MATTERS OF FACT OR FLIGHTS OF FANCY?

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WAY BEYOND FREUD

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In a recent review of the book *On Bearing Unbearable States of Mind* by Ruth Riesenberg-Malcolm, Roy Schafer reminds us that the phenomena in a clinical hour (and the analyst's reactions to them)

> are not inevitable, unmistakable empirical discoveries being made in some mind-independent natural world. . . [W]e must not confuse what is searched for systematically with what is; similarly, we must distinguish what is merely supposed to be so on the basis of some general doctrine from what has been carefully worked out through all the trials and tribulations of clinical interpretation. (Schafer, 2000, p. 832)

If we enlarge on this distinction, it would seem to follow that the patterns observed by the analyst, found useful, often healing, by the patient and convincing by readers of the case report are not necessarily *in* the material or *in* the hour. A panel of analysts, listening to a recording of the session, would probably not arrive independently at the same formulation discovered by the analyst and a computer program, tuned to detect subtle changes in word usage or word combination, would clearly not necessarily start flashing "Eureka!" when a specific clinical happening was first detected. An analytic interpretation, therefore, stands on quite different grounds than a suddenly elevated PSA (prostate specific antigen). This marker is patently

present in the patient's blood and can be reliably observed by a panel of experts; the clinical happening, on the other hand, may or may not be noticed (and its interpretation may or may not be helpful to the patient).

Because of this slippage between what happened in the hour and how it is interpreted, we may have reason to worry about the truth value of our literature of case reports. These, after all, are largely based on memory and who is to say how faithfully they conform to the events of the session? Convincing case reports all too often make it seem as if the analyst's intervention were the only possible response whereas we know, from later discussion with colleagues, that what seems obvious or elementary (to us) is often found by others to be hard to follow, unlikely or even bizarre. The analyst's contents of consciousness at the time of the session, frequently out of awareness and almost never included in the case report, has everything to do with just how he or she hears and understands the material and frames an interpretation. But these contents are almost never known to others. We know next to nothing about the way personal experiences combine to create these contents and, in the process, increase the analyst's awareness of this or that issue, shaping the wording and timing of an interpretation and influencing (down the line) the very texture of the case report to make it more or less convincing.

If the key pieces of a clinical happening are not always in the material,

we begin to see that too much focus on high-fidelity recordings of a session may be seriously misplaced. We may have an accurate and complete account of the words spoken but this gives us almost no information about their connotations at the moment. What is more, words alone say nothing about such paralinguistic features as pauses or inflections which may make the difference between what is clinically important and what goes unheard. And no analysis of past recordings, no matter how complete, can tell us why the analyst chose to use one particular metaphor to reframe the material or why his or her attention was drawn to certain parts of the session.

In the same issue of the *International Journal of Psycho-Analysis* as Roy Schafer's book review, Betty Joseph describes an adolescent who comes into a Monday session and begins a string of sentences almost before she reaches the couch. One of the events described was the discovery that she had killed her goldfish by giving them too much food. Joseph senses a connection between overfeeding the fish and "overfeeding" the analyst. "It is significant that the way Jenny talks from the beginning of the session is quite overwhelming, as if aimed at preventing me from responding, and as became clearer, pushing my interpretations into her. She puts in too much food, too massive a communication, which pollutes the whole analytic atmosphere" (Joseph, 2000, p. 643).

The metaphor of overfeeding gives us a way of sensing what the analyst

was feeling as she listened to this patient talking nonstop; once Joseph makes the connection for us, it seems reasonable and insightful. But notice that the feeding-the-analyst metaphor does not appear in the material. Nor does it follow that another analyst would feel quite the same pressure of speech. If Jenny's speech pattern had seemed, to a second analyst, to be rather ordinary and relaxed, there is less chance that the metaphor of overfeeding would come to mind and with it, the link to killing the goldfish.

We next learn that another reason for Jenny's nonstop talking is to persuade the analyst that the world is as she sees it and reduce the chance of disagreement. To hear another point of view is to risk being invaded and suffocated—again the overfeeding metaphor, with shades of being poisoned or drugged.

To talk things over is to risk annihilation; only by keeping the analyst quiet (by talking nonstop) can this threat be removed. In similar fashion, the best response to a challenging interpretation is to feign agreement, set it aside, and continue talking as if nothing had happened.

