant to give rise to any particular therapeutic interventions. "'Techniques' arise within the context of the relationship [...] If the therapist is really in good contact with the client, so-called techniques will be suggested by in [sic] the therapeutic context where this person and the therapist are at any given time" (ibid. p.25). An example given by Yontef (1976) allows the discussion of some of the tensions and problems this assertion entails. Yontef writes:

> Techniques arise out of the dialogue between I-Thou and the I-Thou sometimes requires a technological intervention. Example: Patient talks without looking at the therapist. The dialogue has been interrupted in that the patient talks, but to no one in particular. A real dialogue now would require a vigorous response by the therapist. Possibilities: 1.) 'You aren't looking at me,' 2.) 'I feel left out,' 3.) 'I suggest an experiment: Stop talking and just look at me and see what happens'. (ibid. p.72)

In what sense these techniques "arise" out of the dialogue is not clear. Not only could it be argued that they were brought to the encounter by the therapist, as his values, diagnostic ideas and methods; it is also notable that this *one* 'between' throws open a variety of possible responses (it would be easy to add more) from which the therapist, and not 'the between', chooses.

A number of issues already flagged up in the foregoing discussion of Gestalt therapy can be highlighted via this example. The first concerns the tensions between the therapist's basic mode of acceptance of the client as she is and his intention to produce change. It is easy to imagine the quoted interaction being experienced by a client not as an enhancement of the dialogic quality of the meeting, but as a pressure to comply with the ideas, needs and values of the therapist, i.e. as just the sort of imposition of the therapist's agenda which could be seen to interfere with the client's autonomy and otherness. The I-Thou quality of the meeting might well be compromised by the therapist's technical response resulting from the diagnosis of an aspect of the client's functioning. This question of the tension between the openness of the interpersonal encounter and the therapist's intention to be of help in essence repeats Buber's point that the therapeutic relationship cannot ever be fully in the register of the I-Thou.

A further point relates to the question of *who* the client is talking to anyway. If the client was not talking directly to the therapist, a fact which Yontef took to mean that the client was talking to "no-one in particular", who was the client addressing? This question, which is a central question in psychoanalysis, is not posed in the dialogic approach. It is taken for granted that if the therapist is talked to/looked at (or not) by the client, the person of the therapist is the addressee meant by the client's communications. This point is, in one sense, only one of the questions thrown up by the explicit readiness of Gestalt practitioners to take 'for real' what is apparent to perception.

This leaves us with two main conclusions about Gestalt therapy. Firstly, throughout the writings of dialogic Gestaltists there is a tension between, on the one hand, acceptance, confirmation, I-Thou, healing through meeting etc., and, on the other hand, change, intention, pressure, technique, confrontation, manipulation, I-It. Jacobs, for instance, speaks of the "recovery of ego skills through awareness techniques" and "corrections to the contacting process" (ibid. p.77), whilst maintaining that, true to her understanding of the

phenomenological approach, "goals and judgements are held aside, and attention is directed simply to what is happening" (ibid. p.78). This tension between – to keep using Buber's language – the I-Thou and the I-It dimensions of the therapeutic relationship remain unresolved.

Secondly, the so-called 'phenomenological' presupposition that the important aspects of the client's reality are directly accessible to the therapist via sense perception leaves Gestalt theory with a simplistic and impoverished account of clinical understanding. In the end, there is a remarkably naive reliance on the therapist being able to simply see "what is happening". The first of the two central Gestalt "axioms" stated by Polster and Polster (1976) is that "What is, is"; it is implied that the therapist can gain direct and un-compromised access to this reality. (The second axiom is "One moment flows into the next"...). The attendant injunction not to interpret but to focus on 'what is' (given directly to the senses) ignores the insight suggested by Gestalt psychology that the perception of anything focal is always the result of the organisation of particulars into meaningful wholes. Hermeneutic philosophy concludes, as we shall see in the next chapter, that, therefore, there can be no meaning in the absence of interpretation. Nothing can ever be said to be simply knowable for 'what it is'.

Part II

Hermeneutic Dialogue

Chapter 5

To understand is to understand differently

Gadamer's hermeneutic philosophy

Introduction

In Part I I have reviewed sections of the psychotherapy literature in order to draw out the ideas used to formulate clinical understanding. I have discussed these ideas largely in terms used within psychotherapy discourse, only occasionally questioning their larger underlying assumptions. In Part II of this thesis I intend to overcome this naivety by using a 'philosophical lens' in order to take another, different look at the problems of understanding encountered in Part I.

In terms of the therapist's position vis-à-vis his patients a detached attitude linked to an idea of objective observation is often seen as opposed to a participatory stance linked to ideas of (inter)subjective understanding. This kind of opposition establishes a polarisation between a view of the therapist as some version of a scientist and a therapist who understands because he gets emotionally involved. Affective and cognitive aspects of the therapist's mental activity are often seen as distinct, if not opposed (even by some authors who maintain that both play a role in understanding). It is, in my mind, doubtful however whether these kinds of polarisations are as helpful as they may seem. For instance, the analyst's detachment is never absolute; even where objectivity is an aim the analyst's stance is formulated in ways which makes possible participation of a certain type. Explicitly 'participatory' formulations too rely on an element of 'detachment' where they seek to theoretically ground intersubjective understanding. Furthermore, the 'scientist'-analyst is *not not* also a 'carer', as perhaps Freud's (in)famous

metaphor of the 'disinterested surgeon' implies.[30] The question which is central here – *Does involvement preclude understanding or is it a condition of it?* – cannot be satisfactorily addressed with the conceptual tools customarily brought to this task. There appears to be a danger that the metaphors used to understand understanding get in the way of a clarification of the complexities involved.

A further recurring issue in Part I was the problem of difference and sameness/commonality. The question kept arising whether difference needs to be and can be understood *as* difference or whether understanding of difference can only proceed as assimilation, that is, on the basis of sameness. Most authors relied for their concepts of understanding on some common ground, either dismissing the issue of difference altogether or failing to address it as a problem of understanding. As to what this shared ground is made up of, 'common humanity' is invoked by some writers - either referring to a shared biological (instinctual) base in the case of some psychoanalytic writers, or to some other often less well specified notion of 'human nature' - whilst for other theorists shared socio-cultural experience plays a more or less important role. Most authors reviewed here rely for their conceptualisation of clinical understanding on some form of 'inner' psychological process (such as projection, introjection, the transmission of unconscious impulses or ideas etc.), whilst the role of language seems often limited to the communication of conscious mental contents.

Thus the two questions, what is the important aspect of human functioning that needs to be the focus of clinical understanding and what processes mediate this understanding, have been answered in very diverse ways. Shared biology, a common structure of the mind, shared mental contents due to a similarity in early interpersonal experience, and common socio-cultural experience have been suggested as primary candidates for understanding.

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[30] Surgery is after all not performed by standing back. The incisiveness implied by the image of the surgeon could be taken as a far greater involvement than that offered, say, by a Kohutian analyst who operates as a (self-object) 'mirror'.

The questions however, what is it to understand, how can understanding proceed at all, do not seem to get addressed in a satisfactory manner. This is unsurprising perhaps, since these questions are not strictly speaking psychological questions, but philosophical ones.

Within philosophy it is in particular the tradition of hermeneutics which addressed the problem of understanding and the conditions under which interpretation can proceed. The subject matter of hermeneutic philosophy is human expression and production, taking the understanding of meanings rather than the knowledge of facts as its aim. Hermeneutic philosophers share a rejection of the objectivist project, certainly in the domain of the *Geisteswissenschaften*, that is, they reject the idea that the central aim and the methodology of the natural sciences apply to the study of cultural objects or other forms of human communication. In the *Geisteswissenschaften* the inquiring mind does not meet its objects 'from the outside', as 'scientific' methodology is commonly thought to do. What is studied are the expressions of human experience, that is, of lived life, replete with the complexities of multiple motivations and inseparable from the contingencies of society and history. In this kind of inquiry objectivity in relation to the object of study is seen as an immensely problematic or even impossible aim. The meaning of an expression, a central focus of hermeneutic inquiry, can only be established via a process of interpretive engagement, which is in turn mediated by other linguistic expressions. One of the consequences of this situation is that meaning is increasingly taken to be multiple.

I will be mainly drawing on the philosophical hermeneutics of Hans-Georg Gadamer for whom the situatedness of both 'subject' and 'object' of interpretation is *the* central concern. Gadamer sees understanding arising out of the participation in a dialogue, in which language mediates the distance to the other. To prepare the extensive exposition and discussion of his work, I will first give a very brief overview of the earlier history of hermeneutics focussing more detail on its development in the 20th century. Some of Heidegger's concepts relevant to my enquiry will also be introduced. The

discussion of Gadamer's philosophy will be assisted by a brief paralleling and contrasting look at the philosophy of language developed by Mikhail Bakhtin. Finally, I will present some of the thoughts of the American philosopher Richard Rorty who has drawn some rather radical conclusions from what he found to be implied in the work of, amongst others, his hermeneutic predecessors. The relevance of the ideas derived from hermeneutic philosophy for the problem of clinical understanding will be developed in the last chapter. This chapter aims to prepare some conceptual tools for a re-thinking of my central problematic.

Methodological hermeneutics

Hermeneutics, the art of interpretation, arose as a methodological response by Christian scholars to the problem of the determination of the proper meaning of difficult religious texts - the ultimate task was to learn to decipher the Word of God. Hermeneutics became 'secularised' in the Romantic period when literary texts first became an object of systematic study. At the beginning of the 19th century Friedrich Schleiermacher (1768-1834) stated that the interpretation of an alien text always poses a problem since a reader is likely to impose his own meanings which lead to a misunderstanding of the text. This danger of misinterpretation is also given in complex conversation, an insight which greatly broadens the field to which hermeneutics applies. Whilst stressing the impossibility of ever getting a complete understanding Schleiermacher developed hermeneutics as a methodology of interpretation in order to gain the fullest understanding possible.

According to Schleiermacher a text is to be approached from two 'sides': the *objective* linguistic side, which takes into account other texts produced by the same author as well as texts by different authors which might have a bearing on the understanding of the 'field' surrounding the present text; and the *subjective* psychological side which aims to reproduce the intentions of the author. Schleiermacher demands that the process of interpretation move

between these two aspects in order to reconstitute in the mind of the interpreter as much as possible of the outer (linguistic) and inner (psychological) conditions of the author at the time of producing the text. Understanding of the text thus results from the reconstruction of its author's intended meanings. To achieve this it is necessary that the interpreter leaves his own individuality behind and identifies, through an "operation of equation", with the author – "indem man sich selbst gleichsam in den anderen verwandelt" ("by transforming oneself into the other, as it were"; cit. in Gad. 1960, p.193). This identification is made possible by our shared humanity, i.e. because "each one of us carries inside himself a minimum of the other and the divination is stimulated through comparison with oneself" ("jeder von jedem ein Minimum in sich traegt und die Divination wird sonach aufgeregt durch Vergleichung mit sich selbst"; ibid).[31] In the case of the interpretation of an old text the historical task of establishing the objective linguistic conditions is mainly in preparation for this second psychological step of identifying with the mental state of the author. In this model the meaning of the production is thought to be coextensive with the intentions of its author. The interpreter's task is to disappear. Whilst this concept of understanding relies heavily on something akin to empathy, it is Schleiermacher's contention that the interpreter should try to understand the author better than he understood himself. This becomes possible because in this act of reproduction some of the aspects of the creative process (e.g. the contingencies introduced through language) which had remained unconscious for the author become accessible to the hermeneutic reader. Conflicting with what empathy (as the duplication of conscious intention) requires as its condition for understanding, the author is not altogether transparent to himself.

Another important milestone in the history of hermeneutics was Schleiermacher's first formulation of the concept of the 'hermeneutic circle'.

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[31] Bowie (1997) criticises Gadamer (1960) for reading Schleiermacher primarily in the direction of identification with the author's subjectivity. In contrast, Bowie holds that Schleiermacher, who was very familiar with the work of the Romantic philosophers Schlegel and Novalis on language, saw the creation of a text always as co-determined by the 'universality of language'.

This refers to the fact that every understanding progresses as a moving back and forth between the anticipation of the meaning of the whole of the object and the understanding of its parts. The 'big picture' can only be understood once one gets to know about its particularities, whilst these become meaningful only in relation to the whole they together constitute. Understanding increases as the interpreter repeatedly proceeds through this circle. Schleiermacher saw that this involves the interpreter in an inescapable circularity; for him understanding always began *in the middle.* This insight, which was elaborated by Schleiermacher purely on the level of methodology, was to have profound consequences for the later development of an 'ontological hermeneutics'.

Wilhelm Dilthey (1833-1911), who wrote Schleiermacher's biography, proposed that the *Geisteswissenschaften* were a discipline distinct and independent from the natural sciences both in subject matter and methodology. For Dilthey the former are distinguished from the latter by the use of a method of *verstehen*, understanding, which aims at the comprehension of the meaning of a human expression, be it in actions or words. Dilthey put forward hermeneutics as the universal methodological basis for the *Geisteswissenschaften,* which hence could claim to be, in their different ways, as scientifically rigorous as the natural sciences whose paradigm was so overpoweringly dominant in the 19th century.

Central to Dilthey's thoughts is his concept of *life* which he saw as all-encompassing and impossible to further reduce. *Life* or the particular *life-world* of a person can only be known from within; it cannot be analysed further by breaking it down into its constituent parts. Thus to understand a historical event or text requires to transpose oneself into the life-world of its agent or author; understanding is only achieved when the interpreter's comprehension coincides with the self-comprehension of the historical subject. Understanding is thus posited as an imaginative projection or transposition of the consciousness of the interpreter which aims to erase cultural or temporal distance. According to Dilthey's earlier writings *life* as manifested in historical

or social events can only be understood via a kind of empathic reviving (*Nachleben*), in an attempt to grasp the psychological experience and the intentions of the persons involved. This strong psychological and subjective emphasis was superseded in later years by an attempt to understand an event or an expression by placing it within an objective framework of meaning made up of cultural context, social climate, language etc. ('objective mind'). Thus the subjective experience and intentionality of, for instance, an author is grasped by an interpreter through an examination of other cultural objects that helps to bring to light the socio-cultural matrix from which the object of study emerged. The process of understanding is never completed since the ways in which different aspects of meaning "hang together" (*zusammenhängen*) can never be exhausted.

Dilthey introduces a radical historicity into the process of understanding. The sphere of human production and interaction has to be understood in terms of meanings and intentions, which can only be comprehended in the context of their history and culture. Furthermore, there are no trans-historical systems or categories available to ground this process of understanding. The interpreter is left without a basis for objective knowledge in this field. "Our understanding of life is only a constant approximation; that life reveals quite different sides to us according to the point of view from which we consider its course in time is due to the nature of both understanding and life" (Dilthey, 1961, p.109). Understanding and historical positioning thus became inextricably linked. In contradistinction to the natural sciences *Geisteswissenschaften* cannot claim to take up a position 'outside' of its object of study. This inescapable historicity of understanding establishes the hermeneutic circle as its dominant principle and puts paid to any claims to universal and objective knowledge. All grand philosophical systems are historical products, *Weltanschauungen* (world views), which generate questions of reality, truth and meaning, and answer them in terms of their (pre-)conceptions of the world. The abandonment of the aim of objective knowledge establishes hermeneutics' radical discontinuity from the natural sciences.

Ontological hermeneutics

Whilst so far hermeneutics was developed as a methodological response to problems particular to certain kinds of inquiry, its concerns were taken to have universal validity in the ontological phenomenology of Martin Heidegger. Heidegger broke with the philosophical tradition by stating that man's primary relation to the world is not one of a 'subject' confronted with the separate existence of the world, which he takes as the 'object' of inquiry. Rather than being epistemic-theoretical, man's primary relationship with the world is one of care and action. 'World' as a conception of the world that we are "thrown into" is constituted only through this active participation in our natural, cultural and social environment. We are always already enmeshed in a totality of involvements, and as such we find ourselves always already involved in an implicit understanding of ourselves and our surroundings. This primary mode of relatedness can reveal our true relation to *Sein*, it can be an experience of openness, a *Wahrheitsgeschehen* (truth event). The kind of distancing relation to the world which views it as an object of knowledge is a secondary development, and one which has, since it became the dominant way of thinking in our culture, hidden the openness of primary relatedness.

Truth for Heidegger is therefore not manifested in man's knowledge of the real nature of himself or his object-world; truth, rather, is a *Geschehen,* an event which comes about when the conditions are met for the kind of openness in which the world can show itself. This openness, or *Lichtung,* is a telos of *Dasein*. Heidegger's philosophy radically changes the problem of the inquiring mind: Instead of continuing to pursue the question *What is the true nature of a thing and how do I get to know it?,* the problem is now *What kind of position do I have to assume so that the thing can reveal itself to me in this* Lichtung*?* The pursuit of objectivity (Heidegger terms it the "theoretical attitude"), which strives to isolate and to stand back from the thing under investigation in order to get hold of its 'true, undistorted nature', is a secondary move entirely dependent on primary relatedness. The fact that objectivity has become the central ambition dominating much of Western philosophy and science is, in

Heidegger's view, the consequence of a grave misunderstanding of our being in this world and the conditions of understanding.

Heidegger tackles the question of understanding in *Sein und Zeit*, in particular in the section titled *Verstehen und Auslegung* (1927, pp.148-153). Understanding and interpretation are processes which are, of necessity and all the time, performed by us all in our dealings with the world. According to Heidegger, understanding and interpreting are absolutely fundamental to our being in the world; we cannot operate even on the most basic level without framing the present situation or the "thing at hand" in a particular way. Heidegger denies there can be such a thing as *schlichtes Sehen* (simple seeing). All perception is already interpretive; it shares with all other forms of understanding the basic structure of *understanding something as something (else)*. This *as*-structure of understanding (*Als-Struktur des Verstehens*) precedes and underlies the act of interpretation.

> Das im Verstehen Erschlossene, das Verstandene ist immer schon so zugänglich, daß an ihm sein 'als was' ausdrücklich abgehoben werden kann. Das 'Als' macht die Struktur der Ausdrücklichkeit eines Verstandenen aus; es konstituiert die Auslegung. (1927, p.149)
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> What is disclosed in understanding, what is understood is always already accessible in such a way that in it its 'as what' can be explicitly delineated. The 'as' constitutes the structure of the explicitness of what is understood; it constitutes the interpretation. (1996, pp.139-40)

This structure is so primary and fundamental that any effort to free oneself from it (as, for instance, in an attempt to 'perceive directly') cannot result in anything but a staring gaze which only yields incomprehension.

If understanding is, as Heidegger posits, the understanding of something as something else this means that the understanding of a given something can, strictly speaking, only proceed in terms of what it is not. In the realm of

language one term can be understood only in terms of other terms which are not synonymous, i.e. the meanings of the auxiliary terms are never co-extensive with the meaning of the term they define. The *as*-structure reveals understanding as an essentially metaphorical process.

Furthermore, the understanding of something always occurs in the context of our intentions, our interests, and preconceptions. In Heidegger's view we are, as we saw, from the very beginning related to the 'objects' of our understanding. We approach them with some idea of what they are like, what use they might be; we therefore handle them in a particular way, coming from a certain perspective, which is already informed by previous experience and pre-formed ideas. Heidegger writes, in his famously idiosyncratic use of the German language, of the *Vorhabe, Vorsicht* and *Vorgriff* [32] (translated, rather painfully, as fore-having, fore-sight, and fore-conception) with which we approach what we understand. "Die Auslegung von Etwas als Etwas wird wesenhaft durch Vorhabe, Vorsicht und Vorgriff fundiert" (1927, p.150). "The interpretation of something as something is essentially grounded in fore-having, fore-sight, and fore-conception" (1996, p.141). Any understanding thus emerges out of pre-understandings. The intentionality of our relatedness to what we come to take as our 'objects' is so primary and so fundamental that Heidegger posits that all understanding has a *pre*-structure (*Vor-Struktur des Verstehens*). We never start with a clean slate when we inquire into 'the nature of objects'.

The pre-structure places understanding in the dimension of time. Due to our preconceptions which are always in play in the process of understanding, the present is related to in terms of the past. However, the element of *Vorgriff* introduces the notion of as yet unrealised potentiality and extends the

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[32] *Vorhabe* in German carries the following cluster of connotations: intention, plan, interest, having in mind to do; *Vorsicht* means primarily caution, but also evokes foresight, anticipation (of some danger); *Vorgriff*, literally pre-grasp, evokes anticipation, preparation for action in the future.

trajectory of understanding into the future. Thus our understanding of something is *ein Entwerfen*[33], a project, which at the same time is a projection of our pre-understandings; nevertheless, it discloses possible ways of being inherent in the object of our understanding. "Im Entwerfen des Verstehens ist Seiendes in seiner Möglichkeit erschlossen" (1927, p.151). "In the projecting of understanding beings are disclosed in their possibility" (1996, p. 141). This concept of understanding as the disclosure of the potentiality of the object parallels Heidegger's conception of *Dasein* (the conscious, understanding subject) which he also analyses as *Entwurf* (project). The first sentence of *Verstehen und Auslegung* reads: "Das Dasein entwirft als Verstehen sein Sein auf Möglichkeiten" (1927, p.148). "As understanding Da-sein projects its own being upon possibilities" (1996, p.139). Understanding is thus conceived as a dialectical process in which both the understanding subject and the understood object are 'designed'/projected, i.e. developed into one of their possibilities. This dialectic of 'subject' and 'object' is ineluctable: "In jedem Verstehen von Welt ist Existenz mitverstanden und umgekehrt" (1927, p.152). "In every understanding of world, existence is also understood, and vice versa" (1996, p.142). This line of thought leads Heidegger to the following, somewhat cumbersome definition of meaning: "*Sinn ist das durch Vorhabe, Vorsicht und Vorgriff strukturierte Woraufhin des Entwurfs, aus dem her etwas als etwas verständlich wird*" (1927, p.151; italics in orig.). "*Meaning, structured by fore-having, fore-sight and fore-conception, is the upon which of the project in terms of which something becomes intelligible as something*" (1996, p.142).

