

BEYOND PLURALISM:

**PSYCHOANALYSIS AND THE
WORKINGS OF MIND**



Fred Pine Ph.D.

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About the Author

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ABSTRACT

Subjects that Freud excluded or incompletely explored have been sites of theoretical expansion in over a century of observation: the role of the other, the self, the preoedipal period, action, the countertransference, limits to neutrality/ anonymity/abstinence, the loci of the analytic drama, effects beyond interpretation, agency, and basic needs (versus wishes). These developments have led to conflicting theories and sect-like groupings within the field. Group psychological processes underlying this are discussed; and a broad and inclusive view of psychoanalysis is proposed under the heading of the study of *the workings of mind*. Additionally, substantial integrative proposals are offered with respect to the central tasks of individual development, theories of mind, the relational turn, and aspects of technique.

In this paper, I attempt to reconceptualize where psychoanalysis is today by replacing the term *pluralism* with

a view of the field in terms of increased knowledge—knowledge, broadly, of the *workings of mind*. Both substantively and for purposes of exposition, I shall suggest that contributions summarized as pluralism can and should be seen as filling in gaps in areas that Freud specifically excluded or failed to develop fully enough. Among the examples I shall discuss are: object relations, the self, preoedipal development, action, agency, the impact of the analyst in the office, the “stages” on which the analytic drama takes place, and analytic impacts beyond interpretation. From an increased-knowledge standpoint, these contributions are all expansions of a single, broadening understanding of the workings of mind. From an observational-science standpoint, they are the fruits of over a century of observation through the psychoanalytic lens.

My aims are pragmatic as well as conceptual. In reviewing the history of psychoanalysis (and psychoanalytic publishing), Stepansky (2009) writes: “My argument is that in

America the internal fractionation of psychoanalysis into rivalrous and even sect-like groupings and the marginalization of the field have proceeded in tandem over the past three decades; historically, the two trends are intertwined” (p. xvii).

Psychoanalysis does itself a disservice, in the public eye and in the eyes of those in neighboring academic and scientific fields, when it allows itself to be seen either as locked into the theories that Freud formulated from seventy to one hundred and ten years ago, or as a splintered field with varying sets of contradictory ideas, each with adherents that reject one another’s views. This is not only a mistake conceptually, a mistake based on historical and group processes that shall be described, but it is also an unnecessary and grave error in terms of our professional identity and public image.

THE WORKINGS OF MIND

How to define psychoanalysis today? It can no longer readily be defined by the concepts of transference and resistance (Freud 1914a) because these terms have evolved enormously in themselves and are today only parts of a much larger whole; indeed, and by way of contrast only, at one point, Gabbard (1995) suggested that it is countertransference, rather, that is the new “common ground” of psychoanalysis.

Nor can psychoanalysis be defined by the oedipal “shibboleth” (Freud 1905), because so much work has been done regarding the preoedipal period, including even the earliest months of life. Nor can it be defined in terms of Freud’s (1937) “bedrock” concepts of castration anxiety and penis envy, again because so much has changed – with regard to even earlier central disturbances and crises in the case of the former, and because of our rethinking of the

entire psychoanalytic *oeuvre* on women's psychology in the case of the latter.

Instead, I propose that psychoanalysis today may be defined as the study of the workings of mind. And, in light of that study for over a century, we can be much more articulate in defining that mind. It is the mind that is reality anchored yet idiosyncratically directed – the mind that is both internally driven and relationally responsive. And more broadly, psychoanalysis is the study of mind in all its aspects, but with a distinctive focus on its affectively suffused, unconsciously driven, characterologically shaped, historically distorted and burdened, relationally formed and contextualized, personally idiosyncratic, and self-conscious (or perhaps, better, self-state conscious) aspects – the mind that carries the history of object relational experiences, with all their strain trauma, idealizations, fears, and denials, and that is subject to shaping by unconscious fantasy, infantile

wish, the painful sequelae of failed self states, and conflict and compromise among all of these.

While such a broad definition of psychoanalysis may seem too nonspecific for some – as failing to represent sufficiently the privileged theories of many an analytic subgroup – it is in no way meant to exclude the centrality of a dynamic unconscious, of sexuality, aggression, repetition, and developmental pathology (deficits and defects), nor of the relational turn. In fact it assumes the centrality of conflict, compromise, overdetermination, multiple function, and meanings hidden behind meanings in the thought process. But it does locate the unifying center of psychoanalytic ideas not at a metatheoretical level (where many incompatible ideas are to be found [see Killingmo 1985]), but in our observational base: that is, the clinical concepts found by psychoanalysts to be useful and necessary in understanding the psychic pain and personal dysfunction of analysands.

These concepts have grown through our specific form of psychoanalytic listening, involving a freely associating patient, “evenly hovering” analytic attention, and a setting of frequency, longevity, intimacy, privacy, and confidentiality of contact. Such communication and such listening are together inherently radical in their potential to lead us into new understandings of the functioning of mind. Our “unity,” such as it is, lies in this *source* of our ideas.

Further, while such a broad definition of psychoanalysis may seem too promiscuously receptive to any and all new ideas, it is offered in full recognition and trust that in the marketplace of ideas, the useful ones survive and the idiosyncratic, tangential, and wrongheaded ones fade.

This expansion in our thinking about the mind’s functioning reflects a growth in psychoanalytic understanding that follows from its position as a naturalistic, observation-based science. One can take all this, apply the term

pluralism, and see it in terms of incompatible theories or a confused eclecticism. But we can also see this in terms of our steadily increasing understanding of the endlessly varied and subtle workings of the human mind. Though it is my impression that we have taken giant steps in the direction of breadth (as reflected in our journals and in reported clinical work), I shall explore how and why we have gotten to the place wherein psychoanalytic subgroups operate in different conceptual worlds, and how psychoanalytic understanding might otherwise have developed.

SOME HISTORICAL TRENDS AND GROUP PSYCHOLOGY

To start with, I believe that the power, beauty, range, and utility of Freud's overall conception gave it such an immense appeal that it became very natural to close the door on any "intruding" theories. Here was a conception that addressed infant and child development, adult character, psychoneuroses and other forms of psychopathology, and, via the concept of sublimation, also addressed creativity and humankind's highest achievements. And, even more basically, Freud gave us both the conviction that mind in its depths could be understood, and the psychoanalytic situation itself (couch, frequency of contact, free association, evenly hovering attention) through which that in-depth understanding could be pursued.