None of this is said by the patient, "but as the treatment goes on it is increasingly apparent that the agreeableness is a kind of drug that the patient uses to placate and sedate her object and to protect herself from violent intrusion by the object" (Joseph, 2000, p. 648). Just how it becomes apparent

is never fully explained but we can assume that something in Joseph's clinical experience or style of listening had prepared her to hear Jenny's material as overwhelming, nonresponsive and invasive. This experience may have given her (via projective identification) the hunch that similar feelings were triggered in the patient whenever she was exposed to an argument she could not answer.

IMPLICATIONS

Several conclusions follow from the fact that interpretations do not flow directly from the material. The gap between what was said in the session and how it was framed by the analyst makes us wonder, first of all, whether detailed research on the transcript alone can ever lead to useful findings in the long run. If the healing metaphor is not contained in the material, then we should be asking more about where it came from and how good clinicians are able to sense the useful metaphor at just the right moment. The impact of an insightful interpretation—its contribution to the clinical texture of the session—is something like the impact of an inspired director on the production of a play. The bare script tells us almost nothing about where the actors should stand, how they might move, and how long they might wait before responding; indeed, the magic of good direction lies in an almost mystical intuition of how a scene should be blocked, lit, and acted. Ditto for the healing analyst. Perhaps all psychoanalytic candidates should study the performing

arts in more detail and learn from good directors how they learn to listen.

A similar disjunction is now being actively discussed by historians.

> The conventional procedures of socio-cultural history are perceived as implying that meanings are not produced as actual, "material" events within the dense interrelations of systems of signs but are epiphenomenal and determined by an extralinguistic reality through relations of cause, reflection, representation, analogy, or expression.

As a result,

> all forms of historical evidence have not only a referential, "documentary" dimension . . . but they also exhibit a 'work-like' dimension as acts of meaning-production in which the given forms and contents are set into new patterns of relationship in order to constitute a new meaningful reality. (Toews, 1987, p. 885, in a summary review of recent historical texts)

Part of this new approach to document study argues that language should be seen "as a system of signs within which worlds are constructed rather than reflected" (Toews, 1987, p. 887, in a comment on work by the historian Peter Jelavich; see also Rorty, 1979). By this reading, the manuscript (or analytic transcript) marks only the beginning of a process which ends, minutes or days or years later, in an understanding which can be captured in language. The transcript, no matter how faithful, only gives us brief glimpses of the analytic conversation and to fully understand the process by which specific symptoms were converted into intelligible discourse, we need

something closer to timelapse photography, which might let us see how change took place over time. This emphasis on the importance of discourse makes us realize that the patient's voice in the conversation is almost always silent; as in the Sherlock Holmes story about the dog who didn't bark in the night, we notice it more by its absence than by what it contributes.

A second implication sheds some light on why our clinical literature contains so few convincing examples of effective interpretations—the words alone are simply not sufficient (see Spence, 1992). What was said by the analyst is always filtered through the patient's context of consciousness and without knowing what the analysand was thinking at the moment the analyst spoke, we have no way of knowing what was heard. Clues to this context can sometimes be deduced from the patient's response to the intervention, but in a high proportion of cases this response is omitted. Joseph's account stands out because it describes the patient's response at length and uses it to further refine the overriding metaphor.

Third, we need to realize that because of the slippage between what actually happened in the hour and its subsequent case report, the bulk of our clinical literature cannot be taken as a body of evidence but must be seen as a set of associations—some reliable, some not. While it is usually assumed that standard psychoanalytic doctrine has been borne out by case studies, we now have reason to wonder whether the match is more contrived than real. In

choosing what parts of a case to publish, we might suspect that the vignettes selected are the ones that best exemplify pieces of received theory. Sections that seem to violate standard doctrine may simply be left out of the final write-up. Because no case presentation is exhaustive, we never know what is left out, and a quick reading of this or that case may be more misleading than otherwise because the clinical story being told is, more often than we might suspect, the story of what ought to happen rather than what did.

AVAILABLE MEASURING INSTRUMENTS

Continued devotion to conventional (quantitative) research as a supplement to clinical reports has produced some intermittent successes but much to everyone's disappointment, has been unable to develop an overarching theory that applies to all cases. Nor has conventional research produced a measuring instrument which is uniquely sensitive to the typical concerns of the practicing analyst. Scales aplenty have been applied to recorded transcripts but turning the average hour into a set of numbers does not seem to bring us any closer to the inspiration for this or that interpretation or precisely how countertransference pressure molded the analyst's vocabulary and turn of phrase. Scales cannot take a reading of the key themes which circulate silently through both patient's and analyst's thoughts (their partly observed contents of consciousness which is almost never spoken of during a session), nor are they responsive to subtle changes

over time in a favorite memory or obtrusive dream.

