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How do psychoanalysts know what they know?

Michael Rustin

This paper puts forward an account of psychoanalysis as an organised practice for the generation of new knowledge. Against criticisms of psychoanalysis as a pseudo-science (Popper 1962) or failed science (Grunbaum 1984, 1993) it asserts the respect of psychoanalysis for both rational argument and empirical evidence over the course of its development. Its contention is that from its foundational moment as a 'revolutionary science' (Kuhn 1962) in the formative work of Freud in The Interpretation of Dreams (Freud 1900) and after, psychoanalysis has proceeded in the mode of a 'normal science', that is by recognising and investigating problems that emerged from the encounter of its theoretical conjectures with facts, in particular the 'clinical facts' (Tuckett 1994) which have always been its principal source of observational data. It will be argued that while psychoanalysis does have distinctive and unusual features as a form of systematic inquiry, these derive logically and appropriately from the nature of its distinctive object of study, namely unconscious mental life. Most critics of psychoanalysis have upheld a unitary view of science, assuming that methods of investigation and proof in all scientific activity are uniform and invariant, whatever their object of study. But in reality, the sciences are diverse, not uniform, in their methods, as a necessary consequence of differences between the kinds of phenomena which they seek to understand. (Galison and Stump 1996). For example, where physics has since the beginning of the modern scientific revolution sought to discover general laws of nature, and succeeded in giving these an abstract mathematical expression, biology was for centuries, following the work of Linnaeus, primarily a descriptive and classificatory science, (Atran 1990 , Hacking 1999), and what one might describe as a science of comparative particulars.[1] Not

[1] Karen Knorr-Cetina's Epistemic Cultures, (1999), which reports her field-study of two laboratories, working in the fields respectively of high-energy physics and molecular biology, reveals that these

even Darwin's great discoveries fundamentally changed this mode of understanding until recent years. The Darwinist explanatory principles of random mutation and natural selection gained their great interest and power when they were applied to specific species and their relations to particular ecological environments, description and classification remaining crucial to their application. The development of the human sciences introduces a further diversity to scientific method, mainly because of the causal and explanatory role of consciousness and its precipitations in cultures in understanding human and social experience. The intrinsic and morally-guided interest of many human scientists in the particular and unique attributes of human and social subjects, as well as in the common attributes which they share, has added a further dimension of particularity to the human sciences.

I will argue in this paper that many of the distinctive attributes of psychoanalytic methods align it with the biological and social sciences, while its presupposition of the reality of an 'unconscious' dimension of mental life gives it a further necessary particularity. Although the terms 'science' and 'scientific' have to be given a much more plural specification if one is to take account of the differences which follow from the diversity of their objects of study, the argument of this paper is not a relativist one which seeks to justify psychoanalysis as a form of knowledge on the grounds that 'anything goes'. I do not assert that because all knowledge of nature is obtained through socially-organised practices and institutions, therefore all forms of understanding are as rational or irrational as each other. On the contrary, the purpose of this paper is to draw attention to the similarities between psychoanalysis and other forms of knowledge-generation in the human sciences, and to the respect for facts, logic, observational procedure and theoretical inference which its best practitioners continue to uphold.

The academic context

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differences of method continue to this day, though the development of biochemistry and molecular biology and the use of statistical methods and computer simulation in evolutionary biology have brought some convergence of explanatory structures.

Psychoanalysis and the academy have not, on the whole, been friends, at least not in Britain. Throughout its hundred year history, the profession of psychoanalysts has depended for its material existence not on salaried posts in universities, but on its clinical practice with private patients, who have chosen to pay for psychoanalysis in the hope of bringing some improvement to their lives. It has also found support in Britain, in an uneven way, from the State's health and social care systems, through the funding of mental health clinics and training institutions like the Tavistock Clinic, and through mental health services which have sometimes employed psychoanalytically qualified people to conduct psychotherapy. Although there have long been pockets of interest in psychoanalysis in the older universities, more in Cambridge [2] than in Oxford, also at University College London and at the LSE, it is only in the last ten years or so that it has found a formal place in the curriculum in many universities, mainly in post-graduate programmes, and sometimes in the new post-1992 universities. It is now becoming common for trainings in psychoanalytic psychotherapy to establish university accreditation, as the Institute of Psychoanalysis has done for its pre-clinical programme and the Tavistock Clinic for its clinical professional trainings too. The situation has been different in other countries. For example in the decades after the Second World War psychoanalysis became an important part of the psychiatric curriculum in United States medical schools (it has lost this dominant position), and in France and in the United States, Lacanian psychoanalysis gained a considerable following in departments of literature, philosophy and other areas of the humanities. The interest in psychoanalysis as a field of interest has obviously far exceeded its formal recognition by universities as a legitimate field of study. But its influence on writers, artists, critics, and on the wider culture, has been immense, quite out of proportion to its academic accreditation.

Psychoanalysis has of course long been subject to forceful criticism, much of which has sought to deny it any intellectual respectability whatever. Critics have been fearful or jealous of its cultural influence. Freud's claims for the scientific character of his new field of study have been strongly contested, by a succession

[2] Research soon to be published by John Forrester on the interest in psychoanalysis taken by many Cambridge University scientists in the inter-war period reveals a much broader engagement

of philosophers and other critics who include Karl Popper (1962), Ernest Gellner (1985), Adolf Grunbaum (1984, 1993), Frank Cioffi (1970, 1998), and Frederick Crews (1997). More nuanced doubts about Freud's ideas were expressed by Wittgenstein [3], who thought that the interesting phenomena that Freud described such as dreams could be understood aesthetically, as different and juxtaposed representations of mental life, but that it was mistaken to see this kind of analysis as verifiable science. Most of the academic criticism of psychoanalysis has confined itself to examination of Freud's life and writings. Few have sought to investigate or observe what psychoanalysts actually do, as sociologists of science have empirically studied the activities of natural scientists. The idea that psychoanalysis might be a corpus of concepts, theories and methods which evolve by testing themselves against evidence like those of any other scientific programme seems hardly to have been considered, outside the professional field of psychoanalysis itself. There have however been a number of philosophers - Donald Davidson (1982) , Richard Wollheim (1971, 1993, 1994), Richard Rorty (1991) , even in his later years Ernest Gellner (1995) - who have found sense and value in the psychoanalytic enterprise. Of these Wollheim was the most interested in its intellectual evolution after Freud's death.