Massive contributions within the Freudian *oeuvre* were made over the years without ruffling any feathers. Even quiet though major theory changers like Loewald (1980) and Winnicott (1958a, 1965), who did not emphasize how radical

their writings were, have been accepted. But those who have challenged the basic assumptions – people like Bowlby (1969), then Kohut (1977), and later Mitchell (1988) – sent people to the barricades to defend the received Freudian position.

This has changed. Wallerstein (1994) has said that, historically,

Freud's effort was to keep psychoanalysis safe from attacks from without and divisiveness within – and to see it not only as a science but a “movement,” with all the calls to a dedicated and disciplined allegiance that that word connotes.

And more than a half century ago Knight (1953) wrote: “Perhaps we are still standing too much in the shadow of that giant, Sigmund Freud, to permit ourselves to view psychoanalysis as a science of the mind rather than the doctrine of a founder” (p. 211). We are, I believe, largely out of that shadow today, yet some new ideas still arrive upon

the scene and cast their own shadow through totalistic explanatory systems, similar doctrinaire qualities, and committed followers. Such views are inherently opposed to both/and, additive/discovery views of psychoanalysis; and they are contrary to an observational-science view in which it is assumed that new phenomena will be observed and described, enriching our understanding. New theories that make too complete a claim on understanding – like any claim that Freud's initial ideas were a sufficient basis for our understandings of mind – are not only premature but presumptuous in that claim.

But why do we, as a field, produce doctrines and followers? First, and beyond the specific substance of Freud's contribution, is the model set by Freud himself – his reach for a grand theory of mind. Corollary to this is Freud's (and subsequently the field's) antagonism toward certain new ideas (e.g., those of Jung, Adler, and later Ferenczi) – leading, I believe, to a tendency for some followers of the

new ideas to set them up as oppositional to the dominant theory rather than as additions to it.

While this has probably had lasting influence on the creation of totalistic views that invite loyal adherence and vehement opposition, it is by no means the only factor. Other factors include, second, the essential vagueness of the phenomena with which we work in the psychoanalytic session, and the reassurance given to us by a theory that tells us what to expect and how to work. Third is the isolation of the work, for a theory can serve as an intellectual transitional object (Winnicott 1953), as a companion – bringing along with it a group of co-adherents to the theory, present in the background, the others “who work like me, who share my views, who agree with the way I see things.” And fourth is the pragmatics of belief systems. Within training institutes, marks of status – appointments to teach, to the role of training analyst, and referrals – are in part

dependent upon shared beliefs (theories) and upon being seen to be one of the group, one of the “reliable” ones.

There are other considerations as well. Fifth among the sources of commitment to specific psychoanalytic belief systems is the appeal of specific theories that match one’s own experience. I well recall how, in the more sexually repressive 1950s, those in my generation who read of Freud’s emphasis on the centrality of sexuality would find a voice that spoke to us directly. Similarly, this occurs to a degree with a focus (in one theorist or another) on aggression, on mother-infant versus oedipal triangular conflicts, on internal life versus interpersonal life, on narcissism, or on greater or lesser degrees of activity by the analyst in the session – to give a few examples. We come to analytic work primed (though not fully governed) by our own tastes and preferences.

A sixth factor in the commitment to a specific analytic belief is the intellectual power and charisma of some new

theorists, of those who can grab an idea, run with it, and carry many along in their wake. And last but not least is the fact that, by and large, we have no way to test our metatheories, to decide empirically in favor of this one or that one.

All this may lead to premature closure on our ideas rather than, as I propose, a view of ourselves as accumulating knowledge about the functioning of mind – the natural product of the observational-science aspect of psychoanalysis, and also of its narrative (Schafer 1992), “storytelling” aspect within which we describe and formulate our observations.

Above and beyond these specifics of psychoanalysis as a discipline and as an organization, our rational psychoanalytic egos are usually impaired to some degree by our early psychoanalytic “fixations” (what we learned as we first started out), by our psychoanalytic idealizations (of theories or persons), and by our psychoanalytic “symptoms”

(our unquestioned technical automatisms) that may reflect something about each of us personally – all phenomena that our work reveals to be present in life more generally as well.

Much of psychoanalytic theorizing follows a path that is distinctly at odds with the everyday work of psychoanalysts with their patients. The former, particularly in its metatheories, tends to offer models of mind, conceptions of how the mental apparatus works, the central issues that we play out and struggle with in mind and in living in the world, the crucial inner inputs and learnings that shape the developmental process, and, often following from these theories, specific foci and/or methods in the clinical work itself. Historically, however, these models have tended to be totalistic, forming a joining point for the like-minded. It is nevertheless my impression that most psychoanalytic clinicians, in contrast, in the privacy of their offices, while usually oriented by a particular psychoanalytic belief system, make use of whatever seems to fit the moment, drawing

broadly from everywhere in psychoanalytic writings and in the individual clinician's personal experience. It has now been some time since Sandler (1983) pointed out that clinicians are often working in ways that do not fit their officially espoused theory, and without awareness of this, whatever that espoused theory is.

This gap between theoretical models and actual practice is reflected in lay perceptions of psychoanalysis in ways that are destructive for us. How many potential patients (at least in the United States) come for an initial consultation skeptical about having a "Freudian analysis," expecting the caricature of a silent analyst interested in sex primarily, and expecting the patient, through "transference," to fall in love with him or her – as though the field has not progressed beyond that and is stuck somewhere in the early 1900s? And even reasonably intelligent lay authors often turn to sex, the Oedipus complex, and transference (again, in this meaning, "falling in love with your analyst") in portraying

psychoanalysis. This view, while containing a grain of truth, is nonetheless extremely limited, viewing the field as though it had not evolved and grown vastly more complex.

Previously, I have tried to show that our several models of mind (drive theory, ego psychology, object relations theory, and theories of the self) are not mutually exclusive and together represent a fuller view of mind than any model standing alone (see Pine, 1985, 1990, 2003). We have developed multiple views because the data of our work – hat is, the phenomena of minds as we encounter them – require multiple views. The same can be said regarding our understanding of technique (Pine 2006). The vastly expanded meaning of the term *transference* and the radically changed view of the status of many countertransference phenomena are cases in point.

ACCUMULATING KNOWLEDGE AND THE GAPS IN FREUD'S LEGACY

I shall present a view of psychoanalysis as developing through the accumulation of knowledge, represented by the multiple aspects of mind, the omnipresence of the other, and our expanded understandings of the psychoanalytic situation and, consequently, of views of technique. Advance through the accumulation of knowledge puts us in the category of medicine or science, fields that can be similarly described. And though we are not by any means a hard science with clear-cut experimental evidence, we do in fact base our theoretical formulations, large and small, on empirical observation, accumulation of instances, and trial usage (by ourselves and by others) of these formulations in work with patients. While psychoanalytic technique, with all its requirements of tact, talent, character, and broad knowledge, may be more art-like than science-like, our theorizing, based

upon up-close observation of the functioning of minds, can make the claim to be science-like.