Understanding is not of the meaning of something, but of the something; this meaning does not reside in the thing, but 'belongs to' *Dasein*: "*Nur Dasein kann ... sinnvoll oder sinnlos sein*" (1927, p.151). "*Only Da-sein can ... be meaningful or meaningless*" (1996, p.142). Heidegger analyses *Dasein* as essentially temporal and historical, i.e. contingent on the world it finds itself thrown into. This analysis, together with the insight that meaning does not reside in the object but in the relatedness of *Dasein* to it, implies that meaning

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[33] *Entwerfen* means to design, to create, containing *werfen,* which is, literally, to throw.

is multiple and changeable. Heidegger does not elaborate this consequence in this context, but it is an insight which has become of central importance to later developments of hermeneutic thought.

The pre-structure of understanding implicates the subject in the process of understanding to an extent that there appears to be a serious problem regarding its validity. If what is to be understood is already understood in some way and there is no direct access to the thing itself, then the subject seems trapped in a vicious circle. Heidegger disagrees; he states that to deplore this circularity and to attempt to get out of it is to "fundamentally misunderstand understanding". For Heidegger the analysis of this *hermeneutic circle* enables us to describe what is essentially involved in the process of understanding. He addresses the hermeneutic problem on the level of ontology and, rather than deplore the limits of our capacities for understanding, gives it a positive meaning.

> Das Entscheidende ist nicht, aus dem Zirkel heraus-, sondern in ihn nach der rechten Weise hineinzukommen. Dieser Zirkel des Verstehens ist nicht ein Kreis, in dem sich eine beliebige Erkenntnisart bewegt, sondern er ist der Ausdruck der existentialen *Vor-Struktur* des Daseins selbst. Der Zirkel darf nicht zu einem vitiosum, und sei es auch zu einem geduldeten, herabgezogen werden. In ihm verbirgt sich eine positive Möglichkeit ursprünglichsten Erkennens, die freilich in echter Weise nur dann ergriffen ist, wenn die Auslegung verstanden hat, daß ihre erste, ständige und letzte Aufgabe bleibt, sich jeweils Vorhabe, Vorsicht, und Vorgriff nicht durch Einfälle und Volksbegriffe vorgeben zu lassen, sondern in deren Ausarbeitung aus den Sachen selbst her das wissenschaftliche Thema zu sichern. (1927, p.153)

> What is decisive not to get out of the circle, but to get in it in the right way. This circle of understanding is not a circle in which any random kind of knowledge operates, but it is rather the expression of the existential *fore-structure* of Da-sein itself. The circle must not be degraded to a *vitiosum*, not even to a tolerated one. A positive possibility of the most primordial knowledge is hidden in it which, however, is only grasped in a genuine way

> when interpretation has understood that its first, constant, and last task is not to let fore-having, fore-sight, and fore-conception be given to it by chance ideas and popular conceptions, but to guarantee the scientific theme by developing these in terms of the things themselves. (1996, p.143)

This paragraph defines the task of proper understanding as a programme of hermeneutic phenomenology. "The scientific theme" is its aim; yet, as it should be clear by now, this approach is based on a conception of science which is not in pursuit of a notion of access to the 'things themselves'. The main contribution of Gadamer's philosophical hermeneutics can be read as the realisation of the programme laid out by Heidegger in the preceding quote.

Gadamer's horizons of understanding

Hans-Georg Gadamer was born in Breslau, then eastern Germany, in 1900. He studied philosophy in Marburg where he was taught by, amongst others, the young Heidegger. He also attended Husserl's seminar at the university of Freiburg, where Heidegger was later appointed as Husserl's successor. Gadamer taught at the university of Heidelberg since 1949 and was made professor emeritus in 1968. After the publication of his magnum opus *Wahrheit und Methode* in 1960 he became the leading modern exponent of philosophical hermeneutics.

In *Wahrheit und Methode* (1960; published in English as 'Truth and Method', 1975) Gadamer analyses the phenomenon of understanding as a hermeneutic problem, but insists, in distinction to Dilthey, that it is neither a purely methodological question nor one which only pertains to the *Geisteswissenschaften*. The hermeneutic problem is encountered in all areas of human experience where man reaches for truth, and where truth is experienced yet requires legitimation. Following Heidegger, Gadamer maintains that understanding is not something we gain possession of, but rather a process which is constitutive of our being. Consequently, he sees the

hermeneutic problematic as universal. Its analysis, rather than attempting to provide a methodology, constitutes a distinct way of understanding philosophy; Gadamer calls it *philosophical hermeneutics*.

The analysis of the hermeneutic problem as universal is, to an important extent, an elaboration of Heidegger's ontological philosophy. Gadamer agrees with Heidegger that the hermeneutic circle, rather than being an unfortunate obstacle to understanding, in fact constitutes its very condition; consequently he focuses his efforts on the task of elaborating how it is that one gets into this circle in the right kind of way and seeks to develop the positive potential of this analysis.

> Wer einen Text verstehen will, ist [...] bereit, sich von ihm etwas sagen zu lassen. Daher muß ein hermeneutisch geschultes Bewußtsein für die Andersheit des Textes von vornherein empfänglich sein. Solche Empfänglichkeit setzt aber weder sachliche 'Neutralität' noch gar Selbstauslöschung voraus, sondern schliesst die abhebende Aneignung der eigenen Vormeinungen und Vorurteile ein. Es gilt, der eigenen Voreingenommenheit innezusein, damit sich der Text selbst in seiner Andersheit darstellt und damit in die Möglichkeit kommt, seine sachliche Wahrheit gegen die eigene Vormeinung auszuspielen. (1960, pp.273-4)

Wanting to understand a text one is ready to be told something by the text. A hermeneutically educated mind therefore needs to be receptive from the beginning for the otherness of the text. However, such receptivity does not presuppose factual/objective 'neutrality', let alone self-dissolution, instead it includes the ownership of one's pre-conceptions and pre-judices which constitutes the distance to the text. It is important to be mindful of one's own prepossession in order for the text to present itself in its otherness and thus to be enabled to play out its factual/objective truth against one's own pre-conceptions. (my transl.)

Quite apart from the fact that preconceptions enter *inevitably* into the process of understanding, it would be entirely *undesirable*, indeed *counterproductive*, if

this was not so. If the perspective of the interpreter was not constituted *as an other* precisely on the basis of these different preconceptions the text could not communicate anything about itself. The process of understanding requires, and presupposes, this distance across which something of the other (i.e. something new, previously unknown to the reader) is communicated. This is the basis of Gadamer's insistence that we should give up our prejudice against prejudice. This is not meant, however, as a justification for us to complacently exercise our prejudices and to leave it at that. In order for us to understand something of the otherness of our objects, it is crucial that we attempt to bring to awareness the ways in which our prejudices limit understanding.

> Ein mit methodischem Bewusstsein geführtes Verstehen wird bestrebt sein müssen, seine Antizipationen nicht einfach zu vollziehen, sondern sie selber bewußt zu machen, um sie zu kontrollieren und dadurch von den Sachen das rechte Verständnis zu gewinnen. (ibid. p.274)

> Understanding which is conducted with methodological consciousness will have to strive to not just exercise one's anticipations, but to make them conscious in order to control them and in this way gain the right understanding of the objects.

The distance, which is nevertheless a connectedness, between the interpreter and his object is central to Gadamer's conception of hermeneutics. It is across this distance that the dialectic of familiarity and otherness unfolds which eventually yields understanding. The otherness of the object calls for understanding and thus poses the hermeneutic problem. Yet, to the extent that this call is received and responded to, this otherness is not absolute. The interpreter's turning towards the object, with an interest which is already shaped to some degree by preconceptions about the object and the nature of the question which it poses - this pre-informed motivation for understanding constitutes the object of inquiry as one which is, in some ways at least, already familiar.

Gadamer distinguishes his conception of understanding from a Romantic notion of hermeneutics which he reads as centrally focussed on the subjectivity of 'the author'.[34] Rather than relying on subjective congenial understanding of sameness, as does a psychological hermeneutics based on a concept of empathy, Gadamer believes understanding becomes possible on the basis of a shared historical ground. It is the *Mitzugehörigkeit* (the shared membership) of the object and the understanding subject to a common cultural tradition which allows for the mediation of their difference. Understanding, Gadamer writes in *Vom Zirkel des Verstehens* (a preliminary study to *Truth and Method*) is "not a mysterious communion of souls, but a participation in a shared meaning" (1959; in: 1986/1993, p.58).

In Gadamer's philosophy the distance of otherness is not something that has to be eradicated in order for understanding to take place. Identification with the subjectivity of the other does not lead to understanding precisely because it eradicates otherness. Otherness establishes a distance which is at the same time the precondition for connectedness, allowing a meeting to take place on the shared ground of historical-cultural tradition. Distance, rather than constituting an obstacle to be removed, is that which opens up the possibility for understanding. With regard to historical understanding Gadamer writes: "Das Verstehen ist selber nicht so sehr als eine Handlung der Subjektivität zu denken, sondern als ein Einrücken in ein Überlieferungsgeschehen, in dem sich Vergangenheit und Gegenwart beständig vermitteln." (ibid. p.295). "Understanding itself is not so much to be viewed as an act of subjectivity, but as a slotting into a process of tradition in which past and present are constantly mediated."

The anticipation of meaning which sets off the hermeneutic circle of inquiry is

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[34] These comments refer primarily to Schleiermacher. We have already noted that Bowie (1997) disagrees with Gadamer's reading of Schleiermacher. Bowie maintains that a concept of interpretation based on empathy was first put forward by Friedrich Ast in 1808. Schleiermacher knew Ast's work and opposed it.

not primarily a subjective achievement, but is determined by the (historically evolving) shared cultural ground between the object and subject of understanding. It is on this shared ground that the polarity of familiarity and strangeness, of sameness and otherness, unfolds. "In diesem Zwischen ist der wahre Ort der Hermeneutik" (ibid. p.300). "In this in-between is the true locus of hermeneutics."

Reflection on the particularities of the situation from within which one engages with one's object is an important element of the process of understanding. One's own situation is, of course, that which one finds oneself in the middle of; it is therefore not possible to confront it and to know it as an object. Every situation involves the taking up of a standpoint which is limited in terms of what is allows one to see. Every standpoint involves its own un-thematised field of perception or background of understanding, which Gadamer terms *Horizont*, horizon. In order to understand something which is outside one's horizon - and only things outside one's horizon require understanding - one has to gain awareness of the implications of this situatedness. However, just because one can never fully step outside one's own situation this can only ever be achieved to a limited degree.

On the basis of this awareness of the limitations of one's own horizon one needs to try to gain access to the horizon of the object of understanding. This process involves a move which Gadamer too calls *Sich-hinein-versetzen* (putting oneself into the position of the other). However, Gadamer conceptualises this movement, in the case of reading a text, not just as an attempt to identify with the subjectivity of the author. Gadamer's understanding of understanding differs from the purely psychological comprehension via empathy. Understanding is never only of the other's subjective experience and the meanings intended by the other, but, more importantly, the *reaching of an understanding* with the other *about something*. For Gadamer *Sich-hinein-versetzen* means to transpose oneself, as the different person one is, into the horizon of the other precisely in order to understand something about the otherness of the other.

> Man muß [...] immer schon Horizont haben, um sich dergestalt in eine Situation versetzen zu können. Denn was heißt Sichversetzen? Gewiss nicht einfach: Von-sich-absehen. Natürlich bedarf es dessen insoweit, als daß man die andere Situation sich wirklich vor Augen stellen muß. Aber in diese andere Situation muß man sich gerade selber mitbringen. Das erst erfüllt den Sinn des Sichversetzens. Versetzt man sich z.B. in die Lage eines anderen Menschen, dann wird man ihn verstehen, d.h. sich der Andersheit, ja der unauflöslichen Individualität des Anderen gerade dadurch bewußt werden, daß man *sich* in seine Lage versetzt (ibid. p.310).

> One has [...] to already have horizon to be able to thus transpose oneself into a situation. Because what does it mean to transpose oneself? Certainly not just, to ignore oneself. Of course one needs to do this insofar as one needs to really imagine [place in front of one's eyes] the other situation. But it is vital that one brings oneself into this other situation. Only this fulfils the meaning of transposing oneself. If one puts oneself, for example, into the situation of another person one will understand him, i.e. one will become aware of his otherness, his insoluble individuality even, exactly by putting *oneself* into his position.

Gadamer's criticism of empathy is that it implies a 'one person psychology' whereas he insists that it takes two to understand. The other, of course, has to be represented in one's mind; what is required is "to make the other as strong as possible so that his statements obtain some intelligibility" (Gadamer quoted in Risser 1991, p.103). The other's position and statements are met with an expectation that they are both coherent and have a claim to truth. This "Vorgriff der Vollkommenheit" (anticipation of perfection) is essential in order for the object to 'come forward' in its otherness; only then will he/she/it be able to make an impact on (have something to say to) the understanding subject, and, by the same token, have the power to call into question the prejudices of the interpreter. Only if the object is made strong enough to be able to issue such a challenge is the interpreter prevented from attributing meaning at will.

The interpreter's horizon can be brought to awareness only in contrast to other possible horizons (just as to see one's limitations is to be able to see beyond them). By the same token, it is crucial that the interpreter does not attempt to get out of his horizon (as if that was possible...), for the other can be understood as an other only by virtue of this difference. Gadamer sees the hermeneutic task as the development of the tension between one's own horizon and that of the other, whilst keeping in mind that this otherness can only be understood because it evolves on shared ground. Since any horizon, past or present, is never static and never insulated from what surrounds it the notion of distinct horizons is ultimately more apparent than real. In the moment of understanding there is a *Horizontverschmelzung*, a fusion of horizons, where what appeared as separate and other is revealed as belonging to one another. "*Verstehen [ist] immer der Vorgang der Verschmelzung solcher vermeintlich für sich seiender Horizonte*" (1960, p.311, italics in orig.). "*Understanding is always the process of fusion of such horizons which seem to exist for themselves.*" Understanding is thus an *event* where meaning is created in the coming together of the two horizons which, up to this point, had seemed to be closed off to each other. In understanding the juxtaposition of the distinct horizons is revealed as only a *phase* of this process, which is now understood to take place on the basis of the continuous and shared ground of cultural history. Understanding is possible due to the continuity of what Gadamer calls "tradition"; language, as we will see, is central to this continuity.

Gadamer's concept of horizon emphasises the historical-cultural situatedness of the person; consequently, he stresses that which is shared, referring to a background idea of 'one culture' leaving little otherness to be mediated between the members of a given society. His rather broad view of what constitutes a horizon leads to the inclusion into this conceptual frame of practically all members of a society, with a loss of differentiating power between social groups (let alone individuals within these groups). Alternative, or additional factors, like the life-historical contingencies of an individual or the particular circumstances of a social grouping within a given culture/society,

are not considered as contributing to the constitution of horizon.[35] From the perspectives of the psychotherapy theories discussed in part I 'horizon' would be considered as much more individualised - and rendered subjective - by the particularities of one's life history. Gadamer's eye is on the 'bigger picture', and he therefore sees mainly commonalities rather than differences within a culture. This is borne out by his concept of tradition as that which binds and unifies meaning. I will return to this question further below in this chapter, and again in chapter 6.

Understanding as dialogue

Gadamer's understanding of understanding is centrally linked to a concept of *Erfahrung* as negative dialectic. *Erfahrung* (here translated as 'experience') does not refer so much to the 'lived experience' as the totality of subjectivity, but rather to the sense of 'having an experience of', which implies a learning process. *Erfahrung* is always made in a particular situation or with a particular object, and it is always the *Erfahrung* of something new. Only a new experience is an experience at all. Furthermore, experience is, in Gadamer's philosophy, always dialectic in that it necessarily entails a negation. New experience (a tautology in this definition) is always the dis-confirmation of previous experience, it is the disappointment of anticipation. Experience is a process of old experience (the expectation of things being the same as they were) coming up against the new and unexpected. This thought can be further illuminated using Piaget's concepts of assimilation and accommodation, already encountered in chapter 3. A new idea (or fact, or situation) can be cognitively appropriated in two distinct ways: *Assimilation* subsumes the new under the existing mental categories leaving the cognitive structure unchanged; the new is absorbed and rendered intelligible in terms of what was already understood. *Accommodation* involves a change of the cognitive

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35 Further down I will discuss the work of Mikhail Bakhtin, who emphasises the multiplicity of linguistic 'sub-cultures' within a given society and consequently developed a more heterogeneous conception of horizon.

structure; the new information cannot simply be absorbed into existing categories, it asserts its otherness to the old and its appropriation therefore entails a learning process. Only the latter constitutes, in Gadamer's terms, an experience.

New experience opens up the subject's horizon; the new knowledge thus acquired changes the object *and* the knowing subject. In the knowledge of the object the subject knows himself. This unity of understanding develops with increasing *Erfahrung* and confirms its dialectic structure. Gadamer sees the fulfilment of this dialectic not in some final state of total self-realisation (as does Hegel), but in the adoption of an attitude of 'openness in principle' to further experience.

Openness to new experience has the fundamental structure of a question. To pose a question presupposes openness since the answer is not yet arrived at. At the same time the question approaches its object from a certain perspective, the horizon of the question, which already limits its scope. A question poses itself with some urgency (*drängt sich auf*) because an experience cannot be assimilated. Since its starting point is the awareness of not-knowing, the question too is negatively characterised. The negativity of experience implies the structure of the question. Gadamer's hermeneutics privileges the question precisely because it safeguards a realm of openness for different kinds of answers to emerge. The art of questioning is to create space in which one can continue to think, that is, to ask further questions. Hence the centrality of the concept of dialogue for Gadamer. "Die Kunst des Fragens ist die Kunst des Weiterfragens, d.h. aber sie ist die Kunst des Denkens. Sie heißt Dialektik, denn sie ist die Kunst, ein wirkliches Gespräch zu führen" (ibid. p.372). "The art of questioning is the art of questioning further, i.e. it is really the art of thinking. Its name is dialectics, because it is the art of conducting a real dialogue."

Dialogue has the structure of question and answer; it is meant to bring out into the open, to prise loose from the fixity of opinions, whatever constitutes its

content. Thus dialogue is intrinsically linked to an attitude of openness, which implies that the questions asked are genuine questions. "[...] a dialogue can only begin when I too am not sure what to think", says Gadamer in an interview (1995). He cites Socratic-Platonic dialectic as the early model case for philosophic inquiry. Here the speaker himself is questioned, his opinions are being probed until the truth of what is discussed comes to the fore, i.e. until the *logos* succeeds over subjective preconceptions. For Gadamer the dialogue, i.e. the live exchange of thoughts in the give and take of question and answer in the medium of the spoken word, has primacy over the 'monologue' of the written text. (He favourably compares Socratic dialogic dialectic with the dialectics of Hegel which he describes as a "monologue of thought".)

Hermeneutics is structurally dialogic - even the interpretation of a historic text requires that we "enter into a dialogue" with it. The understanding of a text too is a questioning in relation to the text which, in turn, is to be understood as the answer to a question. The question that the text answers needs to be made relevant to one's own (the interpreter's) situation, and the text's answer needs to become a question for the reader. "Eine Frage verstehen heißt, sie fragen. Eine Meinung verstehen heißt, sie als Antwort auf eine Frage verstehen" (ibid. p.381). "To understand a question means to ask it. To understand an opinion means to understand it as the answer to a question."

The interpreter needs to let himself be reached by what the text asserts. We already know what is required in order to understand: *man muss sich etwas sagen lassen.* In Gadamer's philosophy receptivity to the claims of one's object of inquiry is linked with a concept of *Anwendung* (application), which he derived from Aristotle's *phronesis.* Phronesis is a concept of practical reason, and as such opposed to a concept of theoretical knowledge based on the application of generalised ideas to particular cases. In phronesis knowledge comes about as a result of engagement with particular practical situations. Gadamer now links this idea of phronetic application to the dialogic structure of understanding. Only by applying the claim of the object to the particularities

of one's own situation can understanding be furthered of that which the claim is about. Truth asserts itself in the application of the claims of the object to the particularities of the subject's present situation. This entails a concept of practice which has a regulative function regarding the multitude of possible interpretations. There is something beyond the text which impacts on the process of interpretation.

In Gadamer's hermeneutics the reader ends up questioning himself, and emerges from this dialogue changed (as an other). "Verständigung im Gespräch ist nicht ein bloßes Sichausspielen und Durchsetzen des eigenen Standpunktes, sondern eine Verwandlung ins Gemeinsame hin, in der man nicht bleibt was man war" (ibid. p.384). "Understanding through dialogue is not a mere playing out and asserting of one's own view, but a transformation into [transposition onto] what is shared; one does not remain what one was in this process." This coming to an understanding, which is the finding of shared ground via the fusion of horizons, is executed in spoken language; it is made possible only through language: "*[Die] im Verstehen geschehende Verschmelzung der Horizonte [ist] die eigentliche Leistung der Sprache.*" (ibid. p.383; italics in orig.) "*[The] fusion of horizons which takes place in understanding [is] the real achievement of language.*"

The object of understanding is approached, as we saw, from within the horizon of the interpreter. It is not, however, a super-imposition of the interpreter's preconceptions, but rather a "bringing into play" and a "risking" of one's own opinions in the dialogue with the object. Understanding happens in the medium of language. "Die Sprache ist die Mitte, in der sich die Verständigung der Partner und das Einverständnis über die Sache vollzieht" (ibid. p.387). "Language is the middle in which the understanding of the partners and the agreement on the subject matter proceeds." Hermeneutics is thus defined as the coming to an understanding *with someone about something* carried out in language. Gadamer uses both the terms *Medium, Mittel* (medium, means) and *Mitte* (middle, centre), allocating language a central role but at the same time a middle ground, a *locus between* subject

and object, in which the process of understanding unfolds as fusion of horizons. The finding of the proper language in which understanding can come about plays an essential role in the establishment of this middle ground. It is not just preparation for understanding by, as it were, getting ready the right kind of tools; it is an intrinsic part of understanding.