A similar concern has been sounded by Andre Green.

> It is my belief [he writes] that all the researches on the psychoanalytic cure
> have failed to discover truly significant facts. . . There is a neglect in most
> of the investigations of the specificity of what is intrapsychic and
> unconscious, and an underestimation of the parameters of the analytic
> situation . . . . (Green, 1996a, p. 12)

Significant support for this charge may be found in a cursory analysis of the recent psychoanalytic literature: sampling from the three main psychoanalytic journals, we find that clinical papers almost never cite quantitative research findings. The attempt inspired by the hard sciences to reduce psychoanalytic practice to a set of general laws has largely failed. Many social scientists have come to agree with Flyvbjerg (2001) that "social science never has been, and probably never will be, able to develop the type of explanatory and predictive theory that is the ideal and hallmark of natural science" (p. 4). In more technical language, he argues that "in the study of human affairs, there exists only context-dependent knowledge, which thus presently rules out the possibility of epistemic theoretical construction" (p. 71).

If we turn, then, to the case study as the road to greater knowledge, what do we find? Two kinds of context seem missing—the participants' context of consciousness, already discussed, and what might be called a

context of cases. Psychoanalysis has always prided itself on its extensive literature of case reports but we are now beginning to wonder (as noted above) how much they reflect the actual happenings within the hour; at the least, these reports must be viewed with caution. And even if we could find some way to separate the more reliable pieces from the rest, no way has been found to assemble them into a meaningful and inter-connected universe of meanings. We still have not learned how to build on the data of the analytic hour and turn it into a collection that is cumulative, comprehensive (if not always exhaustive), and one that lends itself to cross-indexing (and other kinds of cataloguing) and is compatible with computer-based search engines. We have focused our computer interests largely on Strachey's *Standard Edition* of Freud and the published psychoanalytic literature; little thought has been given to how to process incoming case reports and how to build up an archive for the future. We have many anecdotal reports but because these stories are for the most part uncorroborated, fragmentary and based largely on memory, they can hardly be taken as reference points to real happenings. Instead, they are probably more valuable for what they say about the author.

The interest in storytelling comes not only from a wish to compete with Freud; it follows naturally from one of the analyst's main activities in his daily work. The central burden of Schafer's *Retelling a Life* (1992) holds that the analyst's primary function is to work with the patient to fashion a coherent account of both his early and his current life. Schafer's view of the process is

shared by many other contemporary analysts. Relevant storylines are discovered in the course of treatment and these are used to organize early memories and provide a perspective on the larger life unfolding. The analyst is seen as an influential coauthor of a

> text which is the product of more or less co-ordinated sets of storylines that allow the analyst to present in a comprehensive way what are being counted as relevant and significant facts according to the particular methods and organization implied by their storylines. (Morrison, 1999, pp. 216-217)

In constructing his storyline, the analyst is alert to the

> gaps and contradictions in the patient's account of his or her past and present life; taboo subjects and subjects too painful to discuss; family myths that transform major features of the circumstances in which the patient developed and now lives; ununderstood compulsions, moods, aches and pains; missing satisfactions and stunted interests . . . . (Schafer, 1999, p. 223)

Interpretations, reconstructions and alternative formulations can be seen as the provisional building blocks of a larger narrative which is gradually and jointly constructed by patient and analyst in the course of treatment.

If we assume that creating this account is an important aspect of analytic work, then it is no surprise that when the analyst comes to writing up the case, he or she construes the task in much the same manner. It is the overarching storyline that gives the case report its shape and significance and

which goes a long way toward making it readable and ready for publication. And we might suspect that editors are also influenced by these concerns and might easily prefer a dramatic but piecemeal account to a fact-strewn chronicle with no obvious narrative focus. Our most famous cases, after all. are those that read like stories and in their telling, important details often get lost. But as we have seen, once we turn clinical reports into short or short-short stories, we have pretty much abandoned the possibility of combining them into a useful archive. The two genres—chronicle and narrative—are essentially contradictory in both style and content.