I shall illustrate the idea of the accumulation of knowledge by noting how new developments in psychoanalysis have filled in the places that Freud explicitly tried to sideline or that he left undeveloped or incompletely developed. Although much post-Freud psychoanalytic writing can be shown to be “already in Freud,” here I shift the emphasis – showing how things have developed sufficiently to be recognized and welcomed as significant additions to our knowledge.

The Role of the Other

Freud began with the seduction theory. The child is subjected to sexual intrusions that are too much to deal with, hence traumatic, and provide the seeds of later pathology. As he became dissatisfied with this as a universal explanation for the development of neurosis, and as he developed his view of infantile sexuality (Freud 1905) – the

infant's and child's sensual pleasures and frustrations, the fantasies that arose from them, and the inner conflicts all this engendered – took center stage instead.

In parallel, in a psychoanalysis, the focus turned heavily toward the internal life of the analysand. Now the external world and the persons in it (the patient's "objects") came to have reduced importance, replaced by attention to the patient's fantasies and the uses and distortions that he or she brought to relationships and memories; the "object" was now the thing through which the drives were gratified (Freud 1915), rather than a whole person in interaction. Though the role of the other-as-person could never disappear in actual clinical work, theory regarding that role was minimal, reduced to such issues as overgratification, undergratification, or distorted gratification of the drives. But knowing as we do about people's lives and their associational processes when on the couch, we can be sure

that the other-as-person has always played a significant role in day-to-day sessions.

I would speculate that an underlying factor in the sparse theorizing regarding the role of the other was that Freud was reaching for a universal theory. The concept of sexual drives – their inborn status and their epigenetic unfolding – provided the basis for such a theory. Though the drives became individualized as they were psychically represented and shaped by personal history, they were grounded in the universals of biology. Object relations, in their seemingly infinite variability, did not hold out an analogous promise for a universal theory.

But then ways were developed to *theorize* these object relations: specifically, the idea that painful object relations during an individual's development and the strain trauma (Kris 1956) associated with them were internalized and endlessly repeated in efforts (often failed ones) at mastery. This idea provided a universalist concept (not about

content, but about internalization of the formerly external) beyond the vagaries of individual object relational experience.

In any event, Freud's (theoretical) diminution of the role of the other, after he had turned from the seduction theory to the theory of infantile sexuality, could not make the role of the other disappear. And it has come back with great force. Object relations theory – specifically, the internalization and repetition (or reversal) of early object relations – now has a place in clinical practice fully equal to that of the drives and defenses against them. Of course, the two formulations are not unrelated, given that the growing child's sensual and sexual experiences are intimately involved in relations with primary objects, and are often the affectively intense part of those relationships. So, filling in what Freud undertheorized, the object, long relatively sidelined in favor of the intrapsychic, refound its place in the

psychoanalytic understanding of the mind and of development.

The role of the other – in this case, the analyst – has also come powerfully into our understanding of the psychoanalytic situation. But more on that shortly.

The Self

The Strachey translation of the *Standard Edition of the Work of Sigmund Freud* is generally credited with having fairly consistently replaced the word *I* with the word *ego* (though in Freud's German text, both were used), supposedly in order to portray a more definable science-like concept, instead of the rather soft, vague, and subjective concept of *I* – or, in today's literature, the *self*. The term *ego* can be defined as that part of the mind that attends to defense, adaptation, and reality testing, and as such it fits in indispensably with the view of mind as a set of forces in conflict with one another.

But, like the *other* as discussed above, the *self* is not that easily dismissed. It is too much a part of our ongoing inner experience. It is both a concept we carry about ourselves (Hartmann 1950) – such as “I’m a kind person” or “I wasn’t myself when I did that” – and a central subjective experience; and that subjectivity that belongs to us is one that we have to assume belongs to our patients as well.

The concept of self, and particularly its subjective aspect, came back powerfully in the hands of Kohut (1971, 1977, 1984), who, over time, placed it at the very center of his view of normal and pathological development and as the central focus in his view of the psychoanalytic process. While there was intense opposition to his formulations when they were first offered, they have clearly entered into our mainstream literature – I believe, in fact, with our collective sigh of relief that the language of human experience (not necessarily Kohut’s specific theory) has found its place. This place comfortably coexists with the concept of *ego*; the latter

gives recognition to those aspects of mind that function for defense, adaptation, and reality testing – something quite different from a subjective experience or a concept of self.

The field has thus been enriched. We have accumulated further understanding. We cannot get by solely with the idea that the self is a concept within the ego (Hartmann 1950) because it is also, and prominently, a subjective state, organized around boundaries (Mahler, Pine, and Bergman 1975), genuineness (Winnicott 1960a), wholeness, continuity, and esteem (Kohut 1977, 1984), and a sense of agency – or weaknesses and distortions in any of these.

But prior to Kohut, the early psychoanalytic baby watchers – Spitz (1957), Winnicott (1960a), and Mahler (1963) – had also found the concept of *self* to be indispensable for the description of the emergence of mind in the infant. There was more to the infant than drives, and there was also no way that the self – as vague and

subjective as that word is – was going to go unnoticed. Again, we filled in what had been sparse and undeveloped in Freud's work and that of the early analysts; we added to our understanding as we accumulated knowledge.

The Preoedipal Period

It was Balint (1968) who pointed out that we needed to describe what the preoedipal period *is*, and not only what it is *pre* – i.e., what it comes before. Although Freud had declared the acceptance of the centrality of the Oedipus complex as the shibboleth (1905) – the marker – of the psychoanalyst, he had also written quite extensively on preoedipal developments. He did so most articulately with his understandings of the psychosexual stages, including the preoedipal stages of orality, anality, and the partial drive states of voyeurism, exhibitionism, sadism, and masochism.

Here again, later writers have brought important new ideas to the understanding of this early period. I include Spitz (1957), once more, on the emergence of the concepts

of other and self; Mahler (1972) on the separation-individuation process; Bowlby (1969) on attachment; Winnicott (1960a) on the false self, on the intimate dependencies of mother and infant (1960b), and on the mother's role – “survival” (1963) – in facilitating the infant's ownership of impulses (1958b); and others who have recently written on early procedural learning (e.g., Wolf et al. 2000), to name just some of the major contributors in this area. Freud (1930) reached for some of these ideas with his brief discussion of the *oceanic feeling* (in response to Romain Rolland) and primary narcissism (Freud 1914b), though his most developed formulations were with respect to the preoedipal aspects of the psychosexual line of development. Later writers have enormously expanded our understanding of the beginnings of psychic life.