Language for Gadamer is not just the application of words to objects, an attachment of linguistic signs, in principle arbitrary and only regulated by the conventions of the speaking community. In language the objects themselves seek to find their proper expression. "Alles Verstehen ist Auslegen, und alles Auslegen entfaltet sich im Medium einer Sprache, die den Gegenstand zu Wort kommen lassen will und doch zugleich die eigene Sprache des Auslegers ist" (ibid. p.392). "All understanding is interpretation, and all interpretation unfolds in the medium of a language which wants to give verbal expression to the object but which is nevertheless the particular language of the interpreter".[36]

In understanding we start from the position of what is 'own', i.e. the particularities of our horizon, our opinions, our language. Yet it is the essence of the process of understanding that we appropriate, make our own (*aneignen*), what had belonged to the other. The investigation of the linguistic character of understanding repeats all the features of the hermeneutic process so far analysed. What the other says to us requires understanding only to the extent that it is not fully understood to start with. At the same time, we are addressed in a language which is not entirely alien to us. We do understand something - we give what is said meaning in terms of the preconceptions of our horizon. Understanding is neither mere assimilation of the other into what is already given, nor is it a process of psychic transposition into the intended meanings of the other person. It is a dialogic process made possible only in the medium of language. What is said speaks to us, i.e.

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[36] The *eigen* in *eigene Sprache* can be translated both as 'particular' and as 'own', as in 'one's own'. Both meanings seem intended, since they are connotations shared with the particularities of the preconceptions of one's horizon.

asserts its power to mean more than we initially understood. This requires, according to Gadamer, that we apply the assertion of the other to our own situation. This idea of application (*Anwendung*) is always involved in understanding something about the other. To the extent that we do understand, a mediation of our meaning has taken place and our realm of possible meanings has been extended by what the other said. This becomes possible as the result of a meeting in the "middle of language"; or, to put this differently, the finding of a common language created this place of coming together and understanding. Interpretation is the execution and elaboration in language of the process of understanding. The two processes are intrinsically linked; understanding proceeds as interpretation, always already using linguistic concepts. Gadamer asserts this is so in spite of the fact that we can never entirely bring into conscious awareness the extent to which we are steeped in language.

Questions of validity

Once the horizon of the interpreter is accepted as an ineluctable constituent element of the hermeneutic process, the idea of a single true meaning, even of a limited set of true meanings, becomes indefensible. The object gains meaning in the process of interpretation, and any interpretation will only ever show the object in the light of the terms the interpreter brings to it; therefore, any one interpretation will be one amongst other possible interpretations. This multiplicity of perspectives is the precondition for the object's continuing existence as an object of understanding. At the same time, as I hope to have shown, Gadamer does not conceive of interpretation as a subjective or random process. The interpreter is not free to impose arbitrary meanings. If he is at all receptive to the object, that is, if he is prepared to grant validity to the claims his object makes, and if, furthermore, he can bring to the task of interpretation a consciousness of the hermeneutic problematic, then something Gadamer calls a *Wahrheitsgeschehen* (truth event) can take place. A new meaning of the object, perhaps one which was not accessible from any

previous perspective (including the perspective of the 'author' himself), asserts its claim to truth. Truth in this sense is, of course, not understood to reside in the object itself, nor is it to be found 'inside' its author; it can therefore never be said to be finally revealed. New understanding adds to the totality of the object's true meanings; this totality, however, remains, in principle as well as in practice, inexhaustible.

The question arises, then, as to what constitutes *true meanings,* i.e. what criteria are suggested to distinguish and evaluate different interpretations. What makes one interpretation better than its alternatives? It is in the context of the consideration of Gadamer's answer to this problematic that I wish to engage in the discussion of his philosophy. Furthermore, I will discuss some implications of Gadamer's central assertion that understanding is possible only as a participation in shared meaning. For the purposes of this discussion I will draw on two further philosophers, Mikhail Bakhtin and Richard Rorty, both of whom, whilst sharing with Gadamer some important premises, develop contrasting solutions.

Wahrheit und Methode problematises the notion of truth. It does not set out to show us a proper methodology to find truth, but rather to demonstrate how every truth discovered depends on the method applied in its discovery. Whilst truth is thus contingent on method (in the broad sense which centrally includes the concept of horizon), Gadamer does not draw the (postmodern) conclusion that truth is altogether arbitrary and therefore does not constitute an aim worth pursuing. Gadamer asserts that meaning cannot be imposed at will, and he takes up the question of the evaluation of interpretations at various points in his writings.

Wer zu verstehen sucht ist der Beirrung durch Vormeinungen ausgesetzt, die sich nicht an den Sachen selbst bewähren. Die Ausarbeitung der rechten, sachangemessenen Entwürfe, die als Entwürfe Vorwegnahmen sind, die sich 'an den Sachen' erst bestätigen sollen, ist die ständige Aufgabe des

Verstehens. Es gibt hier keine andere 'Objektivität' als die Bewährung, die eine Vormeinung durch ihre Ausarbeitung findet. (ibid. p.272)

In seeking to understand one runs the risk of being misled by one's preconceptions which do not stand the test of the things themselves. It is the constant task of understanding to elaborate proper, thing-appropriate conceptions, which, as conceptions, are anticipations meant to be yet confirmed 'by the things'. There is no other 'objectivity' than the confirmation which a preconception finds through its elaboration.

Preconceptions are likely to lead to erroneous understandings, *unless* they are tested and affirmed (or modified) by the object in question. They are thus only the starting point (the only starting point there is) for the elaboration of concepts which are adequate to the object. The extent to which this adequacy to the 'things' is achieved is the closest we get to a measure of 'objectivity'. 'Objectivity', as Gadamer uses this term here, is the object resisting our misunderstandings in the hermeneutic process of elaborating our pre-understandings. This implies that the objects themselves have something to say which rules on the validity of our interpretations.

This 'verdict' of the object has two aspects, one relating to the 'internal structure' of the object (e.g. a text), the other to the things the text is 'about'. The first is an ontological development of what used to be (pre-Heidegger) the central tenet of hermeneutic methodology and relates to the extent to which our understanding achieves a *fit* between the whole of the object and its parts. The second aspect is brought about by *application*; it refers to that which the text asserts about the way things are. It points to the things beyond their linguistic representation and thus introduces a notion of practice. I want to first address the criterion of the unity of meaning which is elaborated in the performance of the hermeneutic circle. Gadamer writes:

Die Aufgabe ist, in konzentrischen Kreisen die Einheit des verstandenen Sinnes zu erweitern. Einstimmung aller Einzelheiten zum Ganzen ist das

jeweilige Kriterium für die Richtigkeit des Verstehens. Das Ausbleiben solcher Einstimmung bedeutet Scheitern des Verstehens. (ibid. p.296)

The task is to expand in concentric circles the unity of the understood meaning. Harmony of all the particulars with the whole is the respective criterion for the correctness of the interpretation. The lack of such harmony signifies the failure of understanding.

The anticipation of meaning which gets the hermeneutic circle under way necessarily implies an expectation to find meaning in perfect unity; this is a "formal precondition" of understanding which Gadamer calls "Vorgriff der Vollkommenheit" (pre-grasp/anticipation of perfection). He claims that "only that is understandable which really constitutes a perfect unity of meaning" (ibid. p.299). Understanding thus is conditional not only on an anticipation of perfect sense - which, one might imagine, could also be disappointed through understanding -, but also on the realisation of this perfection in the process. This precondition of understanding presupposes that the object is indeed a unity all the elements of which hang together in a continuous and coherent fashion. It raises the question, central to psychoanalytic thought, whether objects can be understood that are internally conflicted and perhaps contradictory. Gadamer's stipulation seems to rule this out.

Proper understanding culminating in the fusion of the horizons leads to the disappearance of the interpretation (ibid. p.402). In an interview conducted in 1993 (published 1995) Gadamer makes the following statement regarding the judgement on the validity of an understanding: "When I am asked for the criterion of a correct interpretation, my answer is that it is the one you can forget in rereading the text, or in admiring the work of art. If you can forget it, that shows that it was not something artificial, forced or prejudicial." The interpretation disappears because it has ceased to be distant and different from the text; the two have met on the shared ground constituted by the continuity of the cultural and linguistic tradition. Right interpretation coincides

with the object anticipated as harmonious; it is indeed right to the extent that it succeeds in revealing its perfect unity.

The understanding of an object via the fusion of horizons results in the overcoming of its otherness; the object ceases to exist as an object for understanding. The fusion of the horizons, as we have seen, implies a change (including centrally a change in the range of meanings words can assume) both on the part of the subject and the object of understanding. From the position of the newly established shared horizon the object has lost its otherness and has become 'of the same kind', as it were, as the interpreter. What started out being strange is now 'part of me', or 'one of us'. This moment of fusion looks in danger of turning the problematic of otherness into something of a 'comedy of errors', where the initial strangeness is revealed as only ever having been a kind of cognitive mistake. Whilst Gadamer's hermeneutics is clearly imbued by an optimistic assessment of the possibilities of bridging the distance to the cultural other - and indeed sees a progressive, 'edifying' aspect in its appropriation (further discussed below) - it is an essentially dialectic process. The subject who comes to realise the commonality with the other, is himself changed by this realisation. He who received the impetus of otherness and responded to it with understanding has moved on. If understanding is a comedy of errors, Gadamer's hermeneutics reveals it is also a *Bildungsroman*.

I have argued above that Gadamer's hermeneutics relies rather heavily on the idea of the continuity and coherence of the object, a state of affairs which is necessarily anticipated by the interpreter and confirmed in the process of successful interpretation. Furthermore, the possibility of proper understanding rests on yet another continuity, that of the shared cultural-linguistic tradition. Whilst Gadamer clearly speaks of a polarity of familiarity and otherness (he calls the space between the two poles the "true location of hermeneutics") the fusion of the horizons occurs on the ground which is in the process revealed as already familiar to both subject and object of understanding. It has to be asked, then, what chances of understanding there are if society and 'our'

cultural tradition is not viewed as speaking in just one language, but is conceived rather as internally disparate and multivocal. Furthermore, Gadamer's strong reliance on the internal continuity of the object of understanding begs the question what understanding can be gained of objects which, like for instance people, do not coincide with themselves so harmoniously. In order to bring these issues into sharper relief I am now turning, for a contrasting account of dialogic understanding, to the work of the Russian linguist, literary theorist and philosopher Mikhail Bakhtin.

Bakhtin and the question of the fusion of horizons

Bakhtin's theory of language, which is in fact part of a larger philosophical anthropology with language occupying a defining position, contains a number of striking similarities with Gadamer's hermeneutics, including a remarkable similarity in terminology. Bakhtin, too, has a central concept of 'horizon' (the shared source probably being Husserl) which emphasises the ineluctable situatedness of the person in a historically specific linguistic-cultural *Lebenswelt*. Like Gadamer, Bakhtin holds the dialogic structure of language to be the founding condition not only of any verbal production, but also of all possibility for understanding and of the constitution of personal identity. This stress on dialogism entails a highly critical stance both versus any notion of objective knowledge and versus empathic identification as routes to understanding within the human sciences. The subject matter of the human sciences is the human subject, which is constituted by and lives its life in language. For Bakhtin, as for Gadamer, language is first and foremost dialogue, which has the essential structure of question and answer.

In contrast to Gadamer, however, Bakhtin sees language - and, by the same token, both society and the individual - characterised not primarily by continuity and unity, but as essentially multifaceted, fragmented and in conflict. The multiplicity of human (social) experience manifests itself in the multiplicity of languages and cannot be adequately understood by reducing it

to the meanings of a single unitary discourse. "The object of the human sciences is *expressive* and *speaking being*. Such a being never coincides with itself, that is why it is inexhaustible in its meaning and signification" (c. 1941; 1979, p.410)[37].

Language as conceived by Bakhtin has its life in the exchanges, pursuits and struggles of real people situated in their particular 'real life' circumstances. It ceases to be a unitary ideal entity and breaks up into what Bakhtin calls *heteroglossia*, the multiplicity of languages as they are spoken in the different historical periods, geographical areas, socio-economic classes, professional groupings or social 'sub-cultures' etc. The multiplicity of language is not incidental to the stratification of society; language is not only *used* to express these social differences but plays an important role in their constitution. Language itself is saturated with different 'ideologies', it is an essential, inseparable aspect of the different world views of the members of a given society. The concrete, particular language spoken by one social grouping is to an important extent constituted by their position within society and in speaking this particular language this grouping constitutes itself and asserts their world view in contrast to and in confrontation with other contemporary languages/world views. The multiplicity of language is thus a manifestation and a realisation of an actual 'ideological' struggle. This struggle is not only engaged in when language is used to express different political viewpoints, it is present in language itself and thus part of every utterance.

At the heart of Bakhtin's philosophy of language is a fundamental tension between two opposing forces operating within language. A *centripetal*, unifying and centralising tendency is confronted by a *centrifugal*, multiplying and decentering force. The centrifugal force gives rise to the diversity of the actually spoken languages of a society at any given time; the centripetal force resists this fragmenting process and tends to unify language. In contrast to

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[37] All the Bakhtin quotes, apart from Bakhtin (1981), are taken from Todorov (1984). Todorov uses his own translations of Bakhtin's texts, many of which have not been published in English.

the former, the latter does not find manifest existence as an actually spoken language; it exerts its power *within* the totality of the existing languages.

> A unitary language is not something that is given, but is in its very essence something that must be posited – at every moment in the life of a language it opposes the realities of heteroglossia, but at the same time the (sophisticated) ideal (or primitive delusion) of a single holistic language makes the actuality of its presence felt as a force resisting an absolute heteroglot state; it posits definitive boundaries for limiting the potential chaos of variety, thus guaranteeing a more or less maximal mutual understanding. (1981, p.270)

The centripetal, unifying tendency is the condition under which a heteroglot society can communicate; it refers to an ideal centre which holds the multiplicity of meanings together sufficiently to enable understanding. The fixity of meaning towards which the centripetal force strives, guarantees the necessary overlaps of meanings, the shared linguistic ground without which heteroglossia would deteriorate into the mayhem of the tower of Babel. The (theoretical) endpoint of the centripetal vector is absolute identification, where every term has only one meaning; the centrifugal vector propels language towards a (equally theoretical) point where any term has indefinite meanings and therefore ceases its function to signify. In Bakhtin's view, however, the centrifugal tendencies are stronger than the centripetal ones, resulting in the constant development and proliferation of language.

Meaning is contingent on historical-cultural situatedness and therefore always multiple; it is not, however, unlimited. Within the human sciences the tendency for single fixed meanings has to be resisted. Correct understanding must not therefore be accepted as an aim. "Accuracy presupposes the coincidence of the thing with itself" (c.1941; 1979, p.410). "The limit of accuracy in the natural sciences is identification (a=a)" (1974; 1979, p.371). In contrast, for the human sciences "the criterion is not the accuracy of knowledge but the depth of insight" (c.1941; 1979, p.409). "[In] the human sciences accuracy consists

in overcoming the other's strangeness without assimilating it wholly to oneself" (1974; 1979, p. 371).

To pursue an objectivist agenda within the human sciences (to find the one and only language correctly representing reality) is to strive to establish domination of 'one voice' (one set of meanings) over other alternative voices. To do so is to give primacy to the centripetal forces over heteroglossia and to seek a *monologic discourse* to end *dialogic engagement.* Centripetal, monologising force is exerted as part of the ideological struggle to gain a monopoly on 'truth'; as such it is imbued with the political motivation to establish one's own view as the only true view. 'Monologue' aims to dismiss any competing accounts; as the only voice it shuts down the conversation and leaves no room for discussion or doubt. Apart from the political dimension of the drive towards unitary language, its pulling power is also a result of its epistemological allure. 'Monologue' results from a failure to appreciate the difference in the kinds of knowledge available in the natural and the human sciences respectively. Hermeneutics has shown us that within the latter one language can never suffice. The methodology of the human sciences cannot be other than dialogic:

> The shorthand record of the human sciences. It is always the record of a dialogue of a particular kind: the complex correlation of the *text* (object of study and reflection) and the *context* that frames it and which is being created (as questions, objections, etc. are raised), where the scholar's knowing and evaluating thought accomplishes itself. It is the encounter of two texts: the already given text and the reacting text being created, and therefore, it is the encounter of two subjects, of two authors. (written 1959-1961; 1979 p. 285)

> Understanding as a setting in relation with other texts and as reinterpretation in a new context (mine, that of my epoch, the future's) [...] True understanding in literature and literary studies is always historical and personal. (1974; 1979, p.364-5)

As in Gadamer, understanding comes about as new understanding via the bringing into dialogue of two linguistic horizons. Understanding cannot be achieved unless there is difference/separation. Identification which merges two into one is therefore not an option: "The sciences of the spirit: their object is not one but two 'spirits' (the studying one and the studied, which must not fuse into a single one). Their true object is the interrelation and interaction of the spirits" (1970-71; 1979, p.349). Bakhtin uses the term fusion here to attack a subjective notion of empathy, where the interpreter's viewpoint ('text') is abandoned in favour of that of the object of interpretation. This criticism of empathy is in accordance with Gadamer's rejection of a 'one horizon' hermeneutics. However, Bakhtin's insistance that fusion runs counter to the task of understanding seems to bring him into opposition to Gadamer's hermeneutics, in which, as we have seen, understanding proceeds as a fusion of horizons. I will return to this point shortly.

The dialogue of the texts is steeped in the history of language usage. Linguistic expression never starts from scratch; there are 'no first words after Adam', nor are there nameless objects. The discourse both of the text and of the interpreter are interwoven with the multiplicity of discourses which have social currency regarding the present subject matter. Everything that is said is 'in conversation' with what was said before on the same subject. This dialogic dynamic reaches even forward into the future: every utterance anticipates its reply. This is a consequence of the fundamental dialectic of question and answer which, for Bakhtin as for Gadamer, underlies all verbal expression. The dialogue of interpretation thus takes place against a background of voices which constitutes its condition and, at the same time, deprives its participants of the full possession of its meaning. A single voice can make itself heard only by blending into the complex choir of other voices already in play. Dialogue thus takes place within an *intertextual* (Julia Kristeva's term) web of dialogical relations. Every utterance, apart from being related to a speaker, a listener, and the object it is about, is also in dialogue with previously produced utterances. This inescapable presence of the discourse(s) surrounding - and in fact enabling - the present dialogue gives it an essentially *triadic* structure:

> Discourse (as all signs generally) is interindividual. All that is said, expressed, is outside the 'soul' of the speaker and does not belong to him only. [...] The author (the speaker) may have inalienable rights upon the discourse, but so does the listener, as do those whose voices resonate in the words found by the author (since there are no words that do not belong to someone). Discourse is a three-role drama (it is not a duet but a trio). (1959-61; 1979, p.300-1)

From the point of view of Bakhtin's philosophy with its stress on difference and discontinuity, Gadamer's formulation of understanding as a fusion of horizons brought about by the finding of the one, shared language looks suspiciously like an attempt to collapse heteroglossia - which is the condition of dialoguel - and seems to pursue the establishment of the monologic mode as the solution to the problem of the other. Whilst I believe this view to be a misrepresentation of important aspects of both Bakhtin and Gadamer, it draws our attention to a distinction (at least in emphasis) between the two authors regarding the question of what happens to 'otherness' in the process of understanding.

Whilst Gadamer insists time and again that the distance which is constituted by the difference between subject and object is a precondition of understanding, in the fusion of the horizon this difference is revealed as being more apparent than real and seems to be reduced to an initial misunderstanding. Otherness is overcome as the finding of the shared language brings about understanding. This takes place on the basis of what Gadamer assumes to be the commonality of 'our' tradition, i.e. the continuity of 'our' cultural and linguistic history. Gadamer's acceptance of tradition as the ground on which understanding proceeds introduces into the dialogic concept of understanding a danger similar to the one he alerted us to in his criticism of both the empathic and the objectivist routes - the danger of losing the otherness of the other when the two languages (are said to have) become one. 'Tradition' posits something which is defined as 'our' background without

fully specifying and problematising who this 'us' is and, by the same token, whom it excludes. In Bakhtin's terms, the other could be said to be 'monologised', otherness is being subsumed under the categories of the one language of tradition, which, we insist, the other shares with 'us'.

Bakhtin's dialogism, like Gadamer's, depends on the sharing of linguistic ground; only to the extent that the multiple languages are within the field of gravity of the ideal unitary language is verbal communication possible. Bakhtin does not, however, entertain an idea of fusion of the languages in coming to understand the other. The centrifugal power is not (and must not be) overcome by the force of unification. Whilst the strangeness of the other is overcome, the distance to the other is not entirely erased. Tradition with its central idea of the shared linguistic background has, in Gadamer's hermeneutics, a function similar to that of unitary language in Bakhtin's thought. Both concepts guarantee the commonality of linguistic usage which provides sufficient stability of meaning to allow understanding at all. Gadamer, however, seems to weigh tradition more heavily than Bakhtin does unitary language. In Bakhtin heteroglossia prevails, whilst Gadamer's metaphor of fusion seems to suggest that difference is laid to rest in the final realisation of unification. I believe however that this reading is a misunderstanding of Gadamer. Not only does it leave out everything Gadamer said about the fundamental openness - and that is, the on-goingness - of the hermeneutic inquiry. It also views Gadamer's theory of language as a defence of established language usage, which opens his philosophy up to be criticised as politically conservative. Some evidence against this reading will be presented in the following chapter, where I will return to the discussion of the dialogue with otherness in the context of the problematic of clinical understanding. Bringing Bakhtin and Gadamer into a hermeneutic dialogue might reveal that their differences are, after all, more apparent than real.