Critical debate about psychoanalysis

Most of the best-known critics of psychoanalysis have been concerned above all to question the fundamental postulate of the field. 'Do the writings of psychoanalysts, in particular of Freud, satisfactorily demonstrate that the unconscious exists?' seems to have been the primary issue for them. While this is a legitimate and necessary question to ask, it is different from those with which practising psychoanalysts are mostly concerned. Psychoanalysts take this fundamental postulate of their field as a given, no longer seeing further point in its

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with Freud's ideas than has been recognised until now. However, this interest did not lead to much academic recognition of psychoanalysis in the university's curricula or research programmes.

[3] See Wittgenstein, in the Conversations on Freud: excerpts from 1932-33 lectures, in Wittgenstein: Lectures and Conversations, ed. C. Barrett. Oxford: Blackwell 1996; reprinted in R.Wollheim and J. Hopkins, (ed) Philosophical Essays on Freud, Cambridge University Press 1982. See also J. Bouveresse, Wittgenstein Reads Freud: the Myth of the Unconscious. Princeton University Press 1995.

justification, and instead have mainly devoted their efforts to clarifying its specific forms and effects. In this regard the practice of psychoanalysts is like that of most other fields of knowledge. In few established areas of inquiry do practitioners or researchers spend much time defending the first principles, whether ontological or epistemological, of their subject. [4] Once a scientific field (or in Kuhn's terms paradigm) has been established as an organised field of investigation, practitioners normally give their attention to particular fields of inquiry within it. Such as, what is the scope of this particular theory or sub-theory? What observational techniques are effective in relation to this particular phenomenon? Which of two competing explanations of a finding in relation to its antecedent conditions is valid? Evolutionary biologists, for example, no longer much investigate or debate the question of whether evolution occurs, but instead are concerned to specify how and in what specific conditions evolutionary processes take place. Sociologists of science have pointed out in a similar way, in argument with philosophers such as Popper who aimed to set out the rules of science in prescriptive terms, that practising scientists are little interested in abstract concepts of truth, instead being concerned with more tangible issues of the accuracy or reliability of observations defined as relevant to their theoretical concerns, and how these are or are not compatible with a particular theory.

In other words, while most critics of psychoanalysis have been engaged in a continuing battle with Freud, over the validity of his primary discoveries or theoretical principles, (and sometimes over his personal probity), most psychoanalysts have long since assumed the validity and usefulness of these principles, and have been engaged in their practical development. This difference between the preoccupations of psychoanalysts and their critics has been a potent recipe for misunderstanding, and has often made their encounters more like fundamentalist arguments of faith, than a search for understanding. It has also meant that little serious historical or empirical attention has been given to the actual evolution of psychoanalytic theories and practices, other than by psychoanalysts themselves. The question I am interested to explore in this paper

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[4] We might say, using Latour's formulation, that these 'first principles' become black-boxed', not needing further investigation unless seriously called into question. (Latour 1987).

is not, does psychoanalysis conform to the principles of scientific method as these have been defined by philosophers, but rather, what if any rule-governed practices has psychoanalysis followed during the course of its development, and how similar or different are these from those followed by other sciences and intellectual disciplines?

Psychoanalysis in the consulting room

The prime locus of psychoanalytic investigation has from the beginning been the clinical consulting room, which has functioned as the principal 'laboratory' in which psychoanalytic discoveries have been made. This is because psychoanalysts hold that it is only in the relatively controlled and invariant settings of the consulting room that 'unconscious' mental phenomena are clearly discernible and accessible to understanding. By ‘settings’ I refer to the now-conventional rules of psychoanalytic clinical practice in the Freudian tradition. According to these, sessions are allotted a fixed duration and frequency (nowadays usually ‘the 50 minute hour’, with a frequency of sessions of between once and five times per week.) Analysts seek to preserve sessions from ‘external’ disturbance, such as visits or telephone calls, with much more rigour and strictness than with most kinds of conversational interactions. The ‘analytic couch’ is preferred, one reason for this that being that patients mostly feel less constrained when they are not sitting in continuous eye-contact with their analyst. The therapeutic situation is intended to be one in which analysands will find the space to say whatever they wish, the analyst seeking to make the patient’s communications the primary object of reflection in sessions, and avoiding bringing into the relationship her own private or extraneous concerns, such as are shared in most kinds of personal relationship according to everyday norms of reciprocity. The analytic session has been deliberately constructed and refined over years as a location within which a patient’s inner states of mind can become apparent and available to reflection by analyst and patient together. In order for it to serve this purpose many of the usual expectations of social interaction are denied. It would be interesting to compare the psychoanalytic encounter with others which have some aspects in common with it, such as some kinds of educational supervision, or the Roman Catholic practice of confession. The methods of ethnomethodology, or conversation

analysis, or of Erving Goffman's idea of frames of interactions, might be empirically deployed for this purpose. But it is clear enough from psychoanalysts' own writing that much professional consideration has been given to the clinical setting and what is meant to happen within its confines. One can think, following Joyce McDougall's (1986) useful metaphor of the 'theatre of the mind' , of the consulting room as a stage-set devised to make 'unconscious scripts' in the minds of patients accessible to reflection.[5]