It should be noted that each of these later additional understandings conceptualizes a more significant role of the other, the *object* – through attachment, development of the

concept of self and other and the boundaries between them, and Balint's (1968) "harmonious interpenetrating mix-up" of the earliest period of development. We have a vastly more differentiated view of this early developmental period today, and it is steadily broadened and deepened by current researchers.

Action as a Mode of Expression

Freud recognized multiple modalities through which inner life (both conscious and unconscious) found its way to expression. Prime among these were thought, affect, and image. The whole free-association process was built upon thought and language, including both the attempt to put volitional thought aside in free association and the analysand's more directed thought in exercising his or her observer function. Affects were thought of as derivatives of the drives, as well as (and especially after the second anxiety theory) signals of danger or comfort of one sort or another in inner life or in the relation to the world. Affects,

either as drive derivative or as signal, tell us about the internal goings-on of the moment, and are represented heavily in the communicative process. Images as a form of expression had their principal place in the dream, a site of immense importance in the development of Freud's thinking. So thought, affect, and image were what the analyst attended to in decoding the inner life of the analysand.

But what of action? For Freud, by and large action was to be contained. That was one function served by the couch; because of its constraint upon action, free association could be freer. And, conceptually, dreams were similarly understood as freer, with the censor relaxing at night when the person was sleeping and action was not possible – hence dreams as the royal road to the understanding of the unconscious (Freud 1900).

There was, however, one exception, an exception of immense clinical significance, to this attempt to put action to the side. Freud's principal view of therapeutic action was that

the uncovering and reconstruction of the past, through the process of remembering, would free the analysand of neurosis. Yet, as he reports in “Remembering, Repeating, and Working-Through” (1914c), he had become aware that patients generally *act out* or *repeat* rather than remember. This takes the form of acting as though the analyst were in fact a significant figure from the past; what was repressed as a memory appears as a reenactment in the transference. For Freud, transference still took the form of “you think you are speaking about me, but it is really about someone back then.”

Today this exception regarding action has become, for some analysts, the rule; for almost all analysts, it is at least given a much broader role in the understanding of the psychoanalytic situation. The action part of the “repeating rather than remembering” is now fully seen as a major clue to mental life and is, in fact, central to the whole focus on the “here-and-now” transference – the patient’s behavior,

expressive style, and pressures upon the analyst while in the analytic office. These forms of *action* include physical presence, emotional impact, and voice tone and pace, in addition to the more usual actions of large motor behaviors; and language is seen in its action aspect as having impact, aside from its particular content and meanings.

Further, the whole idea of the repetition compulsion (Freud 1920), which Freud ultimately attributed to the tendency for life to return to the inanimate by processes of entropy (hence also the death instinct), is in fact illustrated by him in terms of trauma that cannot be mastered (the fort-da sequence [Freud 1920, p. 15] and repetition in the war neuroses) and is therefore repeated in action. In this way repetition in action also underlies the whole concept of internalized object relations – that is, the repetition in action of early relations to significant others that acted as strain trauma (Kris 1956). (For a more extended discussion of this, see Pine 1985, p. 65.)¹

So, once again, there has been an accumulation of knowledge in psychoanalysis, filling in where Freud was only sketchy, or—as here, with regard to action—where he gave mixed messages, with a central aspect focused on the gains of keeping action under control, not under the analytic microscope.

Use of the Countertransference

Freud's early recommendation was that an analyst return to treatment every five years or so; this was largely to maintain sufficient self-awareness to keep countertransferences under control. His recognition of the danger of the analyst's unconsciously (or consciously) subtly influencing or grossly invading the process out of personal need led to this recommendation. This was set against the background of Freud's long personal struggle against charges of "suggestion" as the operative force in a psychoanalysis.

But today countertransference has come back centrally into our theory of technique – another phenomenon that has moved from the banished to center stage. Via concepts like *induced states* or *projective identification* (in its two-person form), and like unconscious communication, the finding of the patient by looking into ourselves has become a recognized mode of discovery (Bollas, 1983; Heimann 1950; Racker 1953). This increases the need for the analyst's self-observation, whether or not this entails a return to analysis, because of the danger of attribution to the patient of what in fact reflects only ourselves.

Thus, everywhere we turn we can see expanding knowledge through filling in the gaps. None of this need be described as *pluralism*. It is better described as the accumulation of knowledge of the functioning of minds.

Neutrality, Anonymity, and Abstinence

As in the case of control of countertransference, focus on this triad of controls upon the analyst's expressiveness

was intended to allow the patient to lead the way in the session and in the whole process. Wisely so, I believe. The analyst's neutrality (not taking a position with regard to conflict, but focusing on analyzing), anonymity (keeping one's self out of the picture as much as possible), and abstinence (in particular, not gratifying sexual wishes or participating in angry interactions) are all meant to protect the patient from incursions by the analyst.

But, as has now been pointed out by many, total neutrality, anonymity, and abstinence are not possible. Analysts are persons, and they bring their personness into their work, both with and without awareness and inner regulation. As Gill (1994) highlighted, since the analyst's presence as an influence is bound to be in the room, it is best to be aware of it and to analyze it as it affects the process (rather than deny it or pretend it does not exist). And as he also pointed out, neutrality, anonymity, and abstinence, in whatever form they appear for a particular

analyst, are themselves presentations of a person, and as such have an influence. Since we cannot make this element disappear completely, we should be alert to it and be prepared to analyze its impact as necessary.

The Stages on Which the Analytic Drama Unfolds

For Freud, the analysis unfolded on several stages (in the sense of sites of action, as in a theater). Principally, these were the present life, the remembered and reconstructed past, and, perhaps most centrally, the transference and the dream. But following from the points described above under “Action as a Mode of Expression”, “Use of the Countertransference” (in particular, the so-called positive countertransference), and “Neutrality, Anonymity, and Abstinence” (particularly breaks in this triad), we now understand that there is another major stage for the unfolding of the analysis: that is, the here and now of the office. Things are taking place between analyst and patient; the patient is inducing something in the analyst through

behavior, mood, tempo, or whatever; the patient is bringing in aspects of character and of history through movements, moods, voice. The two persons each bring their subjectivity to the process, and they influence and relate to one another in innumerable subtle ways.