Rorty and the question of the verdict of reality

Gadamer uses the terms *Anstoss* (impetus/prod/push) and *umstossen* (to push over) to give the assertions of the object an almost physical reality. The first impetus is given in the experience of the otherness of the object which, on the part of the interpreter, constitutes the call for understanding. The otherness of the object makes a claim to be understood which can only be met if the difference or distance between the object and the interpreter is preserved. What is required, first and foremost, is "merely openness" on the part of the interpreter for the otherness of his objects. Openness does not mean the suspension of one's opinions but their bringing to consciousness *as opinions*. Given this openness the object can assert its otherness in such a way as to rule on the appropriateness of one's opinions. The 'things', the objects of study, become themselves the gauge for the validity of our understandings. Not any reading of a given text, for example, is possible:

> [...] innerhalb dieser Vielfalt des 'Meinbaren', d.h. dessen was ein Leser sinnvoll finden und insofern erwarten kann, ist doch nicht alles möglich, und wer an dem vorbeihört, was der andere wirklich sagt, wird das Mißverstandene am Ende auch der eigenen vielfältigen Sinnerwartung nicht einordnen können. So gibt es auch hier einen Maßstab. *Die hermeneutische Aufgabe geht von selbst in eine sachliche Fragestellung über* und ist von dieser immer schon mitbestimmt. Damit gewinnt das hermeneutische Unternehmen festen Boden unter den Füssen. Wer verstehen will, wird sich von vornherein nicht der Zufälligkeit der eigenen Vormeinung überlassen dürfen, um an der Meinung des Textes so konsequent und hartnäckig wie möglich vorbeizuhören - bis dies unüberhörbar wird und das vermeintliche Verständnis umstößt (1960, p.273; italics in orig.).

> [...] within this multiplicity of 'possible meanings', i.e. that which a reader can make sense of and which he can insofar expect, still not everything is possible, and someone who does not listen to what the other is in fact saying

> will not be able in the end to accommodate that which was so misunderstood even within his own manifold anticipations of meaning. Thus there is a yardstick even here. *The hermeneutic task turns by itself into a factual issue* and is always already co-determined by it. Thereby the hermeneutic enterprise gains firm ground under its feet. Wanting to understand one may not give oneself over to the contingency of one's own pre-conceptions in order to mishear the meaning of a text as consequently and stubbornly as possible - until this meaning becomes impossible to ignore and pushes over the presumed understanding.

Yardstick, *terra firma*, pushing over - the object asserts itself and puts paid to arbitrary interpretations. Misinterpretations will collapse when faced with the object's reality. Gadamer approvingly quotes Ranke, the German historian, to assert the final authority of reality: Reality ("was ist" – "what is") is that "*was nicht mehr umzustossen ist*", what one cannot push over any more (ibid. p.363). But one's non-truths can be pushed over by what is the case. Given the historical situatedness of the interpreter truth cannot be said to be finally realised; however, false assertions are pushed over by reality. Verification is not on offer, but a properly executed hermeneutic inquiry weeds out wrong interpretations by falsification.

It is not immediately clear, however, what "the factual issue" ("die sachliche Fragestellung") is in relation to the interpretation of a text. Is it 'the matter of the text' or 'the matters of which the text speaks'? On the one hand, as we saw, there is the idea that the matter of the text will not allow misinterpretations. This resistance on the part of the text will lead to the failure, discussed above, to achieve the satisfactory 'fit' of the parts with the whole. Unity of meaning cannot be forced, and a thorough and conscientious reading of the text will therefore rule out unsubstantiated or contradictory interpretations.

A thorough reading alone, however, will not on its own settle the question of interpretation; in a way, it only prepares a proper interpretation.

Understanding for Gadamer is, after all, a coming to an understanding of (at least) two participants (the text and its reader) *about some matter*, i.e. the aspect of reality which is the subject matter of the text. The 'true meaning' of the text relates to the truth which the text asserts about 'things' and which the reader applies to the particularities of his own situation. Truth can only be established through this process of application which concerns the reality as it exits beyond the linguistic realm. Hence there is a concept of practice which has a regulative function regarding the multitude of possible interpretations. There is something beyond the text, i.e. that which it speaks about, which impacts on the process of interpretation.

Gadamer's belief that there is *terra firma* on which to ground the truth of an interpretation seems to imply that reality intervenes and perhaps 'protests' against misunderstandings in ways which are not again open to interpretations - and misinterpretations. *Anstoss* and *umstossen* are imbued with an almost physical power to assert a reality beyond the realm of words; they do not, however, point the way back to an idea that reality gets itself represented 'as it is'. The interpreter who is *an-* or *umgestossen* is always historically/culturally/linguistically situated, he is never the neutral, detached scientist-observer. Gadamer's hermeneutics, whilst criticising the premises of an objectivist epistemology, does not give up on reality as it exists beyond the linguistic domain.

Richard Rorty, who in many respects follows and further develops Gadamer's philosophy, seems to be in disagreement with Gadamer when he (Rorty) urges us to give up on the idea that we can get to the way things are beyond their linguistic signification. It is a consequence of the realisation of the ineluctable implication of the knower in the known, that knowledge of how things 'really are' is inaccessible to us. From this Rorty (1980) draws the radical sceptical conclusion and insists we must give up on epistemology altogether. Philosophy was for much too long led astray by the entirely misguided metaphor of "the mirror of nature". We can never succeed in removing ourselves from our particular situatedness; all we can do is to gain

different perspectives on what we are interested in, and no single perspective can support claims to be more than a well-received opinion.

Different views as to what is the matter can therefore not be settled with reference to the matter itself. The 'world' does not rule on the accuracy of our descriptions of it – or if it did, we could not know this since we have no access to 'world' except under one of our descriptions. In consequence, the object cannot assert its reality in a way which lets us see this reality beyond our conceptions and evaluations. It cannot therefore be called upon to decide in favour of one interpretation over another. The question of truth is not one which 'reality' can answer, it is rather a matter for social discourse to settle. It is, in Rorty's view, the task of hermeneutics *not to replace epistemology*, but, on the contrary, to keep open the space vacated by its departure.

Hermeneutics plays an important role in Rorty's particular 'post-modern' variety of pragmatism. Rather than continue to argue over which of our various descriptions most accurately represents reality, he insists that we should differentiate them primarily with regard to what they enable us to see and do. Changes in our descriptive vocabularies do much more than simply portray things in a different light; they effect changes to who we are and to the world we inhabit. A self differently conceived is a different self; a world newly described a different world. Rorty is in agreement with Charles Taylor who writes, "man is a self-defining animal. With changes in self-definition go changes in what man is, such that he has to be understood in different terms" (quoted ibid. p.350). The way we think about ourselves, whilst it can never reflect our 'true nature', to an important extent constitutes our being in the world. The vocabulary we use is therefore of great importance: it can seriously limit who we are or free us up to new possibilities. Once we forget that we are always dealing *with ways of seeing things* and never with *how things really are*, once, that is, we forget about the essentially metaphorical character of our conceptions, we entrap ourselves within the restrictions of one vocabulary. This 'one and only' vocabulary we credit with attributes like 'objective' and 'true'.

Paralleling Kuhn's (1962) distinction between 'normal' and 'revolutionary science' Rorty differentiates between two tendencies within philosophy, constructive or systematic philosophy on the one hand, and reactive or edifying philosophy on the other. Revolutionary science challenges the received wisdom of what counts for normal science in any historical period. It does so by providing a powerful new set of key metaphors, a new *paradigm* for re-organising our perceptions. The new paradigm offers immensely fruitful avenues for new research projects, thus vastly increasing our knowledge and, by the same token, the range of things we are able to do. Once these possibilities are explored and accommodated into contemporary discourse, what used to be revolutionary science becomes accepted as 'normal'. The once new metaphors lose their powerful impact. In their acceptance they die *as metaphors* in that they are no longer perceived as showing us a new way of seeing, but are believed to represent things as they are.

Like Gadamer, Rorty gives centrality to the concept of edification (*Bildung*); in fact, his development of Gadamer's hermeneutics, which he sees as culminating in the idea of *Bildung,* forms the centre of the concluding chapter of his magnum opus *Philosophy and the Mirror of Nature* (1980). The German term *Bildung* carries strong connotations of cultural education as a process of self-formation. Rorty is in agreement with Gadamer who asserted that *Bildung* can replace knowledge as the goal of thinking. Edification, which Rorty juxtaposes to systematic philosophy, stands for the "project of finding new, better, more interesting, more fruitful ways of speaking" (ibid. p.360).

Constructive or systematic philosophers set out to provide a coherent theory of the world, and the whole project of epistemology is founded, in Rorty's view, on an idea that a unified set of descriptions can be found which represents reality as it is. Systematic philosophies consequently attempt to find the final version of normal science, a philosophy to end all philosophies. The task of edifying philosophy (and hermeneutics is part of this tendency) is to disrupt the establishment and sedimentation of systematic philosophy.

Edifying philosophy does not seek to succeed systematic philosophy through the provision of a better coherent theory, but criticises the project of unified knowledge. Edifying philosophy takes its departure from systematic philosophy and is to that extent dependent on it. Rorty reminds us that "abnormal and 'existential' discourse is always parasitic upon normal discourse, that the possibility of hermeneutics is always parasitic upon the possibility (and perhaps upon the actuality) of epistemology, and that edification always employs material provided by the culture of the day" (ibid. p.366). It is the aim of edifying philosophy to provide new metaphors which alienate us from our normal discourse. "Edifying discourse is *supposed* to be abnormal, to take us out of ourselves by the power of strangeness, to aid us in becoming new beings" (ibid. p.350). It lends support to "our 'existentialist' intuition that redescribing ourselves is the most important thing we can do" (ibid. p.358). The importance of new metaphors does not lie in their being 'better', i.e. more accurate, than the existing ones, but precisely in their capacity to make us look and think *differently*. Whilst the ultimate (ideal) aim of systematic philosophy is to end the argument as to what is the case, the main aim of edifying philosophy is to prevent this from happening.

> The danger which edifying discourse tries to avert is that some given vocabulary, some way in which people come to think of themselves, will deceive them into thinking that from now on all discourse could be, or should be, normal discourse. The resulting freezing-over of culture would be [...] the dehumanisation of human beings. (ibid. p.377)

To use Bakhtin's terminology, edifying philosophy seeks to disrupt the monologue of normal discourse by keeping up a supply of heteroglot metaphors. Rorty draws the consequence that the notion of the correctness of a view should be replaced by one of 'wisdom', a notion which he links with practice and the capacity to converse:

> One way of thinking of wisdom as something of which the love is not the same as that of argument, and of which the achievement does not consist in

> finding the correct vocabulary for representing essence, is to think of it as the practical wisdom necessary to participate in a conversation. One way to see edifying philosophy *as* the love of wisdom is to see it as the attempt to prevent conversation from degenerating into inquiry, into an exchange of views. (ibid. p.372)

Rorty's pragmatism radicalises the idea of the continuous open-ended dialogue: the conversation itself, rather than the truth of what it is about, become the only good that is worth pursuing in philosophy. In doing so he departs from Gadamer's hermeneutics which insists that reality has a say in this conversation. In Gadamer the truth of what the conversation is about has the force to 'push over' misguided ideas (if, that is, understanding is sought in the hermeneutic spirit). Whilst these are significant differences between Gadamer and Rorty there is, perhaps more importantly, agreement about the primacy of continuing dialogue, which demands that the 'other voice' (the new metaphor) is never excluded. The significance of this agreement is surely evidenced, on Rorty's side, by the prominence he gives Gadamer's concept of edification in his main work; Gadamer, for his part, said in an interview he gave in 1992 that his ideas were close to Rorty's - adding that Rorty's ideas were "more extreme" (Chessick, 1992).

The preceding discussion of Gadamer's hermeneutics and some of the contrasting concepts from Bakhtin and Rorty (plus Kuhn) allows for the, somewhat rough and ready, juxtaposition of the following groups of opposites:

normal science	revolutionary science
systematic philosophy	edifying philosophy
dead metaphors	new metaphors
unifying, centripetal language	heteroglot, centrifugal language
monologic discourse	dialogic discourse
identification	difference
the one	the many

Whilst this listing is obviously not unproblematic, it highlights a fundamental tension, common to these pairings, of diversification resisting unification, the alien resisting the familiar, the many refusing the subsummation under the dominance of the one. All three philosophers emphasise the inevitability of this tension and the importance of continued openness to the voice of 'the other'. This tension possesses creative potential, a potential which can, however, only be realised under the condition of an on-going dialogue with the other. The concept of *Bildung* as developed by Gadamer, and subsequently Rorty, posits this openness to the other as the essential philosophical attitude. Certainly in Gadamer's philosophy, this hermeneutic attitude is continually played out (and reinforced) in the dialectic engagement of self with the other. There is a hermeneutic circularity which always involves a return to oneself in the unfolding of the dialectic of self and other, sameness and difference. The confrontation with the other changes, expands the self. There is an idea of progression in this repeated return to oneself in the process of *Bildung* which is, in practice as well as in principle, interminable. In contrast to Hegel's conception of the dialectical evolution of self-consciousness towards its *telos* of complete self-realisation of *Geist* (spirit), Gadamer's dialectic is and remains open-ended. *Bildung* for him is to embrace this openness to continuous change, it is to give up the idea of an end-state of complete understanding and, by the same token, of a fully realised self. Just as there is no endpoint to the hermeneutic understanding of the object so the constitution of self-identity of the subject is never finally realised in an act of reflective self-possession. Rather than aiming at such a point of arrival, i.e. a metaphysical notion of ultimate knowledge of self and the world, Gadamer's hermeneutics promotes a continuous disposition of openness to new experience and new understandings. Given this idea of interminable progression his hermeneutics is perhaps better portrayed by the (suitably optimistic) image of an upward spiral, rather than that of the circle seemingly going nowhere.

Chapter 6

Triangulation and Dialogue

The hermeneutics of clinical understanding

Introduction

Gadamer's dialogic hermeneutics, together with some of the ideas of Bakhtin and Rorty discussed in the previous chapter, provides us with some conceptual tools with which to return to the problems of clinical understanding laid out in chapters 1-4. In this concluding chapter I will first address the question to what extent the insights from Gadamer's philosophy can be transferred to interpersonal, clinical understanding, before developing some of its implications for psychotherapeutic practice. In doing so I hope to do some justice to the following questions: What are the conditions under which interpersonal understanding can emerge? How can the particular structure of the therapeutic dialogue be conceptualised? What prevents this dialogue of understanding from deteriorating into the monologue of the already understood? What can be said about the position, and the attitude, the therapist needs to assume vis-à-vis his patients? And are there also perhaps conclusions which can be drawn for the development of psychotherapy, as a body of theories and as a profession? Whilst it is not possible in this thesis to fully elaborate what a 'Gadamerian' psychotherapy might look like, I hope to develop at least some of its aspects.

In this chapter a concept of therapy will emerge which emphasises the facilitation of the patient's capacity to be in dialogue with the world. The therapeutic conversation is described as *a dialogue to enable fuller dialogue.* Following Gadamer's insight that *to understand is to understand differently* this dialogue is conceptualised as involving a multiple negative dialectic. One horizon (that of the therapist) is brought into contact with another (that of the

patient) in order to investigate the (defensive) ways in which the latter is structured. The patient's relation to his 'other' is examined and challenged by this confrontation with the therapist's horizon of understanding. The challenge, however, is not unilateral. In the hermeneutic spirit, for real (that is: new) understanding to occur the therapist's horizon also undergoes change as a result of its confrontation with 'otherness'. The therapist meets his 'other' in two guises – as the other of his patient, and as alternative psychotherapy theory. Clinical understanding, as it emerges in the process of a particular psychotherapy, involves a two-directional dialogue in the therapist's mind. It is consequently described as being *triangular* in structure.

A hermeneutics of psychotherapy?

It is by no means clear that Gadamer himself saw his hermeneutic philosophy as appropriate for the task of psychological understanding. His theory of understanding as it is developed in *Wahrheit und Methode* is concerned mainly with the understanding of historical events or cultural objects. As we saw, Gadamer suggests that we dialogue with these objects (e.g. a historical text) as if with a 'you', that is, we enter into a linguistic communication in the process of which both 'partners' decentre towards the other, eventually leaving both participants changed by the fusion of horizons that occurs in understanding. This is not the same as understanding the text by attempting to recover its author's meanings and intentions. We are not asked to enter into dialogue with the author's subjectivity, but with the answers the text provides to the questions it is concerned with. Gadamer considers the understanding of the other person's subjectivity not primary to the hermeneutic task, since the task of understanding is to reveal a fuller range of meanings of the cultural object and these meanings are never exhausted through the understanding of the creator's mind. Understanding for Gadamer is primarily a *coming to an understanding with someone about something*. It is for this reason that Gadamer thinks of the understanding of another person,

as it is, for instance, sought in a clinical consultation, as constituting a different problematic.

However, Gadamer's references to the process of clinical understanding and clinical practice reveal some ambiguity on this subject. In *Wahrheit und Methode* he seems to exclude the clinical consultation from the domain of hermeneutics precisely on the ground that its aim is not the gaining of an understanding regarding a present concern, but instead the gaining of the horizon of the other person itself. If this is the purpose of the conversation, then, Gadamer argues, the person seeking understanding has, as it were, withdrawn from the conversation. He is not present and available (*antreffbar*) *as a person* with his own horizon (1960, p. 308).

It is not clear to me however why the understanding *of* another person should fall outside the realm of hermeneutic inquiry, especially given Gadamer's dialectic conception of experience and understanding. Experience is always the experience of something, it is always the self in relation to world. The unity of self-understanding and knowledge of the object that Gadamer posits implies that to hear about the person's subjective experience is to hear about her world and vice versa. It is hard to imagine that there are many statements a person might make 'just about themselves' which are not, by the same token, statements about 'how the world is' for this person (this includes statements which take oneself as the object of one's assertions). These statements too claim to be taken as true statements about the way things are and open up the possibility for someone else (e.g. a therapist) to step into this person's horizon. The distance of otherness is not, like in the understanding of a historical text, given primarily via the dimension of time, but through the differences in life historical particulars, including the variations of social and cultural background. If a text ought to be read as in conversation with a 'you', it is hard to see why Gadamer's thoughts should not apply to the utterances of an *actual you*, i.e. a real conversational partner. Since the experiences communicated in this psychologically focussed conversation are always experiences of something, mediated by language, expressed mainly in

language, and understood in linguistic terms, it seems to me that the understanding of another person can very well be formulated as a coming to an understanding with that person as to 'what is the case'.

In texts where Gadamer addressed directly issues of health and medical care, as he did in a small collection of essays and lectures called *Über die Verborgenheit der Gesundheit* (1993a; "The enigma of health"), he did indeed apply the ideas of his hermeneutic philosophy to the clinical consultation. In *Hermeneutik und Psychiatrie* (contained in this collection) Gadamer establishes the close vicinity of the two disciplines on the basis that both seek to gain understanding of that which resists comprehension in the expressions of experiences of other persons. "[The] incomprehensible and that which is unpredictable in the whole of the mental experience of man constitutes the subject matter of the art of understanding which is called hermeneutics" (ibid. p.203).

In *Behandlung und Gespräch* ("Treatment and Dialogue", also in 1993a) Gadamer analyses the role that dialogue plays in the context of medical (i.e. not primarily psychological) treatment, and he does so mainly in terms of the dialectic between distance and commonality. The discussion of the clinical consultation follows his analysis of the structure of the hermeneutic dialogue, thus moving the clinical dialogue firmly in the vicinity of other hermeneutic investigations. *Behandlung* (treatment) implies the idea of 'handling' the other person, doing something to the other person by the use of the hand to effect a change (carrying connotations akin to those of the term *mani*pulation). Whilst this suggests the intimacy of one person touching another in the process of treatment, it also implies "a peculiar acknowledgement of distance and difference" (ibid. p.160). This distance calls for the finding of a "shared ground" on which understanding becomes possible: "The fact of this distance entails for doctor and patient the task of finding a shared ground, and it is only dialogue which can achieve this" (ibid.). Gadamer reminds us that the German word for surgery hours is *Sprechstunde* (literally 'speaking hour'), and he suggests this word usage recognises the fact that the dialogue between

doctor and patient constitutes "the first and the last commonality between them". Through dialogue the distance can be overcome.

Crucial for the success of this conversation is the extent to which both partners can give themselves over to the movement of the dialogue. It is important "that one slips into a dialogue, which is not really directed by anyone, but which directs us all" (ibid. p.172). The model for this dialogue is the Socratic-Platonic dialectic in which the exchanges are geared to the sole purpose of "leading the other to his own view" (ibid.). "The dialogue only puts the other into the potentiality, without further confusing himself, to awaken his own inner activity, which the doctor calls 'joining in'" (ibid.). Such dialogue is far from being only the precursor to medical treatment; it is an essential part of it. Whilst it might seem to aim only at finding out 'what's wrong', it can of itself make an important contribution to putting something right. In order to give dialogue its proper role in clinical practice, which otherwise is misconceived as a purely technical treatment, Gadamer says it is important

> daß wir die theoretische Selbstdisziplin, die zur Wissenschaft befähigt, in die Kräfte zurückintegrieren, die wir 'praktische Vernunft' nennen. So heißt es seit dem 18. Jahrhundert, was die Griechen mit dem Wort ‚praktike' bedacht haben und mit ‚phronensis', jener situationsangemessenen Wachheit, in der sich Diagnose und Behandlung und Gespräch und das ‚Mitmachen' des Patienten zusammenschliessen. Was da zwischen Arzt und Patient spielt, das ist die Wachsamkeit, die Aufgabe und Möglichkeit des Menschen ist, die Fähigkeit, die Situation des Augenblicks und den einem im Augenblick begegnenden Menschen richtig aufzunehmen und ihm zu entsprechen. Zugleich versteht man von hier aus, was das Heilgespräch ist. Es ist kein solches Gespräch, da es erst durch das Gespräch auf das eigentliche Ziel hinzielt, in dem Patienten den Kommunikationsfluss des Erfahrungslebens und die Kontakte mit den anderen wieder in Gang zu setzen, von denen der Psychotiker so unheilvoll ausgeschlossen ist. (ibid. p.173)

> that we re-integrate the theoretical self-discipline which enables science into the forces we call 'practical reason'. This is what we call since the 18th century

> what the Greeks referred to by the terms 'praktike' and 'phronesis', the alertness to the particularities of the situation, in which diagnosis and treatment and dialogue and the 'joining in' of the patient come together. What is at play between doctor and patient is the alertness, which is the task and the possibility of man, the capacity to properly perceive and do justice to the present situation and to the other person who we are encountering in that moment. This clarifies at the same time the nature of the therapeutic dialogue. It is not a dialogue of this kind, since dialogue is directed first of all at its real aim of again getting under way within the patient the flow of communication of his lived experience and the contact with others, from which the psychotic is so tragically excluded.