It should be noted that this account describes the norms of psychoanalysis as currently practised in the British Psychoanalytic Society and those schools of psychoanalytic psychotherapy influenced by it. Here the reliability and strictness of the consulting room has long been given priority, departing from Freud's own earlier more flexible approach. Some of these 'classical' assumptions about the setting have of course been challenged by different psychoanalytic schools. Lacan, for example, was notorious for his apparently arbitrary disregard for the duration of psychoanalytic sessions, and 'relational psychoanalysts' in the United States have criticised the hierarchical assumptions of the classical definition of the analyst-analysand relationship, proposing that analysts be more willing to bring their own preoccupations and states of mind into a more mutual kind of analytic conversation. They argue that the proper topic for analytic reflection is the ongoing relationship between patient and analyst, not aspects of the patient's unconscious mind of which analysts can claim to have privileged understanding. Such changes in the definition of the setting are connected to differences between theoretical beliefs. The 'classical' definition of the setting derives from a 'realist' conception of the unconscious mind, knowledge of which it is held can be best be obtained through the transference relationship. The 'relational' definition gives more weight to the relations of power embedded in a culture, and the social repression of thoughts and feelings to which this gives rise. On this view analysts should not presuppose their own objectivity, since they will unavoidably represent in reality as well as in the fantasy of their patients some aspects of power – e.g. deriving from their gender, education, social status or ethnicity - by which patients

[5] Attention to the countertransference makes the 'unconscious scripts' of analysis relevant too. Betty Joseph's idea of the 'total transference situation' took further the implications of this idea for psychoanalytic technique. (Joseph 1989).

may be constrained.[6] There is nothing unusual in a field of investigation encompassing such disagreements of theory and method, since the very idea of research into what is not yet known entails uncertainty and the probability of disagreements [7]

The consulting room as a laboratory

I have developed elsewhere (Rustin 1997 and 2002) a comparison between Pasteur's bacteriological laboratory, characterised by Bruno Latour (1983, 1988) as the necessary condition for his discovery of microbes, and the clinical consulting room and its transference relationship between analyst and analysand, which was the setting which made possible Freud's investigations of unconscious mental life. It is clear of course that the entities which we now understand as bacteria, and as the unconscious, both had their immense effects in the world long before they were discovered and named in these contexts of scientific investigation. But it was only once they had been recognised and studied in these controlled conditions that understanding of their properties, both inside and outside their respective laboratories, could be systematically developed, with large consequences. As Latour has put it, bacteria became 'actants' in society in new ways once their potency had been identified. Bacteria had always caused infections and diseases in animals and human beings, but it was only once their properties became understood by scientists, when entities which they observed experimentally in the lab were linked causally to infections occurring in farms and cities, that microbes became 'actants' which transformed the social world. That is to say, they became entities around which entire public health programmes, practices of hygiene and medicine, techniques of farming, and new pharmaceutical industries came to be organised. Latour's argument has been that scientists change the world through discovering properties of nature, defining new

[6] These differences are perspective are explored in Fairfield et al., Bringing the Plague: Towards a Postmodern Psychoanalysis (2002).

[7] Some of the differences between psychoanalytic traditions are the outcome of differences in values, in their definitions of human and moral significance. Therefore while some theoretical differences amount to disagreements of fact or explanation, and can be resolved by resort to evidence and argument, others arise from a difference of focus, divergent models truthfully capturing different aspects of psychic reality. Other human sciences such as anthropology and sociology are similar in this respect of their relation to values.

entities and things, which as a consequence of their discovery acquire a definite kind of agency in human affairs. We can think of atoms and molecules, electrons, and genes and innumerable other objects defined by scientists in these terms. Sometimes this 'export' from the laboratory takes of the form of its construction "outdoors" in a scaled-up or multiplied form – as for example, a chemical plant, an oil refinery, a factory, or as silicon chips). By these means things and processes first discovered in a controlled scientific setting become world-changing technologies.

The psychoanalytic consulting room and its practices are analogous in some respects to the settings and techniques of investigation devised in other forms of scientific inquiry. It has been designed to make visible its specific objects of study, namely unconscious mental phenomena. In many fields of research, defined objects of study, whether they be electrical impulses in the human heart or brain, or radiated energy from outer space, or the attachment behaviours of infant primates or humans, are only accessible to observation and study by means of specialised apparatuses invented for the purpose. 'Without laboratories, of one kind or another, no science,' might be offered as a general principle. Scientific revolutions, with their newly discovered objects and fields of study, normally develop new techniques of observation and psychoanalysis has been no exception in this respect. [8]

Many of Freud's critics have taken the view that he failed to establish the existence of unconscious mental life, and that therefore psychoanalysis has no valid object of study. However, one can pose this question in a different way. Suppose that unconscious mental states do exist, and have a significant influence on human consciousness, how might they best be investigated? The test then becomes how interesting, replicable and useful are the understandings achieved by the

[8] Stephen Gaukroger, critical of the imprecision of T.S. Kuhn's concept of paradigms, developed the idea of 'theoretical discourses', which he sought to differentiate from one another by reference to their 'explanatory structures.' 'In short, an explanatory structure consists of an ontology, a domain of evidence, a system of concepts relating these two, and a proof structure which specifies the valid relations which can hold between the concepts of this system. Gaukroger 1978, p 15). In this paper I am attempting to describe psychoanalysis in terms of its distinctive ontology and epistemology, and show how they are related to one another. I am grateful to Louise Braddock for drawing my attention to Gaukroger's work.

psychoanalytic method. It has been designed to investigate states of mind which are both hidden from subjects, and yet shape their thought and behaviour. It studies universal patterns and conflicts of thought and feeling which find particular representations in dreams, symptoms, and other symbolic transformations. If these metapsychological presuppositions have validity, it is not obvious what better alternatives there might be to the methods devised by Freud and his successors for studying them. [9]