My impression is that these qualities characterize some individuals, and therefore some analyses, vastly more than they do others, but I shall discuss this more fully shortly. In any event, none of this need lead to an “anything goes” view of the process, but alerts us to a reality that requires attention – sometimes interpretation, sometimes silent learning, and sometimes self-control. But, less plagued by Freud’s concern with the impact of suggestion, we have opened our eyes to the subtleties of human interaction in the office.

Interpretation and Beyond

Gedo (1979) used the term *beyond interpretation* – the title of his book – to cover some of the many ways in

which analytic impact occurs other than through interpretation. In its most sparse, severe, or most unique form, psychoanalysis is seen as a process through which interpretation alone produces change (*structural change*, originally seen as occurring in the relations among drives, ego, and superego). Eissler's (1953) classic paper, now much criticized (Panel 1994), states this most baldly. But the idea fits with Freud's aim for psychoanalysis to be a science in which knowledge plays a central role: "Where id was, there shall ego be" (Freud 1933, p. 80).

But with the perspective of time and with greater understanding of child development, we can see that the ego grows not only through knowledge, but also through supportive relationships and powerful identifications. So, too, does growth occur in the analytic process. Whenever an analysis is going well, the patient makes identifications with the analyst's analytic function – that is, with the analyst presented as consistently thoughtful, reliable, using mind to

understand mind, and the like. And all analyses contain supportive interventions (Wallerstein, 1986) that seem to contribute their share to so-called structural change.

While Alexander's (1956) concept of the *corrective emotional experience* (p. 100) was rejected because of its playacting aspect, in its more straightforward aspect it is everywhere in our work. Rare is the analyst today who does not recognize that the analyst is a "new object" for the adult (just as has always been recognized for the child), or comes to be experienced that way over time, and that this is a basic fact of the process. This does not mean that aspects even of positive identifications or support found in the analyst's reliability and hope may not be subject to analysis – at times and for some analysands. But it is a myth to pretend that this is, or should be, pursued in every instance. There is too much else to do (or not do) in the sessions.

Agency and Other Expansions in Theories of Motivation

It was central to Freud's massive contribution to give center stage to the unconscious mind in human life. Motives of which we are not conscious drive much of our behavior, underlie our fears, and find compromise expression in our symptoms and character traits. Lichtenberg (1989) and others have expanded our views on the sources of motivation.

Elsewhere (Pine 2005) I have discussed how, in addition to the proactive motives of drive expression and control, there are proactive tendencies (acting as motivations) to repeat the strain-trauma-producing experiences of childhood, the internalized object relationships. And beyond these are the tendencies to maintain sameness (also acting as motivations) – sameness in the achieved organizations of mind (seen in resistances to change) and in maintaining a stable sense of self.

But something about conscious intent, perhaps because it was thoroughly taken for granted, had not been

sufficiently theorized. Into this gap, in a language current in today's literature, came the recognition of *agency*. In briefest form, the concept of agency can be thought of as an individual's capacity to live by the terms "I want" or "I will do" or "I shall not" – i.e., *awareness* of and behavioral implementation of personal aims. The person lives his or her aims rather than "being lived by" them. Rapaport (1953) in his concept of ego activity, Schafer (1976) in his *action language*, G. S. Klein (1976) in his focus on the person in motivation, and Person (2002) in the centrality she gives to personal power and, explicitly, agency, are all thinking in ways related to this domain.

The concept of agency gives recognition to an inner sense of being an active agent, a *source* of activity rather than a passive actor driven by inner states. It thus refers to awareness, choice, and capacity to govern personal action. Winnicott (1960a) described how early urges (the prototype being hunger) can be experienced as impingements, as not

part of the self, but how – in time and if development goes well – the child can develop recognition of these urges, a sense of ownership of them, familiarity with how they work, a trust that they will be satisfied (and therefore need not be disruptive), and a sense of choice about their gratification. In this sense, they become parts of and enrichments of the self rather than impingements. Much about the infant's need satisfaction is passive; its needs are met from the outside. *Agency* refers to the growing capacity to be active in relation to need satisfaction and elsewhere.

A person's conscious "I want" or "I shall" or "I will not" is often reflective of a strong ego (adaptive and reality oriented) and is a central constituent as well of a firm subjective sense of self. Like all the other additions to our understanding, this one, too – agency – is additive, not substitutive, with regard to prior understandings. Again, we have enriched our understanding.

Needs and Wishes

The distinctive and superordinate feature of psychoanalytic motivation theory has not only been the idea of unconscious motivation, but also the more specific idea that such motivation is organized around unconscious wishes for particular forms of gratification, unconscious guilt in relation to those wishes, and equally unconscious defenses against the wishes. But with the introduction of deficit views of human psychopathology, wishes have (for some theorists) lost their place as *the* organizing forces in the mind; and needs, specifically unmet needs, have taken a place alongside them. This view is associated with Kohut's (1977, 1984) writings and with Winnicott's (1965) before that. Lichtenberg (1989) has included ideas like these centrally in his theoretical writings, and Akhtar (1999) has thoroughly reviewed the whole area and the conceptual issues inherent in it.

Unmet needs have variant status with regard to consciousness. The basic needs for feeding and care, for personal recognition, for safety (Sandler 1960), for activity, exploration, and play (White 1963), *when unmet*, often become more “noisy” – i.e., noticeable in inner experience. Ungratified *wishes* seem more repressible or displaceable than unmet *needs*. However, it is not always the case that unmet needs are noticeable to the patient; they, too, can be warded off, and sometimes reemerge only during a psychoanalytic treatment when something about the work revives the sense of an unmet need (Pine 1994). But their status is different from wishes; they are *felt* as developmental necessities, and for the optimal development of the young child they probably are.

For expository purposes only, I shall try to link some of the basic needs to developments in the core regions of mental function that are central to psychoanalytic thinking. Thus, the developmental need to be “held” – Winnicott’s

(1960b) concept that refers, broadly, to the total environmental provision that supplements and protects the infant's functioning until it can function for itself and see the other in more differentiated ways – is central to the development of stable, trusting, and reliable object relations. And the developmental need to be seen, recognized, valued, appreciated – as described in Kohut's (1977, 1984) various writings – is central to the development of a stable sense of self, to the feeling of worth, but, even more basically, to the feeling of existing.

The developmental need for timely and adequate gratification of hunger can be seen as providing the first step in drive regulation and the "ownership" of urges, as described, once again, by Winnicott (1960a). And there is a developmental need for what Sandler (1960) refers to as *safety*—a form of safety requiring explication. In his paper, Sandler focuses on the infant's inborn press for *perceptual* stability in a predictable world, a stability that creates a

positive ego tone and is the background for the development of a strong ego, including the reality principal.² But this can be seen as a basic need – the need for the provision of a predictable perceptual world, a world in which things make sense, reoccur, and can be anticipated and recognized; in such a setting, effective ego functioning can emerge.