In this paragraph Gadamer addresses a number of points relevant to the question of the therapeutic dialogue. He asserts that such a dialogue needs to be guided by an idea of 'practical reason', rather than the theoretical, detached, disciplined, generalising stance adopted by science. The scientific stance has it value, but it has to be re-integrated into practical reason. The direction of this integration – science *into* practical reason - demonstrates the priority Gadamer gives to the latter. The notion of practical reason is derived from the Aristotelian concept of *phronesis*, a form of knowledge which, as we saw, arises out of and finds its meaning only through the engagement with the particularities of a given situation. As such, phronesis is juxtaposed to an idea of generalised knowledge applied to a particular case. In the clinical context, knowledge does not come in sequentially, as it were, with diagnosis first establishing under which general category this particular case falls, and subsequently applying the prescribed treatment strategies. In phronetic knowing diagnosis comes about through the engagement with the patient which is already treatment; and treatment comes about via diagnosis which arises form the form this particular engagement takes.

It is significant that Gadamer says this phronetic alertness is "at play".[38] Play, in Gadamer's analysis, is not so much played *by* the participants, but rather

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[38] The literal translation is: "What *plays* here between doctor and patient is the alertness [...]".

has its own rules which take over the movements of the players. The play plays the players, rather than the other way round. This notion of play is important for the appreciation of what Gadamer means by "properly perceiving and doing justice to" the present situation and the present other person. The appropriate response arises out of the engagement in the play of the present moment that is the unfolding of the clinical dialogue. Phronetic understanding is, first and foremost, an understanding of the way in which this particular dialogue is to be engaged in, and refers only secondarily to any further understanding arising out of the sustained participation in it.

For such dialogue to take place its participants need to be able to 'play' - it is, after all, a dialogue which evolves *between* doctor and patient, requiring the 'joining in' of both. And this is where Gadamer sees the distinction to the *Heilgespräch* (therapeutic dialogue): The conditions for dialogue proper have to be created in the first place by a dialogue of a particular, therapeutic, kind. The therapeutic dialogue is not itself dialogue proper; it deals with the disruption in the patient's capacity to participate in dialogue. Its aim is to reconnect the patient to the flow of his own experiences and to the contact with others which are the preconditions for dialogue. It seems here that Gadamer implies (but does not specify) a distinction between two 'flows of communication', which are nevertheless interrelated: the *Kommunikationsfluss des Erfahrungslebens* and the *Kontakte mit anderen.*

In *Sprache und Verstehen* (1970) Gadamer addresses the problem of disruptions to the discourse of understanding. The following quote takes this up in relation to questions of psychopathology, social critique and language. It allows some further insight into his ideas about the therapeutic dialogue - and at the same time provides evidence for my view (expressed in the last chapter) that his distance to Bakhtin is not as far as it may seem. Gadamer discusses the disturbance to the dialogic capacity in the context of the development of language. Language always evolves; in parallel to historic change, language changes, constantly producing new forms of expression which challenge and expand existing meanings. New language disrupts old

language, Gadamer argues, but seeks to regain the shared ground of understanding whilst insisting that this restoration of understanding takes on board the new points of view.

> Neue Sprache bringt Störung in die Verständigung, aber im kommunikativen Geschehen zugleich Überwindung der Störung. Mindestens ist das das ideelle Ziel aller Kommunikation. Es mag sich unter besonderen Bedingungen als unerreichbar erweisen. Zu solchen besonderen Begingungen zählt insbesondere der pathologische Abbruch des zwischenmenschlichen Einverständisses, welcher durch den Tatbestand der Neurose gekennzeichnet ist, und es fragt sich, ob auch im gesellschaftlichen Leben im ganzen der kommunikative Vorgang nicht auch der Verbreitung und Aufrechterhaltung eines ‚falschen' Bewußtseins zu dienen vermag. Das wenigstens ist die These der Ideologiekritik, daß der Gegensatz in den gesellschaftlichen Interessenlagen das kommunikative Geschehen praktisch ebenso unmöglich macht wie im Falle der seelischen Erkrankung. Aber wie im letzteren Falle die Therapie gerade darin besteht, den Erkrankten an die Verständnisgemeinschaft der Gesellschaft wieder anzuschliessen, ist es doch auch gerade der Sinn der Ideologiekritik selbst, das falsche Bewußtsein zu berichtigen und damit ein richtiges Einverständnis neu zu begründen. Sonderfälle eines tiefgestörten Einverständnisses mögen dabei eigene Formen der Wiederherstellung nötig machen, die auf einem expliziten Wissen um die Störung beruhen. Sie bestätigen aber damit die konstitutive Funktion der Verständigung selber. (ibid. p.189)

New language introduces disturbance into understanding, but at the same time also, in the communicative event, the overcoming of disturbance. That at least is the ideal goal of all communication. It may prove unattainable under special conditions. Amongst such particular conditions there is especially the pathological rupture of interpersonal understanding which is characterised by the fact of neurosis, and the question arises whether the communicative process may not also contribute, in the whole of social life, to the proliferation and maintenance of a 'false' consciousness. This at least is the thesis of *Ideologiekritik* that the conflicting social interests render the communicative process just as impossible as in the case of psychic illness. But just as in the

latter case the therapy consists in reconnecting the patient to the community of understanding of society, is it precisely the point of *Ideologiekritik* itself to correct false consciousness and thus to found anew a proper understanding. Special cases of deeply disturbed understanding may necessitate their own forms of restitution, which are based on an explicit knowledge of the disturbance. They do however thus confirm the constitutive function of understanding.

Gadamer does not use the terms 'psychotic' and 'neurotic' as precise clinical categories, but seems to ignore this distinction to talk about psychopathology in general. The important feature, which we could take as the kernel of a theory of psychopathology, is the disruption of interpersonal understanding, the incapacity to participate in the *Verständigungsgemeinschaft der Gesellschaft* (community of understanding of society). The therapeutic task is consequently defined as *Wiederanschluss* (reconnection) to this community of understanding.

Interestingly, two types of social bonds are brought into play here, *Gemeinschaft* and *Gesellschaft* (community and society), the first being based on communality, the second on a competition of interests.[39] *Gemeinschaft* is carried by a sense of shared history, tradition, and a commonality of meaning; *Gesellschaft* is characterised by diversity and otherness, and the social-political struggle over access to resources and the dominance of meaning. There is a tension between these two types of social bonds, but, in Gadamer's view, this does not mean that there is a problem to be overcome: "[it] goes without saying that language always has its life full of tension in the antagonism between conventionality and revolutionary departure" (ibid. p.189). On the one hand, there is always the pressure to conform, to fall in with the established social and linguistic order: "[...] this *is* society, this is how society functions, always norming and conforming"; on the other hand, "[...] in spite of all conformity language lives" (ibid.). Difference asserts itself in the life

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[39] This distinction was developed by the German sociologist Ferdinand Tönnies in his book *Community and Society* (1887).

of language; and it does so precisely by finding its way into - and that is *back to* - the shared and understood meanings of the community of speakers. This is a conception of the way in which language, and understanding, develops which has strong parallels with Bakhtin's view of language as evolving in the tension between centrifugal and centripetal forces.

The need for therapeutic intervention may arise when an individual is, or feels to be, cut off from this social discourse, that is, when the process of finding shared ground has become problematic. The question of the types of social bond brings into focus an important issue regarding the aims of psychotherapy. To make the return of the patient to the shared ground of the *Verständigungsgemeinschaft der Gesellschaft* the objective of the therapy process could be construed as the attempt to reduce or even eradicate 'otherness'. Although there is an adaptive and conformist, and that means also politically conservative, force in play, conformism is not Gadamer's vision, neither of the political nor of the psychotherapeutic process. Inevitably we operate from within a tradition, which places limits on the scope of meanings and behaviours and which tends to exert pressure to conform to certain norms. But this adaptive tendency is always confronted by some forms of 'otherness' which strive to overcome their alienation. The recognition of the claims of the other is, politically, liberating and, psychologically, therapeutic. Alienation is overcome *through* the acceptance of the 'other' by and into the community of understanding (which is of course changed by this acceptance). Gadamer's comment on the aims of *Ideologiekritik* in the previous long quote makes just this point: The new and better understanding it seeks to achieve can come about only if and when their *Kritik* is embraced by the *Verständigungsgemeinschaft*. The 'other' seeks its liberation in the reduction of this gap of otherness, i.e. in the process of (re-)connection with the community of understanding.[40]

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[40] Within the history of the psychoanalytic movement the debate between the adaptive versus the liberating strands of practice form an interesting, if somewhat marginal, sub-chapter. It is unfortunately beyond the scope of this dissertation to expand further on this important political issue.

We are, at this stage, left with two different ways in which the hermeneutic dialogue is related to the therapeutic task. On the one hand, hermeneutic dialogue is portrayed as distinct from the therapeutic one, in that it is the incapability of engaging in proper dialogue which necessitates therapy. The task of therapy is to enable the resumption of dialogue. On the other hand, the task of understanding presented in the therapeutic situation *is* a hermeneutic task and must be approached in a hermeneutic, and that is dialogic, fashion. In *Hermeneutik und Psychiatrie* Gadamer speaks of the "particular hermeneutic problematic" (*hermeneutische Sonderproblematik*) involved in the treatment of mental disturbance which is characterised by the doctor's predicament "sich verständigen zu müssen, auch wenn der Patient sich entzieht" (1993a, p.208; "to have to communicate even when the patient evades understanding"). Human partnership, which in Gadamer's philosophy is pretty much defined by the preparedness to find shared ground with an other through dialogic engagement, is, to a smaller or larger degree, prevented by the patient's resistance. Gadamer, in identifying the *Sonderproblematik* of the therapeutic dialogue, understands a central paradox of psychotherapy: It is a process that requires an agreement (i.e. a willingness) to engage in a dialogue designed to help the patient to open up and to embrace that which he does *not* want (can't agree to). Psychotherapy involves wanting what you don't want; agreeing to something you can't agree to. It requires a willingness to engage in a negation of a negation of oneself. The disturbed patient, whose present way of functioning nevertheless constitutes a coping mechanism (the 'neurotic equilibrium'), comes to therapy in order to be disturbed. (I will return to this idea of therapy as a negative dialectic.)

The chances of psychotherapeutic intervention hinge on the degree to which the possibility of communication is disrupted. This is reflected in the fact that the patient's agreement to engage in psychotherapy is considered a necessary condition of treatment. Psychotherapy has its field of application where full participation in dialogue is not possible (otherwise no treatment would be needed), but is not entirely precluded either (otherwise treatment

has nowhere to go). Another way of putting this is to say that, whilst the access to shared meanings has become problematic (otherwise there would be neither psychopathology nor the struggle to understand), there must be minimal participation in shared meanings. Utter otherness is madness, with no starting point for dialogue.

Aspects of a clinical hermeneutics

Crucial to the therapist's understanding of his patient is an appreciation of the conditions under which this understanding can proceed. This is the question of the therapist finding the right *position* vis-à-vis his patient. Clinical hermeneutics is participation in the extremely complex event of the patient's mental life as it unfolds in the present therapeutic session. The mode of knowledge in operation here is *phronetic*. Phronesis requires the engagement of the therapist; it is neither (just) the reconstruction/duplication of the patient's state of mind in the mind of the therapist, nor (just) the application of prior generalised knowledge - although I will argue that aspects of both these modes play a role in understanding the patient.

The psychotherapist needs to enter into a dialogue with the patient, which involves a participation in the patient's linguistic meanings. Understanding is the finding of shared ground through the finding of a common language. This in turn involves a participation in the dialogue which the patient has with his world, and which has run into problems. The therapeutic dialogue is conceptualised as the participation of the therapist in the (ruptured) dialogue the patient has with the world.

Using Gadamer's terms, the patient's state of mind, his way of thinking/feeling/acting, is seen as a response to problems (an answer to questions) the patient was, and still is, faced with in his life. The patient's answer has become a question, and questionable, in two senses: because it is an occasion for understanding, and also because it is of questionable use

to the patient now. To understand the answer is to understand the question. To understand the question is to ask it. In this way the therapist seeks to gain the horizon of the patient, yet never forgets that he can do so only from within his own horizon. Empathy is never the duplication of the patient's mind in the mind of the therapist; it cannot escape the fact that, like all perception and experience, it is construed in the light of one's own situatedness. Thus, whilst asking the patient's question (i.e. making the patient's question his own) and taking the patient's answer as a question, the therapist remains 'other' to the patient. Otherness, as well as commonality, is, after all, as Gadamer showed us, a precondition of dialogue.

It is only from within his own horizon that the therapist understands the patient's mental process. Interpretation (both in the hermeneutic sense which is tied to understanding and in the clinical sense of conveying this understanding to the patient by means of a verbal intervention) cannot be avoided or postponed ('deferred') until the case 'gets clarified'. Gadamer urges us to grasp hold of the meanings as they present themselves to us, that is, to understand and to interpret on the basis of our limited perspectives – but to be prepared, indeed to expect, that our first understandings will be modified in the process of the hermeneutic dialectic. The realisation of the multiplicity of meaning and, consequently, the demand for openness towards new meanings does not entail interpretive abstinence. Only through *risking* our interpretations can new interpretations emerge which constitute an advance on our previous (mis)understandings. The acknowledgement of the limitations of understanding serves as an injunction to critical reflection, which has to be worked out through further dialogic engagement; it does not lead to the demand to step back from giving meaning to the material on the grounds that we know that we can never know.

Gadamer's concept of experience as new experience requires the therapist to adopt something like a dual mental attitude towards any understandings which emerge in the process. Understanding, as we have seen, can only proceed taking prior understandings as its starting point; yet these first

understandings are expected to be upset. The therapist needs to be open to be 'corrected', but, logically, he cannot know where this 'correction' is going to come from and what shape it will take. There is an expectation of something unexpected, the expectation of a surprise.

Hermeneutics thus involves a dual movement – a grasping hold of meaning and bringing it to bear on the object of understanding, and a distancing oneself from the interpretation to allow for further meanings to emerge. In saying how he understands the patient's material, the therapist says where he stands in relation to the patient's material. This however is often the beginning (or some 'middle') of the interpretive process, not its endpoint. As it is communicated to the patient, the interpretation, whilst 'in answer' to what the patient said, becomes itself a question and now awaits its response. Frequently contemporary therapists preface their interpretations with a "I wonder if..." or a "Perhaps...". The interpretation then given is as much statement as question. This dual movement of stepping forward and standing back, asserting and asking, grasping and letting go, knowing and not knowing is central to the therapeutic work conducted in a hermeneutic spirit.

In this dual movement of the therapeutic dialectic there are always (and therefore always simultaneously) two things at stake, which at first sight appear to be very different: the patient's sense/understanding of himself and the therapist's understanding of the patient. Meaning as it is made and changed in the course of the therapeutic process affects the patient on the level of his sense of self; but it also affects the therapist in his relation to his evolving framework of understanding. The therapist's job is to help bring about meanings which help the patient. His capacity to do so is both confirmed and undermined as new meanings develop. This seeming paradox is a consequence of the essentially negative dialectic of understanding (of which I will say more below). It must not be forgotten that not only the patient, but the therapist too struggles with a sense of his understanding not being adequate. - If he doesn't, he isn't a hermeneut.

The dual movement of the process of understanding confronts and yet repeats the dual aspect of meanings as constitutive of (personal and professional) identity. To understand oneself or another in a particular way 'fixes' the person as the person such perceived, to the exclusion of alternative perspectives. The individual (myself, the other) gets identified as this or that particular person, and *not*, by implication, any of its possible alternatives or opposites. Understanding as new understanding challenges this fixity. The psychotherapeutic dialogue is designed to help the patient think about himself in *different* ways; i.e. in ways that go beyond the established (conscious or unconscious) self-descriptions. This is the liberating aspect of finding new meaning. The therapist assists the patient in this process from his own standpoint, which is constituted by his set of 'personal' and 'professional/theoretical' meanings. It is by virtue of the fact that the therapist operates from within a different horizon that he can help the patient think and feel differently. Yet this also entails the danger that the new meaning, liberating at one moment, becomes the new restriction. This is inevitably so, but has to be confronted nevertheless. It can only be confronted constructively if the therapist too is open to facing this challenge. In terms of his understanding of the patient, which always involves his theoretical commitments, the therapist, as the patient, is called upon to face the ways in which his meanings are restrictive - and are perhaps defensively so.

The challenge to the fixity of meanings thus cuts both ways. Not just the patient's personal self-descriptions, but also the therapist's (professional/theoretical as well as personal) established meanings come under pressure. Questions are asked which demand an answer; yet no answer that might be given in the process can be treated as the final answer. Any given answer gives rise to new questions demanding new answers, and so on. The dialectic of understanding (and this includes, of course, self-understanding and the construal of personal identity) is interminable; it is generated by the tension between the demand for the answer to be singular (i.e. final) and the challenge of a plurality of questions pointing to the multiplicity of possible alternative accounts. To understand, to find meaning is

after all, as we have seen, a process of organising disparate elements in terms of a unifying whole. The multiplicity of meanings (Bakhtin's heteroglossia) disrupts this unity of meaning (its tendency to set itself up as the only meaning, i.e. as monologue). In doing so it perpetuates the need to understand. The tension between 'the one' and 'the many' is again revealed as a central dynamic of the hermeneutic process.

This argument repeats Bakhtin's point that dialogue opens up that which monologue seeks to close down. Or, to say the same thing in terms Rorty (1980) uses: edifying (i.e. hermeneutic) philosophy calls into question the answers given by systematic philosophy. Hermeneutics must not strive to give answers which are 'better' than those given by systematic philosophers; it must not seek to become the successor discipline to epistemology. Instead, Rorty says, it is the task of hermeneutics to keep open the space vacated by the departure (or was it an eviction?) of epistemology.

In terms of the therapeutic process this means that we should not keep pursuing the notion of a final (proper) understanding, but regard understanding as fluid, multiple and continuous. It is a joint creation, rather than seeking access to what *really is*. To show some further implications of this hermeneutic approach for the conceptualisation of the therapy process I wish to briefly return to the discussion of *transference* and *resistance*, two concepts which, as we have seen, are central certainly to a psychoanalytic theory of therapy.

Revisiting *transference* and *resistance*

Since understanding begins with pre-understanding there is always the tendency to perceive something new, present, other as something old, past, familiar. This is one way in which to generalise the structure of transference phenomena. Transference, however, unless it is delusional, maintains the recognition of a degree of difference. To the extent that the present

object/situation is not entirely equated with the object/situation of the past, the perception of similarities is accompanied by the recognition of differences between the two. The present object/situation resists complete assimilation; it asserts its otherness which requires accommodation, i.e. a change in the way of understanding. An expansion of horizon ensues, rather than a mere addition of 'further information' into a conceptual system which remains unchanged.

In the therapeutic situation this problem pertains to both the patient and the therapist. Both tend to see the other from within their horizons, projecting preconceived ideas and experiences. Both are carried by the tendency to assimilate the other in terms of what is known. Gadamer insists, however, that assimilation is not understanding. Understanding comes about only when this one-way transposition of preconceived ideas turns into an interactive, dialogical process. In terms of the therapeutic process, the therapist must resist (minimally, not fall in with; often, actively seek to disrupt) the patient's easy assimilation of him into his (the patient's) horizon. He must resist being drawn into identification with both the patient and the patient's 'objects' (the internalised important figures of his past). This element of the therapeutic process is well established and widely acknowledged by clinicians. A further conclusion must be drawn, however, pertaining to the therapist's understanding of the patient. This too must not be executed purely via assimilation. The patient must resist the therapist's ready-made understandings, and the therapist must give weight to the patient's assertions: *er muss sich etwas von ihm sagen lassen*. Only then does understanding take place, which, as Gadamer explained, always involves this fusion of horizons, an event in which both object and subject, patient and therapist change.

Understanding the other *as other* is thus in more than one sense to understand the other *differently*. The understanding differs from the self-understanding of the other - through the dialogue with the therapist the patient becomes other to himself; *and* the understanding differs from the pre-understanding of the understanding subject - the therapist must understand

that, when he first understood the patient, he, in an important sense, misunderstood him. Understanding is thus conceived as a process of 'un-misunderstanding' in the course of which both parties gain a richer insight into themselves as well as the other.

Horizons are part and parcel of our situatedness; furthermore, they derive from the ways in which the experience of the given situation is organised. That is to say, situatedness does not *determine* understanding (if it did, there would be no room for subjectivity and, by the same token, no use for a dynamic psychotherapy). Our world is constituted by the way in which experience is organised, i.e. it is always an interpreted world. This process is largely out of awareness (it is unconscious, but not necessarily in the psychoanalytic sense of being dynamically repressed). Mostly we do not know that (and how) we see something *as* something. It is the work of *wirkungsgeschichtliches Bewußtsein* to bring this to light.

In therapy the patient is helped to understand the particular tendencies at work in the organisation of his experience of the world; at the same time, he gains an increasing recognition of the ways in which his experience and understanding of himself is structured in particular and limiting ways. The structuring of meanings which constitute the patient's horizon is subjected to a careful examination. Of particular importance are those aspects of experience which are systematically (dynamically) left out in order to reduce anxiety and psychic pain.

Transference is here conceived as the manifestation of the patient's horizon in the therapeutic setting. It denotes the way in which the patient organises (interprets) the totality of this situation, i.e. his experience in and of therapy, his view of the therapist and himself in relation to the therapist. The hermeneutic therapist, in a sense, helps the patient to become a hermeneut himself, that is, he helps the patient to develop *wirkungsgeschichtliches Bewußtsein.* The patient learns that he is indeed an active interpreter of the situation he finds himself in (i.e. he learns that he does in fact see something

as something), and he is helped to understand better the particular and systematic ways in which this shaping of experience proceeds. In the course of the therapeutic process experiences which had been disavowed (Freud's 'unconscious thoughts', Sullivan's 'not-me'; Schafer's 'disclaimed action') come to light and some understanding may be gained regarding the origins of this defensive mental behaviour. In showing to the patient his active role in construing experience and the particular ways in which this structuring takes place (by using interventions such as, "You seems to view me as...", or "You tend to experience the end of our sessions as me rejecting you..."), the presenting situation can be thought about and new ways of understanding (and consequently acting) can open up.