Clinical understanding

The clinical consulting room is both the primary context of discovery in psychoanalysis, and the primary location for the application of psychoanalytic knowledge. This conjunction poses problems for the validation and accumulation of psychoanalytic discoveries, different from those found in most scientific fields. While psychoanalytic practice within the consulting room can be relatively systematic and consistent, there are few contexts outside the consulting room where psychoanalytic investigation has taken a comparably systematic or grounded form. By contrast, powerful technologies and industries have been developed to give controlled and routine application to many discoveries of scientific laboratories. And although 'social techologies' have been applied to organisations following the findings of the social sciences[10] - consider for example the influence of social scientific theories on business enterprises, bureaucracies, schools, prisons, armies - the psychoanalytic ethos has generally been antipathetic to such standardisation and normalisation of social life. Its own focus has been on individuals and on the enhancement of their self-understanding, and in a wider extension the idea that institutions could become more reflective, as with 'therapeutic communities' and the 'democratic work-groups' of socio-technical systems theory, allied to psychoanalysis in this respect. Psychoanalysis was one of

[9] Ernest Gellner (1985) was the most interesting modern critic of Freud, because he acknowledged the problem of the non-transparency of human motivation, even while he disputed Freud's proposed remedy. By the time of his late essay 'Freud's Social Contract' (Gellner 1995) his attitude seems to have changed, since he there salutes Freud as one of the principal intellectual architects of modern enlightenment.

[10] Foucault is the great theorist of the role of post-Enlightenment human sciences as agents of control.

the inspirations of Habermas's conception of democratic communication as the normative basis of a good society (Habermas 1968).

Psychoanalysis is unusual in its great dependence on the craft-knowledge of the consulting room for its continuing development as a field of knowledge. In this respect it is different from medicine, since there traditional craft methods have been largely supplanted as the source of significant new knowledge of a generalisable kind. While medical doctors of course of continue to practice clinical skills in the diagnosis and treatment of their individual patients, they rely in this work on the more generalised findings of laboratories, of epidemiological studies, and of systematic clinical trials. They no longer depend for their effectiveness, as they once did, mainly on their accumulated clinical experience. Psychological science and psychiatry attempt to follow this 'medical model', but with only partial success, since it seems that the objects of psychological medicine – persons and their subjective states of mind – continue to resist classification according to objective and normalising criteria.[11] Psychologists and psychiatrists to be effective thus continue to need the traditional craft skills of understanding and relating to other persons, even when, unlike psychoanalysts, they seek to deploy the technologies of pharmacology or cognitive behaviour therapy in clinical situations. The limited effectiveness of the more scientific psychologies are all the more explicable if one holds the presuppositions of psychoanalysis concerning unconscious mental life to be valid, since these suggest another necessary level of explanation of many disorders of mind.

What follows from the fact that the psychoanalytic consulting remains both the primary source of new psychoanalytic knowledge, and the context of its clinical application,?

[11] Some psychoanalysts (e.g. Peter Fonagy (Fonagy 2003) now argue that psychoanalysis should move closer, in effect, to the 'medical model', developing models of 'empirical research' to standardise its diagnostic and treatment methods. This approach responds to current demands for 'evidence-based medicine'. (I hold however that the practice of clinical investigation in psychoanalysis is a kind of empirical research.)

Two kinds of psychoanalytic knowledge are achieved in consulting room settings. The first of these, essential to all good clinical practice, is the understanding of an individual patient, which usually has to be achieved by reference to an existing field of psychoanalytic classifications and theories. Analysts have to ask themselves a number of questions, faced with a patient's communications or non-communications, to establish such understanding. For example, what kind of disorder of mind and feeling is a patient suffering from, and how might this be defined? What hypotheses might be advanced about the origin of the patient's difficulties in his earlier development? What state of mind is being manifested, and perhaps actively explored, in relation to the analyst, in what is called 'the transference?'

Roger Money-Kyrle (1958) suggested that to undertake psychoanalysis successfully practitioners needed two principal capacities. One is a sufficient knowledge of what he called psychoanalytic theories (but which seems to include concepts and classifications as well as the causal propositions which theories embody). The other is a capacity to observe perceptively and accurately. Without appropriate theoretical 'pigeon-holes' as he called them, it is impossible to give meaning to clinical observations. Without a refined observational capacity, there can be no precise or apposite data to categorise. Money-Kyrle's axiom is a plain-speaking version of Kant's principle, 'percepts without concepts are blind; concepts without percepts are empty.'

Psychoanalytic clinical training in the United Kingdom attaches a high value to both to the observational and to the classificatory dimensions of clinical capacity. Students are taught psychoanalytic theories and how they have developed, in order that they will be equipped with a set of categories which will enable them to 'place' and make sense of their clinical experience, and of the 'material' (a psychoanalytic term for clinical data) which this gives rise to. They are also taught how to observe and record precisely and reliably, through practice in writing up interactions in which they participate as observers (of infants and families) and as clinical practitioners over many years. Since patients present many forms of difficulty, whose nature only becomes clarified over time, analysts need to have latent and available to them a considerable corpus of theories and classifications.

Only then are they likely to be able to match the variety of phenomena presented by their patients with enough relevant theoretical descriptions. Trainee psychoanalysts and psychotherapists are provided with experienced supervision over a lengthy period to help them to access the explanatory resources of their field as clinical situations demand.