Thus, we can schematically think of fulfillment of some of the basic human needs as groundwork for the optimal development of trusting object relations, a core sense of self, the regulation and ownership of drives, and a well-functioning ego. Conversely, the recognition and management of unmet or faultily met developmental needs have come to be a central aspect of the clinical work with some or many patients, and the technical challenges these present are indeed formidable (Pine 1992). Speaking spatially, needs can be seen as occupying a space “underneath” – more basic than – unconscious motivation organized around wishes. To varying degrees and in

different individuals, we see varying combinations of the residue of unmet needs and ongoing conflicts and the mix of both (Pine 1994).

As I have attempted to demonstrate with this list, psychoanalysts have been engaged in the study of the workings of mind in all its aspects, and through this we have expanded our knowledge base enormously. There *are* different models of mind in our field, and strong differences in preferred technique in the psychoanalytic process. But they are differences that describe the functioning of, varyingly, *aspects* of mind, or of *one person's* mind (but less so another's), or of this mind *at this time* though not at other times. Our learnings are all additive. We have steadily accumulated understandings of the workings of mind.

SOME ISSUES IN PSYCHOANALYSIS TODAY

The understandings we have collectively achieved through our attempts to make sense of the minds, the development, the current lives, and the analytic processes of our patients transcend any specific theory of mind now extant. All our descriptions and theories are part of a much larger whole. That whole is not simple and not integrated, but it is where we are. Everything that I include in this paper, the great breadth of psychoanalytic understandings, has been relevant for me during one or another or many an analytic treatment.

Generally, the expansions in my own thinking have come because a particular patient was insistent (in one way or another) that I hear him or her as intended, and not as I was hearing at that particular moment. Often, also, these new ways of understanding have been possible because I was aware of something in our literature that described related thinking, a literature that had not become part of my

sphere of clinical thinking but permitted a readiness when a particular patient forced an education upon me.

This growth is why, at the outset, I defined the field in terms of the study of the workings of mind, the mind that we have come to know through psychoanalyses, the mind that is reality anchored yet idiosyncratically directed – the mind that is both internally driven and relationally shaped. I have tried to demonstrate what I said at the outset: that we study mind in *all* its aspects, but with a distinctive focus on its affectively suffused, unconsciously driven, characterologically shaped, historically distorted and burdened, relationally formed and contextualized, personally idiosyncratic, and self-conscious or self-state conscious aspects. This is the mind that carries the history of object relational experiences, with all their strain trauma, idealizations, fears, and denials, and that is subject to shaping by unconscious fantasy, infantile wish, the painful

sequelae of failed self states, and conflict and compromise among them all.

We are, however, as a field, far more than just a collection of understandings. We have various organizing themes around which our understandings cohere. I shall discuss four of these as I conclude: the central tasks of individual development, the central psychological issues of adult mental functioning, the intrapsychic/interpersonal dimension in the functioning of mind, and the loci of work in a clinical psychoanalysis.

The Tasks of Development

While Freud's theories touched on much of what later became central, they nonetheless gave central developmental place to the oedipal triangle – the forms of its conflicts and resolutions seen to be reverberating through an individual's life. As previously noted, for Freud (1905), this became the shibboleth defining the psychoanalyst. Following him, other analysts proposed quite different central

organizing developmental issues and crises, whether as additions or replacements to oedipal issues.

Klein's (1946) writings on the paranoid-schizoid and depressive positions offer another take on drive development from the standpoint of internal objects, though not yet real object relations. Symbiosis and separation-individuation, the infant's need for mirroring and then for idealizing in the process of self formation, and the formation of gender identity and of basic attachment style have each been described as a major defining point in individual development.

Which ones of these will present as central in the life of any particular patient? In the light of these expansions in our understanding, I view the issue of centrality as a clinical/empirical question to be answered with each new analysand, and not a theoretical one; and if the analyst's theory determines the answer, the patient may not be heard. I oppose the idea that priority should be given, or even

expected, to any specific developmental issue – be it oedipal, self-formation, paranoid-schizoid and depressive positions, separation-individuation, gender identity formation, attachment, or any other.

Clinical experience (as I read my own) teaches that every patient confronts each of these issues during the course of development and deals with each in some way – subject to family dynamics, unknown biological givens, and adventitious events. Those issues that have not been dealt with well become the center of that particular individual's analysis; they creep in every side door, repetitiously and varyingly. Those that have been dealt with relatively smoothly earlier on in development do not take center stage in that particular analysis.

Of course, these are not either-or outcomes, and every degree of variation between disturbance and smooth functioning may be seen. Furthermore, the residues of all the developmental steps affect an individual's character,

capacities, and preferences, whether or not they call for analytic attention.

Thus, our broadening understandings of aspects of the developmental process are readily organized under the idea that any one or more of them may be central in any particular analysis, with those that have not been resolved or more problematically resolved taking center stage. There is no room clinically for a theory-based assumption regarding which developmental issue will be central.

The Psychological Issues of Adult Mental Functioning

While we have accumulated uncountable understandings of the development and functioning of mind, these understandings are largely organized around the central themes of drive and defense, object relations, ego function, and the development of a sense of self. And, as just described, any of these can develop and function poorly

or well. Roughly in the sequence in which they have been formulated by analysts, we now have conceptualizations of:

- (1) inborn “drives” and their later expression in symptoms, character traits, sublimations, and such momentary phenomena as dreams, errors, and humor;
- (2) ego functioning in relation to defense against these drives, adaptation to the external world, and reality testing (which enables differentiation between that internal drive-organized world and the world outside our own selves) – and these functions can be riddled with defects of, say, impulse control, affect regulation, or object constancy, as a product of faulty development;
- (3) relations to internal objects (personifications of early affective/bodily/interpersonal states) that are carried lifelong as intrapsychic persecutory, threatening, or consoling and supportive presences;

(4) internalized object relationships endlessly played out upon others in active and passive forms, and based on fantasy and on early relationships *as experienced* (not necessarily matching “actuality”); and

(5) phenomena of self experience, which today can be broadly defined to include boundaries, self-esteem, integration, and continuity in the sense of self, as well as genuineness or falsity of the self, and *agency*.

Furthermore, similar to the factors that affect which developmental tasks are poorly or well managed, the place of each in the hierarchy of individual motives is determined by unknown biological contributions, adventitious developmental circumstances, and, most frequently, by familial response, familial models, and familial pathologies.