Horizon in this view is not only the culturally constituted, linguistically mediated shared horizon of Gadamer's philosophy, but is co-constituted by personal life-historical experience. The patient's subjective experience had become organised in a fashion that rendered unconscious (in a different terminology: systematically excluded from his self-descriptions) wishes, thoughts and feelings which could not be entertained or expressed in his earlier life. Defensive mechanisms came into operation turning these aspects of his mental life into 'not-me', i.e. making parts of himself 'other' to him. This leads to a narrowing of the personal horizon in comparison to the potential horizon available within a given culture. Therapy's task is to analyse and take down these defensive structures and facilitate the re-connection to excluded experience. This can of course only be done to the extent that the therapist's horizon is *not co-extensive* with that of the patient.

Transference, as I present it here, is conceived not as a failure on the part of the patient to see the therapist *as he is* (i.e. a perceptual/cognitive error), but as an over-rigidity in the organisation of experience – as a case of, to use Piaget's terms, too much assimilation and not enough accommodation. In this view transference cannot any longer be understood as resulting from a 'wrong connection', as the early Freud did, simply because it has become impossible to specify what the 'right connection' looks like. The quarrel with a concept of

transference as distortion – or, for that matter, a concept of projection as a superimposition of an internal reality onto an external one – does not result from a rejection of the idea that previous experience gets 'transferred', but, on the contrary, from the rejection of the idea it might be possible *not to do so.* The difference in the conceptualisation of transference rests on a shift in the way the relation between imagination and reality is conceived. Imagination is not understood as a failure or refusal to see reality, and therapy is not founded on the belief that the therapist has direct access to reality and sees it as his job to analyse the systematic ways in which the patient doesn't. Instead, imagination is seen as constitutive of reality. The therapist investigates the ways in which the patient 'imagines the real', keeping in mind that his interpretations have the same relationship to reality as the 'transference' of his patient. The job is then no longer to get the patient to agree with the therapist's notion of the real, but to analyse the rigidities in the organisation of the patient's experience and meaning. By facilitating the preparedness to entertain alternative accounts - through the introduction of *new metaphors* - the capacity for accommodation of new meaning is increased.

Rather than getting the patient to 'wake up' from the dream of the past to the reality of the present situation (as known by the therapist) the patient learns to see and think about the present situation (and, by the same token, himself) in new ways. Rather than pursuing the idea of dropping a wrong perception for an accurate one, the focus is on the increase in possibilities that can be entertained.[41] Therapy, in the conception developed here, does not, like a comedy of errors, find its happy ending in the realisation of a cognitive mistake, but proceeds in ways more akin to a *Bildungsroman.* This view agrees with Rorty that edifying philosophy rather than epistemology should be pursued.

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41 It should be added that the idea that the patient should be induced to give up a misguided 'take' on reality, as assessed by the therapist, is perhaps more virulent in practice than in the literature. An example of an analyst advocating this line is however Spitz (1956).

Thinking about the therapy process from a hermeneutic perspective has implications also for the concept of resistance. Resistance, as we saw in chapter 1, was defined by Freud as that in the patient's unconscious which counteracts the psychoanalytic cure (by interrupting the spontaneous associations leading to remembering). Whilst he held that the analyst does not know the contents of the patient's unconscious, and resistance was therefore not against the content of the analyst's interpretation but an interruption of the process of free association, I have argued that the diagnosis of resistance and its explanation in the particular case is by no means 'content-free'. In practice at least the problem of resistance was seen not only as non-compliance with the method but also as a refusal to entertain meanings suggested by the analyst.

From a hermeneutic viewpoint some form of 'resistance' is, as we have seen, a necessary condition of understanding, not its refusal. Both participants need to resist the pre-understandings of the other. To not resist is to accept the other's discourse as the dominant one, i.e. it is to let dialogue deteriorate into monologue. The role of resistance in the hermeneutic process of understanding can be clarified with the help of Gadamer's concept of play. We have seen that for Gadamer every real dialogue is dialectic; as such it has the structure of a game. In playing a game the players submit themselves to the movements of the game. The rules of the game control the movements of the players; the game can be said to play the players, rather than the other way around. This holds true also for the 'play' of dialogue, so long as this dialogue is conducted according to the ethos of hermeneutics. Coltman, a contemporary American philosopher, describes the Gadamerian dialogue as follows: "[...] the course of a dialogue is determined by the verbal play of the speakers, and not by the speakers themselves. But in order for the play of conversation to take over, the speakers must be willing to yield to its movement" (1998, pp.52-3). What is required for this movement to take over is, as we have seen, primarily openness to the other's truth claims, i.e. a preparedness to risk one's own opinions.

We can now differentiate two meanings of the term resistance. The first is to resist the acceptance of the other person's point of view. The absence of such a resistance would be marked by an 'agreeing with' (a 'falling in with' which entails an abandoning of one's own position). 'Coming to understand' according to this notion is to 'come to see things as the other does', rather than 'coming to an understanding with the other'. This kind of resistance is put up by the patient who refuses to submit to the 'expert opinion' of the therapist, as well as by the therapist who refuses to underwrite the patient's view of himself. In refusing the submission of their views they might indeed insist on playing the hermeneutic game.

The second meaning of the term refers to the refusal to enter that dialectic movement. The patient (or indeed the therapist), rather than give herself over to the movement of the dialogue, may seek to control the therapeutic conversation in 'monologic' fashion, asserting that only one voice has something of importance to say. This can take the shape of the patient either dominating or 'high-jacking' the conversation, or by insisting that the therapist be the only active participant in this process. This concept of resisting dialogic engagement of course also pertains to the therapist's insistence that the conversation proceed in one or another circumscribed manner (whether this takes the form of rigid 'ready-made' interpretations, remaining mute, or offering solely 'empathic' paraphrases of the patient's utterances). Resistance, in its first meaning, is the refusal to accept a particular understanding; in its second meaning, it is the refusal to enter into the dialogic-dialectic movement of understanding. In this sense, resistance in the first meaning is the insistence that resistance in the second meaning must be overcome – that is, that dialogue must prevail over monologue.

The negative dialectic of clinical understanding

The hermeneutic conception of the therapeutic dialogue is dialectic, that is to say, it involves a *mutual negation*, which in turn implies a *mutual confirmation*, of its participants. In the course of this dialogue the other is revealed as *another other*, i.e. different from any first understandings of him. In understanding, preconceptions of the other (and, by the same token, of oneself) are to some extent disconfirmed. I will try to elaborate this thought.

In the playing out of the hermeneutic circle the other is first understood in terms of the subject's preconceptions. This pre-understanding, as any understanding, has, as Heidegger showed us, the structure of 'understanding something *as* something (different)', i.e. understanding the other as someone other (other to the actual other individual in front of us, that is, as someone he is *not*). The other is not just understood as he presents himself, in his own terms, but in terms formed prior to the meeting; to this extent something about the other's individuality is negated in the process of first understanding. First understandings seek to impose prior experience onto the new person/situation. In Piaget's terms, they seek *assimilation* of the new within the old, negating its newness/difference in the process. So far, there is no hermeneutics; there is only an attempt to make the new 'case' 'just another case' of a class of similar cases, i.e. to understand it in terms of established knowledge. No learning can be said to take place, only a subsuming of another instance under the given categories. To put the same thing in different terms: the process of understanding something/someone *as* something/someone else is using only what Rorty (following Nietzsche) calls *dead metaphors*.

For hermeneutic understanding of the other to take place there needs to be, on the part of the subject, an openness to the otherness of the other. Gadamer insists *man muss sich etwas sagen lassen*, one has to let the other speak and to be receptive to what he says. It is important to pay attention to the ways in which the other resists easy assimilation. In an inquiry which is

conducted in the hermeneutic spirit of openness the preconceptions and first understandings are put to the test, they have to be challenged and revised in the course of the dialogue with the other. The subject has to come to understand the other as another other, different from the other first assumed. Without this modification of the first understanding there is no hermeneutic circle and no new understanding. This assertion follows Gadamer's analysis of *Erfahrung* as negation and his conception of understanding as a dialectic process unfolding within the structure of question and answer.

The process of understanding thus conceived involves a process of mutual negation. Paradoxically, since - or better: to the extent that - the negation is indeed mutual it is, by the same token, a process of mutual confirmation. The subject's first understanding of the other as something/someone other is, as I have argued, at least to some extent a negation of the other as (seen by) himself. However, this negation is itself negated in the process of the re-vision of the initial understanding. In so far as such a revision takes place as a consequence of the resistance of the other to be thus understood, the other in fact successfully *affirms* something about his otherness as and when he is received by the understanding subject. The other is indeed capable of making himself heard by the subject. Therefore, the other who has the power to effect the modification of the initial understanding (which constituted a negation of himself) is confirmed in his otherness through the negation of the subject's first understanding.

In the context of the therapeutic setting the negation and modification of the initial understanding of the patient by the therapist is, hopefully, paralleled by the negation and modification of the patient's preconceptions regarding the person of the therapist and the nature of the therapeutic process. Only if the patient is able to hear something from the therapist which challenges, and thus in part negates, his own pre-understandings does change ensue. It is in the nature of the transference process that the patient seeks to assimilate the new person of the therapist into the schemata of previous relational experience. Only if the patient comes to realise that his pre-understandings

are indeed, at least to a significant extent, construals of the present in terms of the past is the process of assimilation accompanied by one of accommodation. Only the process of accommodation brings with it new understanding (the only understanding worth bothering with) and therapeutic change. To speak about this process in terms of the use of metaphors: there has to be an emergence of new metaphors (*live metaphors*, Rorty) for change to take place.

Horizon and countertransference

Central to this hermeneutic dialectic is, as we have seen, the openness to new understandings on the part of the therapist, that is, the preparedness to risk his pre-understandings. This requires an awareness of the fact that first understandings are shaped by the particular horizon from within which the patient is met. At this point we have to confront, once again, the question what we take to be constitutive of this horizon. With regard to the problem of clinical understanding questions have to be asked concerning the factors, on the therapist's side, shaping this understanding, and the assessment of their impact on the quality of understanding.

Freud became aware of the fact that the particularities of the analyst's life history as they might result in neurotic 'hang-ups' do have a bearing on the analyst's capacity to do the analytic work. He developed the concept of countertransference (discussed in chapter 3) to account for the distortions introduced into the process from the therapist's side. The analyst's own analysis was meant to deal with these personal interferences and so to restore her to a point where she could again function 'objectively'. Thus, whilst there was an acknowledgement of a need for a concept like countertransference, which problematises the contributions the therapist makes to any 'distortions' in the clinical picture, this problem was dealt with on the level of personal neurosis, rather than seen as intrinsic to the task of understanding. Countertransference, as Freud understood it, is the way in

which the individualised horizon of the therapist prevents or distorts the pursuit of science. Once neurosis is out of the way science can proceed.

Hermeneutics, as formulated by Gadamer, does not see the problem of the horizon - if it is a problem at all - as primarily personal, and, furthermore, it does not suggest it can or should be 'overcome'. Horizon, quite apart from any idiosyncratic aspects coming into it, is constituted as *Wirkungsgeschichte*, that is as a particular historical-cultural heritage, mediated largely through language, in which we participate and which powerfully contributes to the shaping of 'the world as we know it'. Gadamer's horizon is, in comparison with the idiosyncratic nature of Freud's problematic of countertransference, infinitely more generalised.

We could say that Gadamer made problematic aspects of what Freud took for granted, whilst Freud's ideas can be used to problematise a certain homogenising tendency in Gadamer. The hermeneutic notion of horizon emphasises the *shared* ways of understanding, and thus addresses the more general cultural and socio-historical level. Differences *within* a given community/society, let alone the very particular life-historical contingencies, fade in significance in comparison with the commonalities given through cultural tradition. This emphasis on the broad and historically long-term picture tends to homogenise the horizons of the members of a given community/society. Freud, by comparison, took for granted that there were universals which science would eventually come to know. Whilst the state of science was not developed enough to yield this knowledge at present, in principle this was not a problem. For the Freudian analyst there did not exist the problem of horizon as such *but* for the ways in which life-historical contingencies interfered with the analyst's participation in this scientific endeavour. The way in which Freud focussed psychoanalysis on the problem of (counter)transference emphasises the particularities and idiosyncrasies of the individual as the factors distorting this access to reality. Hermeneutic philosophers, amongst others, started to point out the contingencies of this, as any, paradigm.

This interrelating of Gadamer and Freud seeks to draw attention to the necessity, for the purposes of psychological understanding, to reflect on the contingencies of both the more generalised cultural-historical horizon of hermeneutic philosophy *and* the life-historically individualised horizon focussed on in the therapy process. Psychotherapy theories, which normally include a theory of how we become individualised in the course of our development, tend to 'pull down' towards the particular and diverse concepts, like Gadamer's horizon, designed to account for the ways in which we experience ourselves and the world. In contrast, hermeneutics, by showing us how all theory is itself contingent on cultural history, tends to 'pull up' psychological theory towards a more generalised explanation of the constitution of horizon emphasising that which is, in Gadamer's sense, culturally shared.

I suggest that it is useful to think of horizon as *stratified*. There are cultural, sub-cultural, and idiosyncratic-personal strata to horizon (the distinctions between which I do not wish to draw too sharply). The different levels of stratification require for their understanding a corresponding stratification of a notion like *Verständigungsgemeinschaft* (community of understanding). Prejudices, in Gadamer's sense of the word, arise from the participation in the cultural life of any given society in the widest sense (say, the English speaking members of a Western democracy at the beginning of the 21st century). They arise also, on a more differentiated level, out of the participation in particular 'sub-cultures' (e.g. a farming community in Wales or the group of people participating in the cultural discourse and practice called psychoanalysis, which in turn divides up into numerous 'sub-sub-cultures'). Much more personalised and idiosyncratic prejudices result from the 'accidents' of life history (having had these particular parents and that particular set of life events).

To think of horizon as stratified in such a way affects a hermeneutic conception of clinical understanding. The therapist's horizon from within which

she understands her patient is constituted by the totality of her situatedness, i.e. it exists only as the kind of stratified continuity outlined above. I wish to argue that Gadamer's concept of horizon and Freud's countertransference can be viewed as the poles of this continuity which stretches from the culturally shared to the individualised, from the social-cultural to the personal, from the general to the particular. Horizon, then, is generalised countertransference, countertransference particularised horizon.[42]

The therapist's theoretical commitments (her affiliation to a particular sub-*Verständigungsgemeinschaft*) are of course an important component of the totality of her situatedness vis-à-vis her patient. Her 'theory'[43] co-constitutes in important ways her horizon of understanding (on an intermediary level, somewhere between the culturally shared and the individualised). Theory shares with the concept of horizon the characteristic that it enables the viewing and foregrounding of certain aspects of the world, whilst leaving out or neglecting others. It creates coherence by virtue of its limitations. Like horizon, theory is, by definition, one amongst others; it is always multiple and heterogeneous. The different theoretical commitments that make up adherence to one school of psychotherapy or another constitute rather different interpretive horizons. From within a Freudian horizon things do not look the same as from a Kleinian, an Object Relations or a self-psychology perspective. This emphasis on multiplicity and divergence problematises any singular notion of *Verständigungsgemeinschaft.* The tradition of psychoanalysis, itself a 'sub-cultural' discourse, consists of many 'sub-sub-*Verständigungsgemeinschaften*'.

The reconnection of the patient to the *Verständigungsgemeinschaft* (Gadamer's way of formulating the aim of the therapeutic process) is therefore

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42 It is not intended here to introduce yet another definition of the concept of countertransference (there are enough different uses of this term already). I am stretching existing uses of the term solely for the purposes of thinking about the therapist's position from a hermeneutic perspective.

43 By 'theory' I mean here more than the set of theoretical explanations that she may be able to give, I include the whole cluster of psychotherapy related beliefs and 'prejudices' in operation, together with a set of practices more or less connected to any theory espoused.

never the return to a singular homogenous discourse of understanding, but a reconnection which is relative to the particular interpretive horizon of the therapist. It is the resumption of communication by the patient with the kind of *Gemeinschaft* to which the *Verständigung* mediated by the therapist's interpretive horizon gives access.

The hermeneutically minded therapist is called upon to reflect on the ways in which her preferred theory shapes, and hence delimits clinical understanding. This leads to an injunction to try to think beyond what she has come to inhabit as her professional horizon. This 'thinking beyond' is, as I will try to show later, occasioned by the challenge of the patient's difference on the one hand and the alternative interpretive framework of competing theories on the other. The hermeneutic therapist will not shy away from, but actively seek this challenge. It is implied here that the therapist who cannot risk meeting and dialoguing with the 'theoretical other' cannot really open herself up to the otherness of her patients. This is Gadamer's challenge: hermeneutics leads to change in both participants. It is - if it is hermeneutics at all - a risky business... Only by entertaining a notion like horizon, which vastly expands the original Freudian concept of countertransference to include our cultural and professional prejudices, will the therapist be able to develop the kind of *wirkungsgeschichtliches Bewußtsein* which is the hallmark of the hermeneutic attitude.

Having repeatedly stressed the point of the therapist's changes in the process of clinical understanding, I feel a qualification needs to be made. Normally, and necessarily, there exists a difference in the nature and amount of change the therapist and her patient go through. It is, after all, crucial to the business of psychotherapy that the change process of the patient, and not that of the therapist, constitutes the goal of therapy (in as much as goals are 'allowed' by the theory in operation). Much of (or in) the therapist needs to remain 'steady' in order to facilitate this difficult process. And yet, if the therapist thinks and feels in all respects just the same as she did before meeting this patient, something in the patient remains not understood. To that extent a normative

point about hermeneutic understanding is made: *no* changes in the therapist's horizon means *something* about the patient remains unseen.

One horizon per person?

So far I have been discussing the concept of horizon as if there was no question that each person has one, and only one, horizon at any one time. This might appear as common sense. Gadamer, as we have seen, does not really allow the allocation of horizons to persons at all – for him they 'belong' rather to very large cultural groupings. His view of horizons as developing historically via the dialogue between cultural tradition and its 'other' does give them a considerable, but never critical, 'homogenous mass'. This does not mean however that Gadamer allows for the 'counting' of horizons (even if the count is one).

Perhaps the most important contribution of psychoanalytic thought was to show that mind is not organised in a unitary fashion, and it does not coincide with consciousness. Freud's dual conception of the mind as conscious and unconscious (employing very different, 'primary' and 'secondary', processes of organising experience), Klein's paranoid-schizoid and depressive positions, Winnicott's real and false self, all suggest that mind (and hence also horizon in its more individualised sense) in the singular is too unified a conception to capture these divisions. Psychoanalysis teaches us that really we are dealing with a doubling, or even a multiplicity of horizons.

Again, we can see hermeneutic philosophy and psychoanalytic thought pulling in somewhat different directions. Psychoanalytic understanding is, to a large extent, the understanding of internal conflict between the multiple ways of organising psychic experience. Psychoanalytic understanding engages with the conflict without striving to rid the psyche of the conflicting tendencies (this would be impossible, certainly in Freud's theory). Gadamer's hermeneutics, in contrast, progresses towards a unity where what is understood can be

forgotten. Whilst Gadamer's understanding seeks unification in the moment of the fusion of horizons, Freud's understanding, which proceeds after all via the remembering of the 'other', realises the multiplicity and conflictedness of the human mind. Perhaps Bakhtin's concept of heteroglossia can be drawn upon again to safeguard against the dangers of understanding ending up with unitary meanings. Certainly from a psychoanalytic perspective, if one listens closely one becomes aware that more than one language is spoken at any one time.

If experience is indeed simultaneously organised in more than one fashion (from different psychic viewpoints, as it were, giving rise to a plurality of horizons) then the questions arise to what extent there exists communication between these different understandings and how this 'internal communication' bears on the 'external' conversation with the other person. This is one way of delineating the domain of psychoanalysis. Psychopathology as it is conceptualised by psychoanalysis (and other forms of psychological theory derived from it) is understood as a manifestation of an insufficient or disturbed flow of internal communication. Most forms of psychoanalysis see the capacity for internal communication as heavily influenced by the early communications (non-verbal to a large extent) with caregivers. This capacity in turn determines the extent to which external communication, and in particular inter-personal dialogue, is possible in the present. The reconnection of the patient to the *Verständigungsgemeinschaft* was, at the beginning of this chapter, suggested as a hermeneutic formulation of the psychotherapeutic cure. Now it is argued that this reconnection goes hand in hand with the repair of the flow of inner communication. The therapeutic process, then, is one where the horizon(s) of one person is brought into contact and communication with that (those) of another. The purpose of the therapeutic dialogue is to facilitate the contact and communication of the patient with alienated aspects of himself, i.e. to bring into communication different horizons within the person. The therapist shows the patient his self-alienations, in the hope that they can be overcome. Increased capacity for internal communication is seen

to increase in turn the capacity for dialoguing with others (the therapist first, and then also others in the patient's life).

Third terms in clinical understanding

In this chapter clinical understanding is conceptualised as a dialectic process, where understanding comes about as a result of the interaction of two (sets of) horizons, 'belonging' to therapist and patient respectively. Understanding is the newly created 'third term' which emerges from the bringing together of the two 'original terms'. Understanding *as new understanding* is a 'third' which contains elements of the original two terms whilst coinciding with neither one of them. In terms of Heidegger's concept of understanding as a metaphorical process, the 'understanding of something as something' changes to an 'understanding of something as something different' – different, as we saw, from the original understandings of both participants. Further questions have to be asked how new understanding comes about, particularly if this understanding concerns a patient in psychotherapy. Are these new metaphors necessarily created solely by the two participants engaged in the conversation, or do they possibly enter into the arena as if from outside? Should we think of understanding as primarily a two-person process? And if not, what third element is involved? In this section I will focus on the problem of clinical understanding, returning to the discussion of formulations of understanding in the psychoanalytic literature. I will concentrate mainly on two authors, Andre Green and Thomas Ogden, whose ideas on clinical understanding lend themselves to a hermeneutic psychoanalysis of the kind I am discussing here. Both authors give centrality to the process of symbolisation, in which some notion of *the third* plays a crucial role. I will discuss their contributions before putting forward my own *triangle of understanding*.