If standardised protocols were available by which patients could be classified accurately in advance of psychoanalytic treatment, and which could determine what modes of treatment might be most appropriate, the situation would be a different one. By contrast, a GP or a doctor in Accident and Emergency do have recourse to written protocols, diagnostic manuals, and varieties of routine tests to make the diagnoses through which treatments or more specialist investigations are selected.[12] Although advocates of more formal research procedures and treatment protocols in psychoanalysis would like it to become more like medicine in this respect, this is not how psychoanalytic psychotherapy is now mainly practised. Instead uncertainties and individual specificities of assessment and clinical intervention are accepted as a necessary concomitant of working with unconscious mental processes, with their own varied presentations. It is deemed that the benefits of engaging with patients' deeper levels of unconscious motivation and disturbance make it worth tolerating the unpredictability of the clinical situation, with its open-ended agendas.

An assumption of psychoanalytic therapy is that patients manifest many different kinds of difficulty, arising from different patterns of development. It is thus expected that their states of mind may relevantly fall under several different clinical descriptions at once, and that patients will rarely manifest themselves as 'pure types' of only one recognised psychological disorder. In contexts of research which try to measure the correlation of treatment for a disorder with its clinical outcome, this is sometimes described as co-morbidity – patients commonly suffering from more than one psychological difficulty. But the problem goes well beyond that of 'dual diagnosis.' Because patients manifest different aspects of

[12] I recall the manual which the doctor in A. and E. had open on his desk, and to which he referred, in re-setting a finger I had dislocated in a minor accident playing football. 'It says here you can have an injection before I do this, or not, as you prefer,' he said.

their personality in different moments or episodes of the clinical encounter, and because these may change in the course of therapy, it is usually the case that descriptions of patients need to be complex, drawing on several parts of the psychoanalytical lexicon.

One could even say that psychoanalytic practice resists those forms of explanation which seek closure and simplicity of classification. Its affinity is rather with modes of description which emphasise change, process, and emergence, and which seek understanding through resemblance and analogy rather than by logical deduction from formal axioms.[13]

The preference of psychoanalytic practice for what Clifford Geertz (1983) called in another context 'experience-near' formulations, remaining as close as possible in dialogue with patients to their own everyday speech in preference to abstract categorisations is a further pressure in the direction of complexity and open-endedness. Wittgenstein's affirmations of the resourcefulness of ordinary language in human communication, and his critique of the loss of subtlety and complexity involved in the formalisation of metaphysical concepts, help to understand why psychoanalysis has made the choices it has. An influential philosophical explication of psychoanalytic thought and practice by Richard Wollheim and his colleagues, influenced by Wittgenstein, emphasised the closeness of psychoanalytic explanations to those of everyday human understanding and communication. Wollheim (1993a) argued that Freud deepened, elaborated, and contextualised the conceptions of action of commonsense psychology, but did not fundamentally depart from them. It seems unlikely that psychoanalysts can bring enhanced understanding to patients of their own modes of thinking if they first require them to abandon the primary language through which they understand their experience. One advantage of psychoanalytic work with children, from this perspective, is that with child patients there is no choice but to work in experience-near ways - theoretical debates about

[13] The philosophical tradition located identified in the last century with A.N. Whitehead (1978) and Henry Bergson (2002), and concerned primarily with process, and which has been recently most strongly upheld by Gilles Deleuze (1988) might have a useful application to psychoanalysis, in its mainstream as well as the heretical 'schizoanalysis' version of it of Deleuze and Guattari (1984

psychoanalytic concepts are not an option with these patients, though they may be an occupational risk of psychoanalysis with adults.

The intellectual resources that psychoanalysts need to be able to access in their normal clinical work might be compared not unduly fancifully with the field-guides which observers of nature sometimes take with them into the countryside. In these, a large number of known varieties are displayed and classified according to some broad explanatory principles, but they are not set out as in a systemic textbook or theoretical treatise. Analysts need to be aware that the cases which they are likely to encounter in the consulting room (their 'field' visits them) are often 'hybrids' or 'mixed types' which may fall under several theoretical descriptions. The problem is to bring these different classifications and explanations together in a way which captures the particularity of the individual case. The clinical practice of psychoanalysis is therefore hardly an exact science.

Psychoanalysis as a research programme

But psychoanalysts do not only engage in the clinical applications of already-accepted ideas to new cases as they present themselves for treatment. Some analysts set out deliberately to question and revise existing psychoanalytic theories and techniques, and I now want to consider the process by which such theoretical development takes place.

Psychoanalysis can be understood as the product of one of Thomas Kuhn's 'scientific revolutions'. (Kuhn 1962. It had its moment as a 'revolutionary science' at its outset, when Freud established a new 'paradigm' based on his postulate of the dynamic unconscious. This was a significant departure from previous psychological models, including the science of neurology which had been Freud's original field, and in which he had done major work. Since then, it has functioned as a programme of 'normal science' in a way quite similar to other research programmes, according to Kuhn's model of scientific development. Within the guiding assumptions set out by Freud, which include the idea of unconscious

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1988). On this see Isabelle Stengers' essay on psychoanalysis in Stengers (1997), and also, by

mental life, of a process of personality development from infancy with its significant consequences for later life, of disorders of development and personality, and of techniques of both investigation and therapeutic intervention, Freud and his successors sought to enlarge the scope of psychoanalytic explanation, to make more precise its concepts and their power to discriminate between phenomena, and to improve techniques of investigation and intervention. Unsurprisingly, there have been significant theoretical divergences even among those who accepted Freud's foundational ideas. American 'Ego Psychology', the British Object-Relations and Kleinian Schools, and the linguistically-oriented psychoanalysis of Lacan, are among the best known. Within Britain there have been divergences, though less substantial ones, between the three component factions of the British Psychoanalytic Society, the Contemporary Freudians, the Independents, and the Kleinians, though there has also been considerable theoretical interchange and, over time, convergence between them, enabling them to co-exist within the same institutional framework.