How can we find a way of separating fantasy from fact in our case reports? What is needed is some kind of controlling context—perhaps an archive of clinical happenings organized around common themes. As we begin to accumulate repeated samplings of similar clinical moments, a kind of formal order might emerge which could surprise us, a regularity which suggests more lawfulness in the process than we have grown to expect. Suppose we collected, in as much detail as possible, all cases in which the patient was exposed to an increasingly pregnant analyst. What kind of common themes would appear? An accumulating archive would give us a chance to study how derivatives change over time as the stimulus (the analyst's pregnant condition) comes more clearly into consciousness. Do the derivatives of this gradually appearing stimulus first appear in dreams? When they later become visible in associations, are the indicators of early

pregnancy more disguised (as theory might predict) than later derivatives? Does this disguise function largely to keep the patient unaware of the changing state of the analyst?

As the analyst's pregnancy comes more fully into awareness, do we find that the derivatives emerge in a natural sequence which is correlated with awareness and might be used to predict when the patient will recognize the analyst's condition? Does the sequence vary according to the sex of the patient? If a woman, according to her parity? Is the sequence inversely correlated with the workings of the primary process? Can it be used to predict the patient's reaction to the announcement of the analyst's pregnancy? We might suspect that a sudden upwelling of derivatives might be a promising indicator of the patient's readiness to hear the full story. On the other hand, were the analyst to announce her condition before a certain number of these derivatives had appeared, she might run the risk of either a more negative patient reaction or a frank expression of disbelief.

A small number of papers describing the patient's reaction to his or her analyst's pregnancy have appeared in the literature, but all too often they lack the kind of detail that would settle these issues and they are written in a variety of formats which makes close comparison difficult. For example: "Two years later the analyst became pregnant. The patient did not appear to notice in the early months, other than to comment that she seemed to be putting on

weight. . . Only when she was in her sixth month did the patient observe that the analyst was pregnant" (Uyehara et al., 1995, p. 121). We might suspect that a closer analysis of the sessions leading up to the patient's awareness might also reveal hidden or overlooked references to her condition, but given the fragmentary report, we are unable to pursue this question.

In another example from the same paper, the authors report that "the patient's awareness of her analyst's pregnancy emerged through dreams and associations related to pregnancy, abortion and childhood" (p. 122). What were the details? Do they resemble association of other patients in similar situations? Only a detailed archive would answer these questions.

Mariotti (1993) describes a male patient who seemed to have some early awareness that his analyst was pregnant as early as the second month. In his associations, he mentions a problem he is having with a locksmith and is reminded of how many ways there are to enter his house from the front. (By contrast, he remembers, there is only one entrance from the back.) Could this material be taken as a reference to insemination? Some days later, he reports that a pregnant girl he met at a party had miscarried; he wonders if it were somehow his fault. At this point the analyst discloses that she is pregnant. The patient becomes sarcastic and upset and we might wonder why. Was he in fact unaware of the pregnancy? Did he dislike being reminded of the miscarriage? His strong negative reaction raises the possibility that the

analyst spoke too soon, that she was reading too much meaning into his associations, and that what seemed like preconscious clues in the material could be more easily explained on more routine grounds. If a larger database were available and a more systematic, archival approach had been used, we could easily assess the frequency (and thus the likelihood) of his locksmith associations and estimate the chances that they were, in fact, derivatives of a preconscious pregnancy theme.

It can be seen that a useful archival account of an hour must stifle the usual temptation to speculate on the material and to read between the lines. To write an adequately detailed account is, by definition, to set aside the story-telling tradition of the case report and to settle for a much leaner, even repetitive account that faces largely toward the future. In the process of building up the archive, it may be necessary to restrict this approach to only a handful of key moments and, as a necessary next step, to arrive at an arrangement whereby the editors of the major psychoanalytic journals would agree on a certain set of archival standards. They might decide, for example, that any case report that mentions a pregnant analyst must use a restricted set of key terms, include verbatim excerpts of dreams and associations, and find some way to sample the material over a time span that starts with the analyst's first awareness of her pregnancy until it becomes recognized by the patient.