Green, a French psychoanalytic writer with strong leanings towards British Object Relations, suggests that analytic understanding proceeds via the joint

creation of a new object. This so-called *analytic object*, which arises as symbol from the communication of analyst and patient, is however only seemingly a product of a two-person dialogue. Crucial to this process is a third object, who, whilst absent, makes his presence felt.

Understanding for Green is the emergence of potential meaning, a process which is adequately described neither as creating nor finding, but can perhaps be thought of as some combination of the two. Meaning is

> constituted in and by the analytic situation; but if the analytic situation reveals it, it does not create it. It brings it from absence to potentiality, and then makes it actual. To actualise it means to call it into existence, not out of nothing (for there is no spontaneous generation), but out of the meeting of two discourses [the communications of the patient and the analyst], and by way of that object which is the analyst, in order to construct the *analytic object.* (1986, p.293)

The analytic object is jointly formed by analyst and analysand through the process of their communication. Communication is by no means just verbal communication, and it cannot proceed in a straight-forward manner. Green introduces the notion of the *double* to denote that which mediates unconscious understanding.

> What the analysand communicates is an analogue, a double of his affective and bodily experience; what the analyst communicates is a double of the effect produced on his bodily, affective, and intellectual experience by the patient's communication. Thus the communication *between* analysand and analyst is an object made up of two parts, one constituted by the double of the analysand, the other by the double of the analyst. (ibid. p.288)

We see here that Green describes the analytic dialogue as constituted by four parts. Each of the two participants appears as double, but the two doubles are not structured symmetrically. The analyst's double is generated in response to the patient's communications – an idea which moves the concept of the

double into the area of countertransference technique. The communications to each other are (only) *versions* of that part of their experience which cannot (or must not) be expressed directly. The analytic object thus constituted

> corresponds precisely to the etymological definition, in Robert's *Dictionary*, of a symbol: 'an object cut in two, constituting a sign of recognition when its bearers can put together the two separate pieces'. In my opinion this is what occurs in the analytic setting. The analytic object is neither internal (to the analysand or to the analyst), nor external (to either the one or the other), but is situated *between* the two. So it corresponds exactly to Winnicott's definition of the transitional object and to its location in the intermediate area of *potential space*, the space of 'overlap' demarcated by the analytic setting. (ibid. p.288)

The construction of the analytic object *is* the creation/discovery of the symbol which gives meaning to the patient's experience. It results from the coming together of two discourses in the potential space between analysand and analyst in the same way as Winnicott's transitional object arises in the potential space between the infant and his mother. Winnicott famously pronounced, "there is no such thing as a baby", implying that both baby and mother can only be meaningfully thought about in the context of the mothering relationship. Green however adds that the maternal relationship always exists in the context of the (absent) father, without whom, after all, there would be neither baby nor mother. "Thus we can assert that ultimately *there is no dual relationship*. There can be no dual exchanges, but there is always some link establishing the possibility of duality, in the form of areas of reunion and separation within the dual relationship" (ibid. p.295). Duality is brought about and can be thought about only in terms of a third.

In the same vein, the analytic dialogue takes place within a field which is essentially triangulated. In the analytic situation, Green asserts repeatedly, the third element (the absent father) is present as the boundaries of the analytic setting. The setting is that which defines and limits the analytic time

and space. Whilst it allows the work to proceed (even though it also interrupts it until its resumption), normally it moves into the background of the work. At one point, however, Green specifies this third element differently: "The absent one in analysis is none other than the analyst's own analyst – which goes to show that analysis always proceeds across generations" (ibid. p.289). In a footnote to this, Green adds: "Hence the inequality and the heterogeneity of the double analytic discourse. The analyst relies upon a discourse with the absent, namely his own analyst, author of his difference from the analysand." Whilst in dialogue with his patient, the analyst is involved in a second (silent) discourse with his own (absent) analyst; and it is exactly this dual engagement which constitutes the analyst *qua* analyst. In his discourse with his own analyst the present analyst is linked to the psychoanalytic tradition (presumably the whole lineage of absent fathers down to Freud). Analytic understanding, as it emerges from the communication between patient and analyst, therefore involves a triangulation of dialogue and is bound, much like Gadamer's horizon, to a cultural tradition which guarantees relative stability of meaning.

The triangulation of the analytic dialogue introduces, to my mind, an interesting ambiguity into Green's theory, which can perhaps best be demonstrated in relation to his notion of the game. Green invokes, as Freud had done, the game as a metaphor for the analytic process.[44] He does, however, believe that chess, the game that Freud used to liken analysis to, is much too rational and rule-bound a process, and prefers instead Winnicott's 'squiggle game'. However, Green's own use of the game metaphor pulls in two directions. On the one hand, he asserts that the analyst lays down the rules, based on the fact that "he is ahead of the game" (for not only has he been analysed already, he also has conducted other analyses). The rules of the game are of course most obviously manifested in the establishment and maintenance of the analytic setting, denoting, as we saw, the presence of the

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[44] Gadamer too, as we saw earlier, takes the game as paradigmatic for the hermeneutic dialogue.

absent father. On the other hand, the game played is like the squiggle game, the most important point of which is that it unfolds according to its own dynamic. In relation to the 'game of analysis' Green's analyst is involved in two different types of games, which are related to two different aspects of the child-parent relationship. On the one hand, the analyst is setting and controlling the rules of the game; in establishing the boundaries of the game the analyst also establishes his own analyst/father (and himself as [the placeholder of] the father) in the background of the process. On the other hand, within this boundary, the game played resembles the game which the infant plays with mother. It is within the framework of 'inherited' meanings (the meanings of the absent father which have both 'receded into' the background and 'form' this background) that new meanings are created/found. The tension between these two aspects of the analytic game seems to parallel, in Gadamer's hermeneutics, the tension between the conventionality of meaning introduced by the cultural tradition and the renewal meaning finds in the fusion of horizons with an other.

The American psychoanalyst Thomas Ogden draws on concepts from Freud and the British Object Relations theorists to formulate an intersubjective theory of psychoanalysis[45] in which the jointly created *analytic third* becomes the focus of understanding. The importance of the notion of the triangulation of the analytic situation is linked to his theory of subjectivity and what he calls *mental space*. Subjectivity - the sense of 'I-ness' and agency, the sense that experience is interpreted rather than only passively suffered - develops simultaneously with the symbolic function, in a process involving a multiple psychological dialectic.

Mental space, the space to think, self-reflect and understand, comes about in the experience of what Winnicott called the "potential space" of beginning differentiation between self and (m)other, me and not-me, internal and

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[45] In spite of the centrality given to the concept of intersubjectivity there seem to be hardly any points of contact between Ogden and the intersubjectivist theorists discussed in chapter 3.

external, fantasy and reality. With the beginning awareness of separation from the mother the infant not only comes to realise that mother and he are two separate beings (i.e. starts to constitute mother and self as objects), but at the same time begins to become aware of himself as the one who observes this two-ness, i.e. begins to experience himself as subject. Out of an experience of un-differentiation (within which existed no gap, hence no desire, and hence no need for symbols) the initial mother-infant unit gets transformed into the three distinct entities of mother, infant, and observer of mother-and-infant. This triangulation coincides with (is the other side of the coin of) the development of the symbolic function. As the observer of the interaction between mother and infant the infant becomes a subject, which is to say he is now the creator and interpreter of his symbols.

Ogden describes this process of differentiation as the establishment of a psychological dialectic where self and (m)other constitute each other in the growing realisation of their difference. This dialectic process 'triangulates' mind the very moment two-ness arises out of oneness. The triangulation of this interpersonal differentiation parallels that of the symbolic function which is its counterpart.

> The attainment of the capacity to maintain psychological dialectics involves the transformation of the unity that did not require symbols into 'three-ness', a dynamic interplay of three differentiated entities. These entities are the symbol (a thought), the symbolized (that which is being thought about), and the interpreting subject (the thinker generating his own thoughts and interpreting his own symbols). [...] The differentiation of symbol, symbolized, and interpreting subject creates the possibility of triangularity within which space is created. That space between symbol and symbolized, mediated by an interpreting subject, is the space in which creativity becomes possible and is the space in which we are alive as human beings, as opposed to being simply reactive beings. This is Winnicott's potential space. (1986, p.213)

Subjectivity exists only to the extent that this mental space is kept open. It requires the experience of a gap – the difference between the symbol and the symbolised, with the subject experiencing himself as the active agent in the generation of meaning (interpretation). Creation of meaning always implies difference, i.e. possible other meanings. In the absence of difference things are 'just what they are', which is to say that the symbolic function has broken down. If understanding is taken as the creation of meaning, and meaning as, by definition, layered and in a sense constituted by its alternatives, then it follows that to take up any one position exclusively precludes understanding. Understanding needs the space to entertain different possible meanings. Symbolisation thus involves a triangulation of the mind into symbol, symbolised and interpreting subject. Symbolisation, which simultaneously creates meaning and the self creating this meaning, is a dialectical process. Psychopathology, in this model, is the collapse of the mental space and, by the same token, the impairment or breakdown of the symbolising function. Paralleling Gadamer's notion of psychopathology as the incapacity to partake in dialogue, Ogden's conceptualisation too centrally involves the breakdown of an internal discourse with 'otherness'.

Ogden's concept of psychoanalysis as intersubjective dialogue also involves a negative dialectic. The confrontation with the other which occurs in the analytic process is a radical challenge to the sense of self not only of the patient, but also of the analyst:

> The confrontation with alterity will not let us rest; that perception of the other I-ness once perceived will not allow us to remain who we were and we cannot rest until we have somehow come to terms with its assault on who we had been prior to being interrupted by it. [...] The analyst must be prepared to destroy and be destroyed by the otherness of the subjectivity of the analysand and to listen for a sound emerging from that collision of subjectivities that is familiar, but different from anything that he has previously heard. (1994, p.3)

The analytic process is conceived by Ogden as the most intense confrontation with otherness, and it is thought about in exclusively intersubjective terms. The analyst cannot possibly remain simply an observing subject, "since his subjective experience *in* this endeavour is the only possible avenue through which he gains knowledge of the relationship he is attempting to understand" (ibid. p.4). This intersubjective knowledge comes about as the knowledge of the "analytic third", which is the experience and the understanding of the experience of the "present past" of the analysand as it is jointly created with the analyst in the course of the analytic process.

> The analyst gives voice to and participates in the creation of experience that is the living past of the analysand and in this way not only hears about the analysand's experience, but *experiences his own creation of it.* The analyst does not experience the past of the analysand; rather, the analyst experiences his own creation of the past of the analysand as generated in his experience of the analytic third. (ibid. p.5)

The analytic third is a "middle term" that is created by analysand and analyst, but which at the same creates the analyst and the analysand as two separate subjects. It is the analyst's task to put into words the experience of 'living within' that intersubjective analytic third. He, who has also been changed by that experience, "is able to speak *about* it, in his own voice, as analyst to the analysand (who has also been a part of the experience of the third)" (ibid). The analyst's expressions of his thoughts on the present jointly created experience are meant to facilitate the establishment or restoration of the patient's symbolising function, enlarging his mental space in the process.

The similarities with and differences from Gadamer's conception of the hermeneutic process deserve some elaboration. Whilst Ogden knows that, "the listener must be rooted in the history that has created (spoken) him" (ibid. p.4), if he is to be able to understand the presently unfolding joint experience of the analytic third, this "middle", in spite of being constituted through language, is thought of as radically (inter)subjective and hence knowable only

(inter)subjectively. Gadamer's "middle", too, is language, and he also takes it as a precondition of understanding that both speakers participate in a history of shared meanings. But for Gadamer it is precisely the fact that meaning comes about in the joint participation in a shared language that understanding cannot be thought of as essentially (inter)subjective. The shared history of participation in a common language, which constitutes the ground for understanding, is exactly what makes understanding much more than an intersubjective event. Gadamer's notion of understanding as a giving oneself over to the dialectic of the dialogue differs from Ogden's, whose idea of the creation of language and meaning is much more (inter)personal and private. Whilst Gadamer and Ogden share similar ideas regarding the dialectics of understanding via the joint creation of a third fused horizon, on the question as to what constitutes a horizon they seem to have very different views. Gadamer's notion of horizon as situatedness within cultural history leaves very little room for contributions from the intensely intimate interpersonal field of the early parental environment within which subjectivity and meaning is created according to Ogden. Ogden, for his part, pays tribute to, but underplays the significance of the tradition of shared meanings.

It is important, in this context, to consider further the question what creates the analyst *as* analyst. According to Ogden, patient and analyst create and negate each other in the dialectic process of analysis. The analytic third is the 'product' of their dialogic engagement; it sustains and is being sustained by the analyst and her patient as they contribute to the analytic work according to their respective positions/interests. The experience by the analyst of this particular third which is being created with this particular patient, and the understanding of its meanings constitute the most important material for the analyst's thoughts. Whilst I agree that, importantly, the particularities of this third are being created as this patient and this analyst create (negate and affirm) each other, the creation of the analyst does, of course, not begin there. First and foremost, the analyst is being created by his own training, a very lengthy process involving training analysis (the analyst as patient), years of immersion in analytic theory, professional moulding etc. By the time this

patient arrives for his first session the analyst exits *qua* analyst, in terms of qualification, public status, professional identity, theoretical commitments, clinical experience, personal style etc. The analyst who this patient turns to is already constituted by his situatedness within the analytic discourse and practice, that is, his horizon is established as that of a psychoanalyst. Green, as we saw, recognised this fact when he points to the analyst's own analyst as the absent, but present, third object. He also argued that the influence of the theoretical and clinical learning the analyst brings to the meeting should be considered as part of the countertransference. The analytic third, which is being created with this particular patient, interacts with the 'professional dialogue' that the therapist has with his tradition and seeks to interrupt it. *This particular third* is such a remarkably individual creation only to the extent that it takes shape against the background of knowledge, experiences and expectancies brought to the work by the analyst. The particular third is created in dialectic tension between the 'ready-made' analyst and the one he is 'forced' to become by the present patient.

The triangulation of understanding

The dialogue of clinical understanding is not identical with the actual exchange of verbal communications between therapist and patient. To an important extent, this dialogue is conducted 'internally', i.e. in the therapist's mind, when he thinks about the possible meanings of the material presented to him. Plato called thinking being in dialogue with oneself. Buber too asserts that "thinking is essentially a man's speaking to himself", but he adds: "The so-called dialogue with oneself is possible only because of the basic fact of men's speaking with each other; it is the 'internalization' of this capacity" (1965/1988, p.102). Thinking, then, is the continuation of a dialogue with an other in one's mind.

For thinking to remain dialogic the engagement with the other's viewpoint has to be kept alive. The therapist, as we have seen, has to make the patient's

experience, his point of view, 'strong' in himself, in a mental move that can be described as empathic 'identification'. *Er muß sich etwas sagen lassen*, says Gadamer - he has to let the patient's assertions count; Buber's central concept of *Umfassung* (inclusion) points to the same thing. The patient's question has to become his question, that is, he has to ask it himself. And yet, the therapist has to engage with the patient from within his own horizon; there is no other starting point for the patient's expressions to take on a meaning at all. The acceptance of one's horizon as *the* proper position for understanding reflects, furthermore, the insight that a mere empathic duplication of the patient's mind in the mind of the therapist cannot of itself be helpful.

In thinking *about* the patient's communications and his own subjective response to them the therapist 'stands back' internally in order to gain a measure of distance which allows for thought. 'Standing back' refers to a distanciation which increases the scope of reflection – it does not suggest it is possible to 'stand outside' after all. Rather than re-introducing reflective objectivity, this distanciation introduces a gap which allows for the possibility of understanding the patient's words in terms other than either those supplied by the patient or those which readily present themselves to the therapist's mind. For a brief period the therapist disengages from the immediate contact with the present patient and consults, as it were, a 'third object' (in Green's sense of the absent father-analyst; not in the sense of Ogden's 'analytic third'). This mental move can be described in various ways – as a cathexis of the 'observing or analysing ego' (Greenson, 1967), a turning towards theoretical concepts or diagnostic categories, a brief imagined conversation with the therapist's supervisor[46], or a consideration of the present case in terms of previous clinical experience. It is a move to bring to bear what generalised knowledge (or 'theory') might have to contribute to an understanding of this particular case.

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[46] Casement (1985) suggests that the therapist has an 'internal supervisor', an internalised version of actual supervisory input, which can be consulted during the analytic session to assist clinical thinking.

The concept of transference is perhaps the best example of such a distanciation which allows for reflective thought. For the therapist to think in terms of transference is to observe and reflect on the relationship which he is part of from a position which differs from (is 'outside of') his immediate experience of it. Furthermore, transference suggests that the most important aspect of the relationship involves not only the present dyad, but is, at least, triangulated. The person of the therapist stands in for a past love object of the patient; he is, on the level of the unconscious, not the real addressee. The therapist can think of himself as a substitute object of the patient's communications only to the extent that he can achieve distanciation in thought.

Szasz (1963) speculates that the discovery of transference (an upshot of Breuer's work with his patient 'Anna O.', discussed in *Studien über Hysterie* [1895]) was only possible due to the fact that Freud was *not* the analyst on the receiving end of the emotional pressure exerted by this patient. It was Breuer who was engaged with her on the level of intense and direct participation. For Breuer the emotional and sexual pressure was too much to sustain without the conceptual tools to put his clinical experience in perspective. He had to flee from his patient, and in the event gave up psychoanalysis altogether. Freud was the disengaged observer who was still able to identify with the emotional experience of his older and admired colleague, a position which allowed him to think in new ways about what was happening in this analysis. Szasz maintains that it is precisely the separation of the experiencing position of Breuer and the observing position of Freud which made the discovery of transference possible. Once the concept existed the two positions (and functions) could be united in the analyst's mind.

The notion of distanciation is introduced here to talk about a particular way in which 'knowledge' (theory or generalised experience) comes into play. I think it is understood that both theory and experience are always already involved in the therapist's immediate (pre-)understanding of the patient. She understands the patient from the position of her horizon, i.e. in terms which

are familiar to her. These terms are informed by prior experience, including any theoretical formulations. It is in this sense that I think Green was inclined to regard the analyst's theoretical background as part of her countertransference. Distanciation is sought when these first understandings appear to be insufficient, i.e. when the patient's otherness defeats understanding in the terms available to the therapist. It is at this point that *further* understanding is called for. Additional ways of thinking about the clinical material are needed, i.e. ways which differ from or exceed readily available understanding.[47] The therapist might feel the need to speak to her supervisor, or to read one more book. The important aspect is that in distanciation a *third* perspective is sought, one which opens up additional ways of thinking and, by the same token, establishes the difference between prior and further understanding. The third perspective does not exist independently of the perspectives already in operation, and it is not chosen at random. It is constituted by the same dialectic of question and answer which Gadamer posited as the deep structure of hermeneutic inquiry; as such, the third, alternative position is still contingent on the therapist's horizon.

In his attempt to understand his patient the therapist is thus engaged in dialogue in two directions: with the other of this particular patient, and with the other of what I would like to summarily call 'theory' (generalised knowledge and experience). The dialogue of understanding can thus be thought of as *triangulated.* I suggest it is precisely the triangularity of the dialogic structure that opens up the space within which new understanding becomes possible.[48] Both 'others' (the patient and 'theory') have to have the power to challenge

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[47] Understanding which exceeds established understanding is also different understanding, but it does not necessarily constitute an alternative. Understanding may just be clarified or elaborated in terms of the theory in operation. If the adopted theory does not allow sufficient understanding alternative ways of thinking may be sought.

[48] The discovery of transference discussed above was made possible by such a triangulation of dialogue. Due to the fact that Breuer was in dialogue with Anna O. on the one hand, and (later) with Freud on the other, the *experience* of otherness (the strangeness of this patient's symptoms and the frightening intensity of the countertransference) could be joined up with *conceptual thought* to develop new understanding. It is feasible that, had Breuer been in dialogue with Freud *whilst* treating Anna. O., the concept of transference might have helped him to maintain the analytic dialogue with his patient.

each other's assertions – otherwise the triangle collapses and any space for the mediation of preconceptions, i.e. understanding, disappears.

To illustrate this point I wish to paint two admittedly extreme scenarios: If 'empathy' is taken up as the dominant mode of understanding, the 'voice' of the patient rules supreme. The assumption is that the patient's subjectivity can only properly be understood in its own terms; in a sense, the patient is deemed the true expert on himself. Different theories may suggest ways of understanding his experience which run counter to his self-understanding. These are likely to be ruled out of court if they do not coincide with the patient's subjective experience. Extreme proponents of the empathic approach think it inadmissible to go beyond what the patient himself is saying, reducing the role of the therapist to that of a 'reflector'. The therapeutic conversation becomes in essence monologic – in this case ruled by the monologue of the patient.

The same monologic structure ensues if the therapist's theoretical formulations are taken to have settled the issue of understanding. Therapies which are essentially theory-driven tend to be not much more than the application of prior knowledge. The patient's communications constitute the raw material for ready-made interpretations; nothing the patient could say, has even the potential to add to the understanding supplied by the body of generalised knowledge. The voice of the expert therapist pronounces the only meaning; he offers nothing but dead metaphors. This is the monologue of the therapist.

These caricatures of therapeutic conversations are meant to demonstrate how I see the triangle of understanding collapsing, unless both participants in the therapeutic dialogue are believed (by themselves and by each other) to have something of value to say. Rather than assuming that the answer to the question of expertise can get us into the right position for understanding, hermeneutic thinking requires that we attend to a question of a different kind. The question now becomes: How can this communication be understood

differently? Different, that is, from any of the monologic answers which offer themselves up rather easily from any one of the positions one might wish to privilege. Understanding, in the hermeneutic sense suggested here, is bound to be *different from* 1) the patient's initial self-understanding, 2) the therapist's first (pre)understandings, and 3) ready-made explanations *supplied* by any one psychological theory. Understanding will have occurred only when both the object and the subject of understanding have changed in the process.