One needs to distinguish between the process of discovery of 'normal science', which involves modifications and developments in theories and methods, and the routine clinical applications of accepted ideas to new cases as they present themselves for treatment. Just as the majority of physicians make no original contribution to medical science, but do succeed in correctly diagnosing and treating many patients by reference to the classifying and explanatory resources of their field, so most psychoanalytic clinicians do not bring about major revisions to psychoanalytic theory. Even so, there is a sense in which much psychoanalytic work – as to a degree no doubt, physical medicine too - involves an element of fresh discovery, since patients' presentations often given rise to uncertainties in diagnosis and treatment. They do not appear neatly boxed and labelled, in this or that location on a theoretical map, certified as such by standard diagnostic measures. There seems to be an element of 'normal science' – that is problem-solving within the framework of a paradigm – in all clinical sciences, because of their focus on individual cases existing in the real world, and only partially brought within the controlled conditions of the laboratory. This aspect is especially marked

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implication, Rustin (2002).

in psychoanalytic practice, because the recognition of patients' individual 'uniqueness' – the degree to which they elude total capture by any diagnostic label - is humanly valued by both therapists and their patients. People choose the 'talking cure' as a possible solution to their problems just because it seems to incorporate a primary interest in individual selfhood.[14]

But it is clarifying to preserve a distinction between the generation of new knowledge, albeit in a 'normal scientific' mode, and the clinical application of that knowledge. Major developments in psychoanalytic theory and technique have hitherto tended to come from a relatively small number of original and charismatic clinicians and theorists, who gather round them pupils and associates whose cases provide additional clinical material on which their new ideas can be tested and elaborated. This identification of new psychoanalytic discoveries with their authors (closer to the arts than to many sciences) follows from the clinical context of innovation. There has been little systematisation in psychoanalysis of the means of accumulating and evaluation new findings. It has remained a matter of 'craft' rather than 'batch', let alone 'mass' production, taking place in the equivalent of studios rather than in the organised environment of the scientific laboratory with its research teams.

The classical account of the advance of scientific discovery, advanced by Karl Popper and later adapted by Imre Lakatos to a post-Kuhnian framework of understanding, holds that advances in knowledge are typically achieved when 'problems' or anomalies are encountered between what is predicted within an established theory, and what is empirically discovered to be the case, through experiment or other methods of observation. Surprising as it may seem, this has also been a major driving principle of psychoanalytic theories.[15] Psychoanalysts have made advances in their understanding when they found what they perceived

[14] Neurscientific research (cf Edelman 1992) suggests a neurological basis for individual differences of character, in so far as neuronal pathways evolve in response to early relational experience. Here is one useful point of convergence between psychoanalysis, which has always emphased the importance of the earliest relationships, and neurobiology.

[15] I have developed this argument at greater length in Rustin (1997/2002). A book length study by Judith M. Hughes (2004) has described the development of these and some other key concepts in the Kleinian and post-Kleinian psychoanalytic tradition in similar terms, she describing them as advances towards more comprehensive explanations and theories.

to be anomalies in the clinical phenomena they encountered in their consulting rooms, in the context of what they expected to occur in the light of pre-established theories. Advances, it should be said at this point, have as often taken the form of a discovery or recognition of a new 'kind', the identification of new differences within a system of classification, or of the necessity for a new classification, as of new 'laws' - that is to say, conjunctions of variables which can be held to constitute relations of cause and effect. Classification is an under-recognised but essential form of knowledge and understanding in psychoanalysis, as it is in other fields of investigation which are descriptive and particularising in their interest.

How is it that a field which in its clinical practice is so attentive to differences among clients, and which has to work in 'outdoor' settings with whatever self-selected patients walk through the door, nevertheless seems to have theories clearly enough formulated for them to generate recognisable anomalies? How can a psychoanalyst identify an analysand's presentation as 'exceptional' in relation to an accepted theory, and therefore as calling for reconsideration of the assumptions or predictions of the theory, when the clinical need is to consider <u>all</u> patients as idiosyncratic individuals, more than as mere exemplars of a 'kind', whether this be understood as the outcome of a pattern of infantile development, a personality disorder, or merely a persisting state of mind?

It seems that theoretical reflection and innovation requires a particular mind-set among analysts who undertake it, different from their normal clinical approach. To think theoretically, it is necessary for analysts to think of patients explicitly within certain theoretical descriptions, even if this only partially represents the totality of the analyst's understanding of them. Since some theoretical descriptions will in any case capture more of the shaping features of a patient's state of mind or difficulties than others, there is nothing necessarily clinically harmful in this. Indeed, such a specific theoretical focus may be invaluable in treating an individual case, capturing a key obstacle to therapeutic progress. In the same way, someone whose work is at the frontier of horticultural or medical science may be just the specialist one needs to consult to deal with a particularly mysterious or recalcitrant disease. Nevertheless, the aptitudes found in analysts who are theoretically the most innovative, and in those who are the most effective clinicians,

may be by no means identical. It is possible for an analyst preoccupied with the advancement of a specific idea to focus too exclusively on aspects of patients which are relevant to this idea, and not be interested enough in the patient as a whole person. This need for analysts who are theoretically innovative to think more abstractly, beyond the immediate clinical situation, may help to explain the differences between everyday clinical practice, where the problem is to make use of an extensive lexicon of potentially relevant classifications in relation to particular patients, and the practice of psychoanalytic clinical research where the primary object of reflection is the lexicon of ideas itself, and its theoretical adequacy. Nevertheless, because of the primary clinical source of psychoanalytic knowledge, it does seem that many of the most significant innovators have also been exceptional clinicians.