While historically in the development of psychoanalysis, these have often been viewed as

incompatible theories, they are not incompatible in terms of the observations out of which they grow. The multiple observations of mind simply exist and cannot be ignored. That theories with incompatible basic assumptions (cf. Killingmo 1985) have been developed out of these observations is a function of the choice that particular individuals or groups have made in an effort to make sense of the intrapsychic world. These theoretical choices, however, are not data-driven and we need not be bound by any one of them. Together, the several descriptions of the functioning of mind capture a very significant proportion of what we encounter and understand through adult clinical psychoanalyses.

Previously (Pine 1990, 2006), I have attempted to use an extension of Waelder's (1936) writings on multiple function as a practical mode of conceptually tying them together. I have noted Waelder's view that every psychic act can be seen as having functions with respect to the drives,

the superego, external reality, and the compulsion to repeat. The *degree* to which any of these functions is being served varies significantly, however, leaving room for the clinician's task of judging what is most central.

I suggested a modification and an addition to Waelder's list. The modification is to see repetition specifically in terms of the repetition of internalized object relationships (rather than Freud's more abstract proposition regarding entropy and the death instinct, but linked to his actual examples, such as the *fort-da* example). The addition is to suggest that every psychic act also has functions with regard to regulation of the current self state. This is an in-principle mode of reconciliation of the several issues of mind; it says that it is useful to keep these multiple functions in mind so as to be alert to the potential presence of any or all of them. It does not require proof that all functions are served by every psychic act. But this reconciliation can be our implicit assumption as we listen to the clinical material

that comes our way; and, in any event, it offers a way of making room for the several issues of mental function in our understanding of the workings of mind and a way of keeping our minds open to the multiple possibilities carried by every psychic act.

The Intrapsychic/Interpersonal Dimension

In the last few decades, the insistent intrapsychic focus of psychoanalytic theory and clinical work has been challenged by a variety of overlapping views highlighting the role of the other. The two-person psychology of Gill (1994) and others; the relational theory of Mitchell (1988), Aron (1996), and others; the intersubjectivity of Stolorow (1988), Ogden (1994), and others – all these are built upon the interpersonal theory of Sullivan (1953) which long precedes the current flood of ideas. Furthermore they all shift the focus, relatively, from the *intrapsychic* life of the single person to the *interpsychic* lives of two persons. This involves mutual impact and responsiveness between the two, the

subtle shaping of each by the other, and the unique way each experiences the other as a product of not just one mind, but of the way each mind takes in the other mind in unique terms.

This is something Ogden (1994) tries to capture with the *analytic third*, the unique “third” presence in the office where it seems that only two people sit. Taking into account Bowlby’s (1969) work on attachment, Winnicott’s (1975) “there is no such thing as a baby” (i.e., there is only a baby and mother interactively), and a large body of recent infant work on early interaction (Beebe and Lachmann 1988; Stern 1985; Tronick 2003), the two-personness of each individual is seen as having strong roots in the development of every human being.

What follows from this? Should we erase the intrapsychic? Yet we do have the experience of a *self*. We know we interact with and are responsive to others, but that does not stop us from feeling we exist as individuals within

our own skins, in our own minds. And we grant that experience to others as well. Yet we cannot write off interactive responsiveness.

We cannot resolve this dilemma conceptually – a dilemma that has been described with respect to the development of the child; the analytic triad of neutrality, anonymity, and abstinence (can the analyst really eliminate him- or herself as a presence?); and to the entire psychoanalytic enterprise.

All this is like a story I have frequently recalled hearing as a child. It goes like this: scientists have shown that, because of the small size of its wings compared to the bulk of its body, the bumblebee cannot fly. The bumblebee, not knowing this, flies anyway. I would ask: are we bumblebees? Do we often feel and act as though we live in a one-person-psychology world despite the dilemma I have described?

One of the problems endemic to psychoanalytic argument is the fact that it is always possible to find (or imagine, or postulate the unconscious presence of) some shard, hint, or “derivative” of whatever our favorite concept is. Thus, drive derivatives are always present – or, for Brenner (2002), drive derivative, superego derivative, defense, and anxiety or other unpleasant affect are always present. Or we might claim that the reenactment of internalized object relations is always present, or self derivatives are always present, or – as in our present instance – the presence of the other is always present, in some form, within our own behavior. We cannot rule this out and we cannot prove the negative, the nonexistence of a particular phenomenon in any of its derivative forms.

But what do we do in practice – i.e., with our patients? Two things, I believe. We carry within our analytic working minds the recognition of one-personness and two-personness, just as we carry the ideas of oedipal and

preoedipal, of expressive force and defensive activity, of conflict centrality and deficit centrality. That is, we bring to bear all of what psychoanalysis has taught us as we sit with our patients.

And second, we try to connect to whatever domain our clinical listening tells us is affectively central for this particular patient right now. This analytic maxim, to go to what is central and present, should apply to the transference or the extratransference, the self or the drive, the preoedipal or the oedipal, as well as to the two-person or the one-person viewpoint.

And yet the question can be raised of who decides, and how does the analyst – who I subject to interpersonal influence and to his or her own subjectivity – decide? *As best as he or she can*, I might reply – with awareness that there are always second chances to get it more right in analysis if our interventions seem to be landing in the wrong place. Behavior is overdetermined and multiply functional.

We cannot deal with all its aspects at every moment. So we focus on what seems – to us, and how could it be otherwise? – to be central.

Let me detour for a moment through the large body of work on *field dependence* and *field independence* by Herman Witkin (Witkin et al. 1974) and many others who followed him. These were studies of an individual difference variable that bears on the present subject. One of Witkin's prototypic measures was the tilting-chair/tilting-room experiment. The experimental subject enters a large enclosed, windowless cube (perhaps six feet in each dimension) and is seated on a chair inside. The large cube (the "room") can be tilted to any angle, and the chair can be tilted at any angle inside it, independently. The subject enters, sits, and the room and the chair are then tilted. The subject's task is to set the chair to the true vertical (with reference to the *outside* room, not to the cube—in effect, to the earth itself).

Some persons are highly dependent upon the field of vision – the cube – and set the “vertical” more or less in relation to that. Others are quite independent of the field of vision and seem to use bodily cues to determine the true vertical with respect to the outside-the-cube world. Field dependence and field independence turn out to be very stable characteristics that can be assessed across a large range of experimental procedures. For example, field-dependent individuals remember faces much more than do field-independent individuals, and are more prone to shame (other-directed) than to guilt.