The therapist's understanding of the patient, in this model, 'swings boldly', not as Buber thought, between *two* poles, but between *three.* The therapist indeed needs to make the patient's experience and view of things strong inside his own mind; he has to let the patient speak to him and let what is said challenge his own pre-understandings. Insofar, something like empathy, a taking up of the patient's position, is involved. Yet the therapist's own position, his experience, opinions, values, and prejudices need to stay in play – otherwise no-one is there to hear what is said. Both positions assert certain truths, and they claim to be accepted by the other. These two sides of the dialogue – the *I and Thou* dimension of Buber's encounter – could be thought of as the poles of a *horizontal axis.* This axis could be used to represent the *participatory* level of the therapeutic engagement – the level on which therapist and patient speak to each other and on which, for their speaking to be capable of engendering new understanding, it must have the power to effect the other, that is, to get the other to change his mind.

In the context of the therapy situation, however, this dialogue has a third dimension, which is also active in the therapist's mind: the body of theoretical knowledge and clinical experience on which the therapist draws to reflect on the dialogue evolving between him and his patient. As with the participatory dimension of the therapist's internal *inclusive* dialogue with the patient (which is inclusive only to the extent that the *actual* other person is heard), 'theory' is alive in the therapist's mind as the continuation of an *actual* conversation, i.e. as the *inclusive* dialogue with an other's point of view (even if this other is a book). This third dimension establishes a second, *vertical axis* along which we

can imagine the therapist operating when he internally shifts between a more participatory, directly involved engagement with the patient and a more detached, *observatory-explanatory* stance. I suggest to view the three poles of the two axes as forming a triangle within which the therapist thoughts can 'play'. The triangle constitutes the mental space which comes about precisely because the therapist does not remain 'static' in terms of the position from which he views his patient. Only to the extent that there is such mental space does it become possible to move about and see things differently. The existence of this kind of triangularity is a necessary condition for clinical understanding. If the therapist remains 'stationary' in his mind (coming exclusively from, say, an empathic identification, or any one theoretical framework) and thus sees things only from one point of view, the space for thought and new understandings collapses, and the mental space for understanding the patient disappears. Dialogue is 'trialogue' – or else degenerates into monologue. The struggle for understanding must not be 'fixed' in favour of either position; if superiority ('expertise', 'privileged access' etc.) is presumed from the start to lie with either party, points of view end up making claims on monopolies on 'truth'. The ensuing conversation will turn out to be decidedly one-way. Understanding is prevented from deteriorating into monologue precisely to the extent that the therapist, in the process of clinical thinking, stays in dialogue(s) with the other's (others') point of view.

To understand implies to see the other with the eyes of the other(s). This means two different things: One, to see 'things' (the patient's world including himself) as the patient himself sees these things, which is of course the empathic movement; and, two, to see the patient as the 'theoretical others' (the other possible therapists) might see him. The therapist thus 'decentres' in two directions, 'horizontally' in the direction of an *as-if* identification with the person in front of him, and 'vertically' onto a 'higher' theoretical plane from which alternative perspectives can be considered. Both moves are in the direction *out of* the immediacy of his reactions, perceptions, and judgements, *away from* "what first comes to mind" (Sullivan). The intention is to increase

distance to oneself in order to open up the 'gap' which allows for reflection and, by the same token, *other views*.

Whilst both moves increase distance to one's own 'centre of subjectivity', the moves differ regarding the directions they take. The horizontal empathic move seeks to get closer to (even *into*) the patient's subjectivity, thus reducing or eradicating the distance between them. The vertical theoretical move seeks to get onto a plane where an internal dialogue with other perspectives becomes possible. Both these decentring movements result in the therapist, in a sense, becoming 'other' to himself. This 'becoming other to oneself' appears to be an essential aspect of the understanding of the other person.[49] To view understanding as this dual decentring is to acknowledge as primary the immediacy of the interpersonal ('dialogic') position. This, incidentally, supports Heidegger's view that we find ourselves always already engaged with the world. Our effort to gain knowledge of the world, in a move which distances an inquiring subject from the world as its object, is a secondary step.

The triangular model suggested here implies an awareness of the existence of 'third terms' (other theories) outside the horizons of the two participants, and often third terms are actively searched out precisely in order to be able to understand things differently. For the purposes of clinical understanding the dyad is seen as insufficient; the third is needed precisely to question and perhaps disrupt a too narrow understanding. The horizontal, participatory axis (the intersubjective understanding between the two individuals) needs thinking about, and can only be thought about from the more detached standpoint of generalised theoretical knowledge and clinical experience. 'Theory' is 'the other' (the third) which separates out and opens up for thought the way in which the two subjectivities come together. In terms of the vertical axis (the axis on which the therapist and his theory come to an understanding about the patient) it is the particular individuality and subjectivity of the patient, as it

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[49] The extent to which the therapist as the other to himself constitutes a focus of reflection in the therapy hour varies amongst analysts in accordance with their differing views on countertransference.

enters the therapist's mind via empathy, which plays the role of 'the other' that demands to be taken into account.

This dialectic approach attempts to address the problem of clinical understanding as it was diagnosed by Green (1975) with regard to psychoanalysis. Green describes a significant shift within psychoanalysis towards a recognition of the degree to which analysts are implicated in the understanding of their patients, both due to their subjective involvements and as an effect of their theoretical convictions. He then diagnoses the following problem:

> I think that one of the main contradictions which the analyst faces today is the necessity (and the difficulty) of making a body of interpretations (which derive from the work of Freud and classical analysis) co-exist and harmonize with the clinical experience and the theory of the last twenty years. This problem is aggravated by the fact that the latter do not form a homogeneous body of thought. (ibid. p.33).

On the vertical axis there is a theory – the body of 'classical' Freudian analysis in Green's case – to which the therapist is committed. This theory needs to be made to harmonise (because it doesn't in its present shape) with clinical experience as this experience changes with the shifting, increasingly intersubjective, position of the analyst. What is happening on the horizontal, inter-subjective, participatory axis challenges established understanding on the vertical axis. Theory has to be amended to accommodate this new clinical material. In the process of the ensuing series of amendments the body of theory has ceased to be unified. Psychoanalysis itself has become 'heteroglot'; it has become other to itself, giving rise to alternative interpretations and, by the same token, to the need for a dialogue of understanding between the analysts of different persuasions.

In the following section I wish to turn to theorists who deliberately turn to alternative theories and I will briefly discuss their contributions. This

discussion will have to address the problem of operating with multiple theories, a problem which has become increasingly pressing for many contemporary therapists. The question posed by a plurality of theories concerns that which holds this multiplicity together. In other words, we will have to return once more to the theme of the relationship between 'the one' and 'the many'.

A multiplicity of theories?

A small number of psychoanalytic theorists have embraced a multi-perspectival approach to clinical understanding. A key idea here is that more ways of thinking about the clinical material increases the scope for understanding. Hearing/looking from different perspectives (from within different horizons) focuses on different kinds of 'data' yielding different kinds of 'knowledge'. The idea of using a multiplicity of models to increase the possibilities of understanding is perhaps foreshadowed in comments like the one made by Green in 1975:

> A fundamental change in contemporary analysis comes from what the analyst hears –and perhaps cannot help but hear – which has until now been inaudible. Not that I mean that analysts nowadays have a more highly trained ear – unfortunately one often finds the reverse – but rather that they hear different things which used not to cross the threshold of audibility.
> (1986, p.33-4)

The lowering of the 'threshold of audibility' goes hand in hand with the growing diversity within psychoanalytic theory. The emergence of new theoretical concepts enables the analyst to hear in different – not necessarily better – ways. As a result different – not necessarily truer – things are heard, that is, understood. New ways of hearing lead to (and in turn result from) new theoretical elaborations. The acceptance of a multiplicity of ways of understanding might seem to raise the problem of 'true' understanding. Green

does not see this as a problem, for "[...] analysis should lead to the *sharing of a truth supposed possible* between the analyst and the analysand, acknowledgement of which aids in their mutual emancipation" (ibid. p.314). Green only deals in *potential truth*. Shared potential truth has a liberating, and that is, therapeutic effect. The potential for potential truth is increased when new theory enables new hearing.

A later and much more explicit example of a multi-perspectival approach is found in Spence (1987), who advises

> to approach the material from different points of view in an effort to gain understanding of a relevant dimension. This line of reasoning also gives us a way to accommodate different schools of therapy in our approach to the patient; we might learn more about mastery and inferiority and striving for achievement if we listen from an Adlerian point of view [...] and hear something about disclaimed action if we listen a la Roy Schafer. (ibid. p.61)

Schafer himself is in fact an important figure amongst the hermeneutic psychoanalysts. He rejects what he sees as Freud's attempt to establish psychoanalytic theory within the paradigm of natural science, and instead highlights and develops currents within Freudian thinking which point it into the direction of an interpretive discipline concerned mainly with meanings and narrations. He asserts that reality is knowable, but it is always seen, and thus construed, from a particular perspective and for particular purposes. By necessity, we attempt to organise disparate elements of experience into more or less coherent accounts. These accounts are always hermeneutically circular in that they already shape the data they are designed to explain. This is the case for the self-descriptions of clients, the formulations of understanding of the client by the therapist, case histories and psychological theories.

Schafer (1983) argues not only that multiple readings of clinical data are always possible; he insists it is often necessary to approach and formulate the

same clinical material from various angles. What Freud had termed overdetermination, the fact that the same dream, or memory, or behaviour can be multiply motivated and is only understood, or 'fully analysed', once retold from various interpretive perspectives, is an instance of the narrative interpretive function, rather than of the economic paradigm guiding classical psychoanalytic understanding. The analytic concept of 'working through' is re-interpreted in narrative terms; it is understood to refer to the repeated re-telling from various perspectives of key experiences in the course of the analysis.

Whilst the concept of narration always points to the possibilities of alternative accounts – every story can be re-told, and thus challenged as to its truth-value – Schafer is keen to reduce the relativistic potential of this stance by stressing this does not imply a free-for-all when it comes to assessing the clinical usefulness of different interpretative approaches. Apart from being assessed for its therapeutic efficacy the new narrative has to satisfy other, seemingly literary, criteria such as cohesiveness, comprehensiveness, and persuasive power. There are some apparent affinities and similarities between his view of narrative action and Rorty's assertion that all we ever get hold of are descriptions and re-descriptions of situations and events. But Schafer is, as a philosopher, less radical than Rorty in that he believes that reality is knowable once we manage to employ strategies such as "realistic appraisal" and "objective consideration" (ibid. p.107), which do however remain unspecified.

Perhaps Schafer's most important argument is that too much personal experience is described (by analysands as well as analysts, and also within much of psychoanalytic literature starting with Freud) in terms that reify dynamic processes and leave no room for even unconscious intentionality. His 'action language' is an attempt to re-describe not just behaviour, but also thinking, wishing, dreaming and symptom formation as conflicted action rather than the effects of the manifestations of non-personal forces with which the individual is left to struggle (1976). Schafer's account of the analytic enterprise

is one where the patient learns, over time, to take responsibility for previously "disclaimed actions" by re-telling the life history in ways which from various standpoints consider and embrace intentions and wishes that were felt to be utterly outside one's consciousness and, by the same token, control. It is the construction of a complex, often overdetermined and at times paradoxical life history of personal agency in conflict, re-told along the lines suggested by the various psychoanalytic theories. This new, much richer narration entails an increase in personal freedom by opening up not just alternative pasts but also alternatives for the present and future.

Schafer's hermeneutics, which he exercises strictly within the field of analysis, can perhaps be extended to the wider field of psychotherapy. His arguments, to my mind, do not contain compelling reasons why the relevant storylines should be restricted to the analytic developmental narratives of early struggles with sexual and aggressive impulses. There are other psychological theorists (and philosophers) who contribute powerful new metaphors to the psychotherapeutic discourse. The increase in freedom which is to be gained from psychotherapy depends on the dialogic engagement with new persuasive metaphors.

Chessick, an American psychoanalyst who has written extensively on the contributions contemporary philosophy has to offer to a theory of psychotherapy, suggests that the various psychoanalytic approaches constitute "channels" of listening to the patient. He writes:

> All data and data collection presuppose theories, values, and some sort of previously established ideology. The 'telephone receiver' of today's therapist must, in my opinion, be able to be tuned to at least five data-organizing channels, either simultaneously or by oscillating from channel to channel, in order to achieve a complete understanding of the patient's material.
> (1989, p. xvii)

The five channels, which, Chessick admits, differ from and contradict each other in ways which are presently irreconcilable, are constituted by four variants of psychoanalytic theory (classical Freudian, Object Relations, Kohutian self-psychology and countertransference technique) and a "socio-cultural approach" drawing on a number of continental philosophers from Hegel to Foucault. Chessick believes that the analyst can determine which one of these channels is most relevant for a given patient, depending on the patient's developmental issues and the type of psychological problems he presents. However, his belief that particular channels correspond to developmental phases and, by the same token, to particular diagnostic groupings, together with his confidence that a complete understanding of the patient's material is achievable sit rather awkwardly with the sympathy for hermeneutic and postmodern philosophies which he also expresses.

For Green the diversification of psychoanalysis leads to an increase of possibilities of shared truths. Schafer, whilst emphasising the possibility, and indeed therapeutic necessity, of multiple re-descriptions, asserts that reality is knowable and can be determined via "realistic appraisals". Chessick's idea of multiple channels implies that there is a position outside those channels which one can take up to determine which one it is one should be switching to. Whilst I agree with the notion of multiple descriptive vocabularies enhancing clinical understanding I reject the possibility of finding a meta-theoretical position from which to decide which one offers the correct understanding. With regard to this question I think it is unwise to go further than Green's notion of a "sharing of a truth supposed to be possible". In terms of the hermeneutic approach to clinical understanding developed here it is precisely through the (re-)establishment of a shared horizon that truth comes about. Whilst my formulation is certainly sympathetic to the idea of multiple theories I would emphasise that theory is only a part of what makes up the therapist's horizon. Theory in my model makes a distinct contribution only as one of the three poles dialogically-dialectically interacting with each other.

The three positions put forward here give rise to different views of the patient. One way of thinking about this is to say that the three positions allow for different kinds of 'information' to emerge from different types of relatedness. Another way of saying what amounts to pretty much the same thing is, seeking to decentre from one's own horizon (in the direction of the patient, and in the direction of - multiple - theory) will help new metaphors to emerge. Dialoguing with particular concepts or frameworks in mind inevitably shapes how we understand the patient. Dialoguing with the patient will bring to mind particular aspects of theory. The therapeutic metaphors, it is important to remember, are not being 'supplied' by one side, but result from dialogic engagement.

The kind of clinical thinking that this model gives rise to can perhaps be demonstrated by considering once more the contribution an extended notion of countertransference can make to the understanding of the patient. As we have seen, countertransference technique uses the therapist's mental processes in the session as meaningfully related to the patient's mental processes, so that what occurs to the therapist or what the therapist may be feeling or sensing is thought to be in response to the patient and thus constituting important 'data' for clinical understanding. Sullivan dismisses this as naive. His first question, which he endeavours to hold in the back of his mind, is *Can this material mean* anything but *what first occurs to me?*, leading him to much further exploration of the patient's particular meanings. I don't see these two approaches as mutually exclusive. Rather, I suggest that the two could be used in a complementary fashion, in order to collect further information – from different 'sources', as it were. This could lead to a strengthening of an emerging hypothesis, that is, an increase in faith in the usefulness of a particular metaphor regarding the nature of the patient's experience. By the same token, if one has access to more than one 'channel of information', different pictures can emerge as to what is the case, allowing for a more reflective and critical use of interpretation. This can facilitate a process of 'self-supervision', where alternative perspectives are consciously employed.

Conclusion

Where does the discussion of the problem of clinical understanding, viewed through a hermeneutic lens, leave the 'three positions of understanding' posited at the beginning of this thesis? It is my view that *all* three positions, when adopted exclusively, are entirely insufficient as a basis for clinical understanding. Only taken together, and brought into dialectic dialogue, can they open up the space that allows for thought and understanding.

Neither the pursuit of objective knowledge nor the duplication of the patient's subjectivity offer convincing candidates for the solution of the problem of understanding. Furthermore, any 'direct' understanding which arises out of the immediacy of the interpersonal engagement (the therapist's unreflected subjectivity), cannot be relied upon. The question of clinical understanding needs to be reformulated as: how to participate in the interpersonal engagement, which is foundational of the therapeutic endeavour, and yet maintain a distance that allows for reflective thought. This question can be addressed, in my view, by considering clinical understanding as a dialectic process which operates not only between the two participants in the therapeutic conversation, but also, in the therapist's mind, between the different perspectives which open up from the three positions the therapist can assume vis-à-vis his patient. Empathy (the other as self; self as other), the dialogic position (the other as other), and the observing-explanatory position (the other as an instance of established knowledge) mutually negate each other - that is, *confirm* each other - in the process of *new* understanding.

Gadamer's philosophy provides encouragement to go ahead and engage with the patient, to give meaning to the presenting material in the light of one's best understanding. Standing back in the hope of seeing the shape of things 'objectively' is not an option open to us. Yet, any first understandings are limited by the particularities of one's own situatedness. The expansion of

one's horizon which leads to a better understanding of the other results from the engagement with that which lies 'beyond' our horizon, i.e. with 'otherness'. I have said much in this chapter about engaging with the otherness of the individual patient; I want to conclude saying a bit more about the 'theoretical other(s)'.

The principle underpinning all psychotherapies which have evolved in the wake of Freud (after Hegel) – i.e. that self is constituted in relation to an other, and that therefore self-understanding can only proceed in continued engagement with otherness – this principle, which is practiced every working day in every psychotherapy session, holds not only for the constitution of subjectivity, but also for the formulation of theory. In the same way that the patient's limited and (defensively) limiting self-understanding has to be challenged (disturbed) by the therapist, the therapist's framework guiding this work has to undergo the continual process of decentering which *is* the dialogic engagement with its other(s).

The 'theoretical others' (the alternative psychotherapy theories), too, have to be engaged with in the spirit of hermeneutic enquiry. Given the limitations that one's own framework of interpretation inevitably places on any understanding the engagement with alternative perspectives is needed for their transcendence. If one accepts the fundamental proposition of hermeneutic philosophy – that any understanding is contingent on the situatedness of the one who understands – then the demand arises that, as part of any serious enquiry, communication is sought with that which is, in the first instance, left out.

Theories can, after all, serve exactly the kind of defensive purposes psychoanalysis was designed to undermine. This is a point made by the psychoanalyst Peter Lomas who makes the following comment on Freud's achievement to show us our propensity for defensive self-deception: "Paradoxically, however, his method has itself proved fertile ground for the development of a strategy for the avoidance of unwelcome experience.

Explanation and interpretation are means by which we may attempt to control and diminish the full force of being" (1987, p.4). This is a comment which is, I believe, equally valid in regard to any theory of psychotherapy. In the same way that the exclusive meanings of the patient need to be opened up through analysis of the clinical material, psychotherapy theory needs to be subjected to examination and critical assessment, which can only come from a position of difference. Only assertions which come from 'outside' have the capacity to stimulate new understanding and to prevent theoretical and professional discourse from deteriorating into monologue (the constant re-iteration of perceived knowledge and wisdom).

Both the meaning we give to the clinical material presented to us and the set of more generalised meanings which make up our theories are here viewed as (necessary) constructions which need to be subjected to a process of critical examination; that is to say, they need to be brought into dialogue with their alternatives (their others). This approach recognises that, in order to understand the other, it is of crucial importance that we find some access to the domain of 'otherness', which is co-constituted together with our horizons (that which lies outside/beyond). 'Self', like systematic theory, whilst giving coherence to experience and allowing understanding is at the same time conceived as an 'alienating fiction' (Lacan), which defensively tries to shut down the multiplicity of meaning and the indeterminacy of the understanding(s) of ourselves (our 'selves').

Ogden (1999) writes in a similar fashion about therapy as a process of, almost simultaneously, creating and undoing meaning. The analyst's language, which creates and conveys the best possible understanding of the patient's experience in the present moment,

> must embody in itself that there is no still point of meaning. Meaning is continuously in the process of becoming something new and in doing so, is continually undoing itself (undercutting its own claims to certainty). It is essential that the analyst's language embody the tension of forever being in

> the process of struggling to generate meaning while at every step casting doubt on the meanings 'arrived at' or 'clarified' (ibid. p.218).

Just as there is no endpoint to the hermeneutic understanding of the object the constitution of the subject is never finally realised in an act of reflective self-possession. Rather than aiming at such a point of arrival, i.e. a metaphysical notion of ultimate knowledge of self and the world (including the final version of psychological theory), Gadamer's hermeneutics promotes a continuous disposition of openness to new experience and new understandings. The understanding of the individual patient *and* the formulation of psychotherapy theory are constantly evolving and are forever undone in this process.

This conception of psychotherapy echoes the description Bakhtin gave of the life and development of language in the continuous tension between its unifying/monologic and heteroglot/dialogic tendencies, as well as the pull between Rorty's systematic and edifying philosophers. I believe that the parallel competition between 'systematic' vs. 'deconstructive' therapy is not one which needs to be decided, but is to be held in abeyance. As Rorty acknowledged, deconstructive or edifying strategies are responses to systematic ones, and as such parasitic on them. The work-in-process which is psychotherapy (as the particular therapeutic process *and* as the development of the body of theories) unfolds as a dialectic process between these two poles. This agrees with the 18th century German Romantic philosopher Schlegel who wrote: "It is just as fatal for the mind to have a system and not to have a system. It will therefore have to decide to connect the two" (cited in Bowie 1997, p.144). The 'connection' proposed here is not a stable link, but a dialogic dialectic.

The important point in this dialectic movement is not the resolution of the tension between the two poles in a sublation (*Aufhebung*) a la Hegel, where the newly found third term brings one nearer to some ideal point of final integration (call it Spirit, self-actualisation, maturity, or truth). Hermeneutic

psychotherapy, as it is developed in this discussion of Gadamer, has as its aim not the reaching of a final destination; there is no 'truth' that is found, no 'real self' that is, at last, realised. Rather than looking for the 'final word', psychotherapy aims to increase the capacity to participate in ongoing conversation. The most important aspect of this dialogue is not what is said in the end, but whether a full discussion was possible. It is hoped one goes away seeing the point of some further talk in the future.

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