Many examples of discoveries taking the form of answers to theoretical problems revealed by anomalies can be cited from the history of psychoanalysis. One of the earliest is Freud's realisation (Freud 1905) that not all of the abusive sexual experiences recounted by his women patients were likely to have occurred in reality, and his conjecture, relevant to explaining their hysterical symptoms, that some of these might have been the expression of unconscious fantasies. Freud thought, rightly or wrongly, that the facts reported by these patients were unlikely all to describe real events, and sought an explanation which focused on a different explanation of their beliefs – namely their relation to unconscious desires which had been subject to repression.[16] Melanie Klein (1945, 1952) convinced the majority of the small psychoanalytic community who were present during the Controversial Discussions of the British Psychoanalytical Society of 1941-45 (King and Steiner 1994) that a complex mental life including elements of phantasy began considerably earlier in infancy than Freud had thought, when he had given his account of the onset of the Oedipus Complex towards the end of the first year of life. She did this by citing clinical evidence provided by her psychoanalytic work with young children, using the new techniques of play therapy by which she had made feasible their psychoanalytic treatment. Her grounds for belief in the

unconscious mental life of infants remained indirect, being based on inferences drawn from clinical material from the analysis of children who were beyond infancy, [17] but it was judged to provide evidence of significant discrepancies with Freud's established theory nevertheless. [18]

A third example of advance by recognition of anomaly is Heimann's discovery of a new approach to the 'counter-transference'. (Heimann 1950). She found that 'counter-transference' phenomena (feelings aroused in the analyst within the psychoanalytic setting) need not be regarded, as conventional psychoanalytic thinking then held, as a mere interference with analytic perception derived from subjective difficulties within the analyst, but could be viewed as a new source of clinical information about a patient. She made this discovery by reflecting at length on her own persistent feelings of disturbance in relation to a particular analysand. She came to conjecture that these disturbances were in fact being communicated to her unconsciously, or projected into her, by her patient. Melanie Klein had developed at this time the concept of projective identification (Klein 1946). This was characterised as the expulsion of unwanted feelings and aspects of the self into others used as recipients for them, who were then misperceived as possessors of these qualities. This psychic mechanism was seen to offer a causal explanation of this unconscious communication, and subsequently interest in the counter-transference and in projective identification have evolved in close relation to one another. Because modern psychoanalytic practitioners now deal frequently with more severe disturbances of personality in which mechanisms of splitting and projective identification are significant, counter-transference has moved from being regarded as mainly a disturbance of, and hindrance to, psychoanalytic understanding, to becoming one of the key resources of its technique.

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[16] Critics like Masson (1984) have subsequently attacked Freud for ignoring or concealing the evidence of actual sexual abuse in these patients, in justification of his hypothesis.

[17] Later more systematic empirical observations of infants have made Klein's ideas seem less implausible than they might once have seemed. For example, it is now known that infants can recognise their mothers by sound and smell very soon after birth, and what Stern calls 'attunement' between mother and baby begins very early in their interactions.

[18] Anna Freud and her followers were resistant to Klein's new ideas, and sought to refute them by reference to the canonical status of Sigmund Freud's writings. It is a signal feature of the Controversial Discussions however that criteria of clinical evidence were given higher priority than theoretical orthodoxy. The 'Independent' English psychoanalyst observers of this doctrinal served as the arbiters of this battle between the Viennese and the Germans, in this way it seems to me

As fourth example, I will take ideas of Herbert Rosenfeld (1971, 1987) who came to question the adequacy of the established definition of narcissism as a pathology based primarily on a state of libidinal 'self-love'. His doubt occurred when he found that a particular patient who seemed to be manifesting a highly narcissistic state of mind nevertheless failed to respond to interpretations put to him in these terms, however carefully they were formulated. Rosenfeld conjectured that the patient's narcissistic state of mind might be based on his identification with a destructive conception of himself, dominated by hatred, rather than by idealisation of himself as possessing all that was good. He found that this patient did respond to this different description of himself, and that this more truthful or accurate interpretation made a difference, taking the analysis out of an impasse. Rosenfeld's discovery of the new psychoanalytic classification of 'destructive narcissism' , proved to be a clinically and theoretically fruitful one, giving rise for example to his and Meltzer's (1968) related understandings of the mentality of the 'internal gang', ruthless in its persecution of weakness and taking pleasure in its own cruelty.

Rosenfeld carefully described the clinical anomaly which led to his insight, but we can also recognise the theoretical plausibility of the idea that narcissism might take a destructive as well as a libidinal form, given the postulate within the Freud-Klein tradition of a duality of impulses of love and hate, of both life and death instincts. In the British psychoanalytic tradition, there have been few theoretical discoveries that have not been grounded in and justified by reference to clinical data, but it is nevertheless clear that a capacity to see the logical implications of a theoretical model of the mind has also been fundamental to psychoanalytic creativity. In this field, advances have always depended on a conjunction of theoretical and clinical insight, usually located in the same innovative mind. It is incidentally because of the fundamental importance of clinical case-material for the clarification and exemplification of psychoanalytic ideas that inhibitions on the publication of case-material, under pressures of modern cultures of ethical

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ensuring the hegemony of an empiricist spirit of the consulting room in British psychoanalysis from that time onwards.

regulation and risk-aversion, pose a serious risk to the advancement of ideas in the field.

Most new discoveries in the British tradition of psychoanalysis are accounted for and justified by reference to clinical experience, though mostly not with the decisive theoretical consequences of the examples I have given . Case-examples almost invariably figure in the exposition of new concepts, theories, and techniques, both as the primary ground for holding these to be credible, and as a means of making them intelligible and usable, as instances and analogues, for other clinical practitioners. Latour (1983) has written about the characteristic 'inscription devices' of different sciences - maps for geographers, statistics for epidemiologists, ethnographies for anthropologists, reports of experiments in many fields. The primary inscription device for psychoanalysis is the clinical case-report, presented as the exemplification of a new classification and/or theoretical conjecture. Freud's famous case-histories were the foundational or 'revolutionary' instances of this genre, but its normative role in this field has continued throughout its history.