INDEX OF CHRISTIAN ART

The inspiration for this line of thinking can be found in the Index of Christian Art because it provides an outstanding example of how a "soft" science (art history) can be systematic, cumulative and formally disciplined. Whereas analysts have been more than casual in the manner in which they report and catalog clinical happenings, there is nothing in the subject matter that requires this to be the case. Much can be learned from a careful study of the Christian Index which can serve as an opposite example. Founded in 1917 by Dr. Rufus Morley (an art historian at Princeton), its goal is to catalogue, by subject and picture type, all known specimens of Christian art (whether paintings, frescos, sculptures or any other form) from early apostolic times to 1400 A.D. Each specimen is briefly described, using a standard set of Index terms, and cross-referenced to one or more photographs. Accompanying the description is a brief history of the specimen and a short bibliography. The collection is intended to record every significant detail of every work of Christian art for which the curators could obtain an illustration (see Woodruff, 1942). More than 1,000 new objects are added every year as archaeologists and archivists continue to uncover pieces of the past. Work is now under way to computerize the database and make it possible to use the standard Index terms as key words to search for relevant examples.

The overarching concern for completeness in compiling the Index

means that what were initially sensed as uninteresting details may take on new significance as larger patterns emerge; it also means that one can quickly connect new findings with past discoveries because all entries in the card catalogue are written in a common language and use a standard format. As a result, it is fairly straightforward to instantiate such categories as Animal: Fantastic (e.g., centaurs, griffins and dragons) and Personification: Vice (e.g., cruelty, cowardice and vanity).

For an example of how the Index can further our understanding of Christian art, consider the Annunciation of the Virgin Mary—the moment when she is informed (usually by the Angel Gabriel) that she is with child (incarnated with Christ). This subject is considered by many (John Ruskin among others) to be one of the most painted topics in Christian art and as of March, 2000, it took up 10 drawers in the Index card catalogue. What has the Index added to our understanding of this famous scene? Firstly, it has provided an enumeration of its classical features—e.g., the Angel Gabriel and the Virgin, the position and stance of these two figures, and their relation to the Holy Ghost. The Virgin frequently holds a spindle; a vase of lilies often appears between Mary and the angel. The angel is usually on the left and kneeling; the Virgin is often seated and the two figures are often divided by a column or wall. God (with halo) may appear in the upper left with a shaft of rays striking the Virgin; a dove is often visible part way along the shaft and sliding down the rays (see Robb, 1936). The Virgin may be seated under a

canopy.

Other symbols of purity often include a water basin, towel, unspotted mirror, water carafe, rose without thorns, an enclosed garden, and a sealed fountain. It would be a simple matter, using the Index and its computer linkages, to come up with a frequency count of each of these items and the order in which they appeared throughout the Christian era. A careful study of this subject can sensitize us to the essential features of the Annunciation and make us more aware of other examples which may have escaped notice. One scholar (Denny, 1977) has documented the fact that the position of Gabriel, vis a vis Mary, changed from right to left around 5th century A.D; he suggests possible reasons why this reversal took place, what it implies with respect to the role of Mary and her relation to God's messenger, and the changing significance of the Incarnation. Other features of the Annunciation invite a similar kind of analysis.

Here are two descriptions of the Annunciation taken from the Index:

Within architectural frame decorated with masks, Gabriel decorated nimbus [halo], scroll with inscription from Luke, i, 28 in draped L hand, R extended toward Virgin Mary, decorated nimbus, book in L hand, R raised, dove of Holy Ghost above her head; flanking lilies in vase; patterned background.

Gabriel nimbed [wearing halo], with peacock wings, kneeling, R hand raised beside scroll with inscription from Luke, i, 28; dove of Holy Ghost descending on rays from arc of heaven to Virgin Mary crowned, scalloped

nimbus, hands crossed, scroll with inscription from Luke, i, 38 in L, seated on throne.

The emphasis on detail crowds out the story; no attempt is made to speculate about the meaning or significance of any part of the image. We are struck by an almost ruthless focus on concrete particulars. By the same token, it is the similarity of detail and language from one description to the next that gives us the opportunity to accumulate and organize information and fit the individual specimens into some larger pattern. Each new acquisition adds to our current understanding and we see how knowledge can accumulate as easily in art history as in the harder sciences. By comparison, each new report in the psychoanalytic literature about the patient's reaction to a pregnant analyst is read once and largely forgotten. It is usually presented in a way that cannot be compared with earlier or future reports and does not increase our larger understanding. Titled in a way that makes it often impossible to find again, it leaves no measurable trace.