The relevance for us should be obvious. Dependence on the field, i.e., the other, varies among individuals; no one is always one way, but some are more in their own heads and bodies than others. And some are more alert to the interpersonal and physical field around them than others. The body of research is impressive. But we also come to know this as we listen to our particular patients. And we can

be aware of this phenomenon more readily today, now that two-person, relational, intersubjective theories have forced us to reconsider any exclusively intrapsychic focus. If the patient's focus on the within-self or the between-selves seems to be defensive or denying, then we may have to enter in to locate the defended-against part. If that is where that patient "lives" emotional life, then that is the place the analyst should be – either in the one-person world or the two-person world. Whatever the analyst's preferred theory, the patient's functioning at the moment takes center stage. We do not want to subject patients to our theoretical "always" – whether that *always* is intrapsychic or interpsychic.

Of course, many things are both/and (not either/or), and everyone is probably both/and (rather than either/or) at varying times during the analysis. But in all regions of disputed preferences – drive-defense, oedipal-preoedipal, conflict-deficit, drive-self, drive-object, and intrapsychic-

interpsychic – we seek to find the patient’s present whereabouts.

This discussion leads directly to my fourth and last subject.

The Loci of Work in a Clinical Psychoanalysis: Stages³

Freud carried out his self-analysis largely on the stage of dreams and associations; though he worked with transference with his patients from early on, he did not have this available in a self-analysis. Since then we have become aware of many more stages of the analytic drama. Freud might well not recognize *transference* as we understand it today. Starting from his “you think you are talking about me, but it is really someone else back then,” transference has moved on to “you think you are talking about someone else, out there or back then, but it is really about me” (e.g., Gill 1982). Couch (1995), writing of his analysis with Anna Freud, said she never took this conceptual step, a point that

highlights that it is indeed a change. And change did not stop there. It moved, for many, to “it does not matter what you are talking about, for things are happening between us right here in the room, and that is the site of the analytic drama” (e.g., Joseph 1985).

That *between us* and *here and now* reflects a whole set of additional stages of the analytic drama that have been formulated in recent decades. So now we work with countertransference responses as empathic “readings” of the patient, affective states in the analyst induced by the patient, transference-countertransference enactments and role responsiveness, and analyst–analysand interactions of innumerable sorts. Still, the other stages cannot be put aside. Work on the stage of the dream, which sometimes provides access to early memories (Brakel 1993; Bucci 1985; Pulver 1987), additionally holds special possibilities for emotional conviction when an entirely unexpected

association transforms the obscure and nonsensical dream to a meaningful personal revelation.

The conceptually neglected stage of the patient's current outside life deserves our full attention as well, because it is frequently the place where the patient's main affective involvement lies. We bring things into the transference to go where the emotional heat is, but we should not forget that life has that heat, too. Each new life situation can get "grabbed" by the patient's old urges and conflicts and become the site of one more repetition of something from inside or from the past.

In addition, work on the stage of the remembered and reconstructed life history, so central in Freud's "archaeological" view, can provide a frame for the patient's overall understanding of his or her life – a frame that can be immensely useful in eventual self-analysis, that holds the possibility for self-acceptance of one's only historical reality (life cannot be lived over), and, in instances of defect (in ego

functions) or deficit (in caretaker input), sometimes provides the psychic distance necessary for the patient to approach these issues without severe humiliation and narcissistic wounding. Today, an analyst who does not include the potential for working with any and all these stages on which the analytic action may be expressed may not hear the language in which one or another patient tells his or her story.

Putting together all that I have been discussing in this section of the paper, I suggest that any of the issues of mind, representing residue of any of the crises and choice points in development, can find expression on any of the stages of the analytic drama in the sessions. Further, and in reverse, on whichever of the many stages the current analytic action is being expressed, the substantive meanings thus expressed, when understood in depth, will still have to do with the same basic issues of mind and development.

Those are the issues of human functioning that we have come to understand through a century of psychoanalytic observation; and all of those mentioned are the sites of the analytic action that we have learned to be attuned to.

CONCLUDING REMARKS

In this paper, I have tried to replace the concept of pluralism with a view of psychoanalysis as having accumulated extensive knowledge about the workings of mind. This view represents a commitment, in Kernberg's (1986) terms, to the scientific aspects of psychoanalysis rather than its religious aspects. The former is open and exploratory; the latter, more ritualistic and loyal to doctrine. Unfortunately, as I see it, the religious aspect comes to apply, for some, to new theories that replace the old. An accumulation-of-knowledge view, an open observational-science view, will serve us well regarding our own professional identities and the image we present to the world. It is also, I believe, more accurate.

In arguing for this point of view, I have used an approach that takes the omissions and exclusions in Freud's writings as starting points for describing the way subsequent developments have filled in the gaps, giving us a vastly more

differentiated understanding of the workings of mind: the issues and tasks of development and the issues and tasks of the adult mind as it appears through psychoanalytic listening, and the psychoanalytic situation itself.

We can imagine, ironically, that if Freud, with his creative mind, had lived fifty years longer, he might have developed many of these ideas himself, in which case they would have been part of the “received wisdom” rather than seen as oppositional. In any event, we have vastly expanded our knowledge of the workings of mind since his death.

To take such a stand requires each of us to adopt a position of *equidistance* (A. Freud 1936), parallel to the clinical situation, but here with regard to the extant theories of psychoanalysis. This requires clinical listening with all (or many) of our theories in the back of our minds, such that any can surface as it fits the clinical moment. From another perspective, the aim is to achieve a relative autonomy (Rapaport 1957) from particular theories so that we can

move freely among them. In achieving a stance of equidistance or autonomy, as just described, it will help to keep a focus on the observations underpinning the several theories. They are, as Freud (1915) said, our core of knowledge. Theories are created by individuals and subscribed to by groups. But they can come and go, be amended and altered, or of course stand the test of time. And, observations, though subject to shifts in understanding, are what remain.

Psychoanalysis has grown in the course of its now more than one century. We should take such growth for granted, and we can also celebrate it. Growth has given us a much expanded and differentiated vocabulary for making sense of individual sessions, of individual personalities, and of individual life histories.

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NOTES

¹ In my reading of it, “repeating rather than remembering” carried a somewhat pejorative tone, the true aim being to move toward remembering; repeating in action was a detour, though apparently a necessary one in human functioning. I believe that this pejorative tone is what provided the slippage into the use of the term *acting out* to describe those who behave antisocially, without regard to any such idea as repeating rather than remembering, but simply pejoratively.

² I wish to thank Deborah Browning, Ph.D. for calling this particular understanding to my attention.

³ I use the term *stages* here as earlier: to refer to sites on which the analytic action is expressed, not with reference to temporal stages of analysis or of development.

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