Suppose the principles governing the Index were applied to distinctive happenings in a psychoanalytic hour; could they also be catalogued in a way that would make them useful to future scholars? The subject matter of psychoanalysis is also composed of a limited number of meanings expressed in a limited number of different ways (associations, dreams, symptoms, parapraxes, etc.). In parallel with Christian art, the clinical happenings that take place in analytic hours could also be catalogued and compared, with the

better representations helping us to understand the poorer. But in keeping with our emphasis on context, the bare bones of an Index entry would have to be supplemented by the participants' thoughts about the interchange, how it was understood and what associations it triggered.

CLOSING THE GAP

Does an archive of this kind help to bridge Schafer's original distinction between what is suggested by theory and what has been worked out over the course of treatment? The Index would sensitize us to ways in which themes develop over time, give added meaning to single happenings, and make us aware of what might be called the developmental history of certain kinds of common phenomena. An ideal Index might include such frequently recurring themes as the patient's first dream; the first session after vacation; the last session before termination or before vacation; the hour when the date of an upcoming vacation is mentioned; the first session after a cancellation; the first session after a change of appointment time; the first session containing a new memory; and the first session after a missed appointment. A focus on any one of these themes could look for family resemblances across hours and across patients, duplicating the rationale of the Index of Christian Art in its search for common themes across different artists who are all rendering a common subject. But psychoanalytic *process* can also be studied by gathering evidence for early warnings of specific happenings. We have already described how we

might search for the patient's awareness of the analyst's pregnancy; similar questions might be asked about how and when the patient anticipates an unexpected illness or interruption (see Dewald, 1982; Frayn, 1987; Gervais, 1994; and Pizer, 1997, for prominent examples). Early signs of recurrent illness (e.g., a growing depression or an upsurge of symptoms) or the onset of an upsetting, private event (e.g., a death in the family) might prompt the analyst to start gathering more detailed process notes; when these are reviewed and combined with data from other patients, we might detect an early sensitivity to the upcoming trauma in the patient's material.

Suppose we had collected a sample of hours which included some mention of the analyst's upcoming vacation; what kind of pattern might emerge? We can take a paper by Ramzy (1974) as a possible template. He described a patient who had discovered, just before the session, that his cleaning lady had not appeared at the expected time. Ramzy made the following comment: "Your earlier thoughts about the cleaning lady which occurred to you on the way here and your worry over losing her makes me think that they may be connected with my upcoming absence for the next two weeks, starting next Monday" (p. 546). I was recently told of a patient surprised by the abrupt resignation of his secretary and who related this worry to his analyst's upcoming vacation. The analyst wondered whether he might be afraid that he, the analyst, might not be coming back. This kind of displacement occurs so frequently that most practitioners are sensitized to its

possibility and confidently expect that announcement of a vacation will be followed, almost automatically, by mention of one or more parallel separations, real or imaginary.

A systematic collection of such incidents might reveal the more important variants of a single pattern: concern about the analyst and his or her imminent disappearance is displaced on to another employee—cleaning lady, secretary, etc. An important qualifier might turn out to be the amount of advance warning given the patient. A notice given two or more months before the upcoming vacation might trigger a more benign response and perhaps invoke a servant of higher status—e.g., butler—than one that was left until the last minute. Early notice of an interruption might trigger a more distant or disguised association—e.g., a related memory or a reference to a book or movie—than a more abrupt warning.

Now suppose that an inexperienced analyst had just announced that he would be leaving shortly on vacation. Acquaintance with the Index could alert him to the possibility that some kind of displacement would be expected and he would start to listen for parallel reactions. Prepared by the Index, he would be better equipped to detect the Ramzy template and its more frequent variations. It is this preparation that makes the difference between the novice and higher levels of expertise. Flyvbjerg (2001) has argued that high levels of decision making demand a perspective which "enables certain key features of

a situation to stand out, while others recede into the background . . . No objective choice or conscious evaluation of appropriateness takes place, which is the case in selecting elements, rules and plans" (p. 16); rather, the performer is governed by an overall Gestalt. If the analyst is sensitized to the Ramzy template, he can more easily appreciate the link between loss or cancellation and an upcoming vacation; the data may still not be entirely transparent but the distance between utterance and formulation has been appreciably shortened.

More generally, the presence of such an Index would serve as a reference norm against which new case reports could be judged. It would supply a controlling context that is based on actual happenings, not on standard theory, and would give us a way of assessing the truth value of each new report. As the archive began to grow, we would begin to understand the range of reactions to, say, the analyst's emerging pregnancy or her upcoming vacation. Reactions which fell outside this range might be looked at more critically and discussed with more hesitation; reports which fell within normal limits would strengthen our sense that a real phenomenon was emerging and could be incorporated into new theory.

CONCLUSIONS

Holzman and Aronson (1992) have attacked the hermeneutic tradition

in psychoanalysis on the grounds that it offers no rules of procedure and that it "accepts the view that there is a logical distinction between scientific and other realms of explanation." They continue: "But, indeed, there are no qualitatively different kinds of explanation and different epistemologies, one requiring test and manipulation of physical reality, the other requiring reflection on the nature of experience via reenactment and vicarious participation" (p. 80).

We quite agree: explanation is of a piece because nature is indivisible. But precisely because explanation is blind to the nature of the data, logical conclusions can be drawn from verbal accounts as well as from numerical data (and as the archive grows, many of the verbal conclusions can be put into quantitative form). Thus it does not follow that the interpretative disciplines (the so-called soft sciences) are at an explanatory disadvantage or that adopting a hermeneutic tradition is to adopt a different standard of validation. The growth of art history as an established discipline shows quite clearly that reliable judgments can be made about nonnumerical data; that similarities and differences can be systematically analyzed and that reasonable experts can agree on the period and often the creator of an unknown fresco or painting. An authority on early Christian art, presented with an unidentified painting of the Annunciation showing Mary on the left and Gabriel on the right, would almost certainly conclude that such a specimen was created before the sixth century because, as we have seen, it

was after that date that the tradition of showing Gabriel on the left was firmly established (see Denny, 1977). As the database of early Christian art continues to grow and as computer searches become more refined, arriving at a justified provenance will become more and more straightforward.

A similar future is in store for psychoanalysis—but only on the condition that we find some way to prevent our clinical experience from disappearing soon after it is put into words. To reinforce Freud's belief that psychoanalysis is "founded securely upon the observation of the facts of mental life" (Freud, 1926, p. 721), we need to (a) ground these observations in a limited and unambiguous vocabulary of descriptive terms; (b) develop a literature that is cumulative and cross-referenced; and (c) find ways of making this literature accessible to future analysts so that key observations will not be lost because of vague titles or a poor choice of key words. We need to find ways to resist the lure of the narrative tradition and realize that a report of clinical happenings is a different genre than making an interpretation or spinning out a storyline. To be useful for future generations, the clinical report must necessarily be somewhat boring, more than a little repetitious, limited to a specific vocabulary, and routinely complemented by the analyst's and patient's context of consciousness.

Holzman and Aronson (1992) have made the claim that a hermeneutic approach entails what they term the "nihilistic position" which states that

"psychoanalytic hypotheses and propositions are incapable of confirmation or disconfirmation by any means, whether by clinical or extraclinical methods. Psychoanalysis is, in this view, not a scientific enterprise, and generalizations are defied in the face of a discipline that confronts only individuality" (p. 76). Not necessarily true. Patients are certainly treated one case at a time but in the accumulation of cases, a lawfulness may emerge which can lend itself to a deeper understanding of everyday clinical phenomena; such a regularity can nourish both theory and practice. Because this lawfulness will emerge across a sample of patients, it is also protected from the charge made by Grünbaum (1984) that data from a clinical hour are necessarily contaminated by the participants' knowledge of the theory. Emerging regularities will very likely be unexpected and therefore not contained in present theory or anticipated either by patient or by analyst; on the contrary, they may easily point the way to new, unanticipated paradigms. Everything depends, as we have seen, on the nature of the database and we have much to learn from other interpretative disciplines in the way of assembling a cumulative, interrelated and accessible body of findings. When that day comes, we can begin to enjoy an ever-enriching dialogue between theorist and practitioner, having finally found a "method for research which is coherent, not with the content of psychoanalysis, but with the type of thinking which is its true object" (Green, 1996b, p. 21).

It seems clear that by grounding a clinical report in an ever-expanding

Index of Clinical Happenings, we can make more necessary and natural any given interpretation. By showing a communality across patients, we can dissolve the mystique often associated with a penetrating interpretation and by normalizing it, make it more persuasive. At the same moment, we will be demonstrating that the hermeneutic approach is systematic, not nihilistic, can be just as lawful as a Euclid proof, and stands at the center of any successful psychoanalysis.

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