There are probably some elements of presentational convention in the priority given to case-examples. Psychoanalysts deeply immersed in the theoretical constructions of psychoanalysis must sometimes develop new ideas speculatively, exploiting the potential but unrecognised implications of existing ideas, without necessarily having particular analysands in mind. But in the professional practice of psychoanalysis in Britain (its academic studycan be another matter) no-one seems to have much interest in new concepts and theories unless and until they are shown to have a clinical application. There seems to be a shared consensus that theoretical speculations in this field rapidly lose connectedness with their true object, actual psychic experience, unless they are continually brought up against instances of it, and made to do work in giving it definition and explanation. One notices, in meetings of psychoanalysts and psychoanalytic child psychotherapists, how interest becomes more intense at the moment when clinical material begins to be discussed, in detailed reports of sessions with patients or in discussion of a dream, still regarded by many practitioners as the 'royal road to the unconscious'.

Because of the priority given to clinical evidence in the development of psychoanalytic knowledge, great emphasis is placed in the field on the craft-skills of clinical practice, as a precondition of understanding of unconscious mental phenomena. These craft-skills are complex. They include the capacity to discriminate accurately and reliably between different states of mind and feeling, and between one kind of communication and another. Also, the ability of therapists to be in a room with patients in ways which they will find 'containing', in the psychoanalytic sense of that term which implies a capacity for receptive understanding. And, in the case of severe disturbances in patients, to stand up to burdensome and stressful projections and enactments without losing the capacity for reflection. Psychoanalytic work with children, and with other particular categories of patient, involves more specific capacities, for example to be able to work with children's play as a primary therapeutic tool.

The possession or otherwise of these craft skills in analysts are important criteria by which the psychoanalytic community selects between competing ideas, in deciding which of them have an explanatory and a therapeutically productive relation to clinical experience, and which do not. To be sure, equivalent craft skills are the basis of all other organised systems of inquiry and knowledge-generation: those skills, for example, which enable historians to decide whether a colleague's interpretation of documents is soundly based or not; or which enable laboratory scientists to assess colleagues' experimental skills. There is certainly scope and need for analysts to make more explicit what their procedures of inference from clinical material actually are. This requires some greater separation between evidence, represented by full transcripts of clinical sessions, for example, and its subsequent theoretical interpretation. Most psychoanalytic case reports, as critics within psychoanalysis (Spence 1983, 1994) have complained, combine evidence and interpretation in a form which makes it difficult to distinguish one from another. [19]W.R. Bion states at the opening of one of his books Attention and Interpretation,

[19] In clinical research currently being developed at the Tavistock Clinic and the University of East London, in part within Professional Doctorate programmes in psychoanalytic child psychotherapy and related disciplines, efforts are being made to develop methods of analysis of clinical data to achieve more formal rigour and transparency than is usually achieved within the traditional modes of the writing-up of cases (Rustin 2003b). Because the open-ended and receptive approach of clinical analysis is held to be essential to its distinctive object of study (unconscious mental life) it is being found more feasible to give a more formalised basis to the analysis of data (for example

(1970) 'I doubt if anyone but a practising psycho-analyst can understand this book although I have done my best to make it simple.' Although Bion was being more uncompromising in his assertion of this precondition of understanding than most psychoanalysts have been, the fact is that psychoanalytic writing often assumes that its readers bring the experience of clinicians to it. It is not always clear what is meant to be 'technical' or 'professional' writing, and what is meant to be accessible to lay readers.

Psychoanalytic training – a scientific apprenticeship

A large part of psychoanalytic education and training is designed to enable students to learn the particular skills and sensibilities necessary to function competently in the consulting room situation. A variety of methods have been devised over time to achieve this, which include naturalistic infant and young observation, personal analysis [20], regular discussion of reports of the emotional dimensions of individuals' work-experiences, and clinical supervision.[21] These methods have in common a focus on observing and discriminating the fine detail of states of mind and feeling as they are produced in emotionally-charged situations. It is through such habits of discrimination, including sensitivity to the subtleties of verbal and non-verbal communication, that analytic trainees learn to

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using methods of 'grounded theory') than to its collection in clinical settings, though some limited standardisation, for example by diagnostic category and prescribed duration of treatment is being achieved in data collection too.

[20] Having personal analysis is a necessary requirement of clinical training, in some institutions sometimes conducted according to the particular conventions of a 'training analysis' , but in others made as similar to an ordinary personal analysis as possible. (One of the differences lies in how close or distant the analyst is kept from decisions about the professional progress of the candidate). One of its main functions is to enable candidates to learn from their own experience about the unconscious dimensions of human feeling, communication and action. One clinician told me that she recognised in her own analysis that she had learned something inwardly when she understood that the plant she had given her analyst as a Christmas present was a plant in more senses than one. The problem in this work is to keep the mind open in the face of uncertainty, and to avoid arriving at premature definition and classification before the full complexity of an experience have been digested. Bion's famous adjuration to analysts to eschew memory and desire when entering their consulting rooms refers to this necessity to tolerate uncertainty.

[21] I have discussed these methods in greater detail in Rustin (2003a). One of the goals of these these practices of observation and written report is to teach skills of ostensive definition, in regard to states of feeling.

recognise the unconscious aspects of mental life that are the particular field of interest of psychoanalysis. [22]

Parallel with their learning from observational and clinical experience, trainees are expected to become familiar with the major concepts and theories of their psychoanalytic tradition. This is learned from its literature, but also through repeated juxtapositions between what has been observed in others or the self, and this lexicon of ideas, which have come to form a ramifying and complex array as the field has developed. [23] It is a remarkable attribute of psychoanalysis that its theories can be formulated abstractly as laws of normal and pathological development, and as different models of psychic structure, even though their clinical application to individuals is unavoidably contingent and approximate.

[22] Accuracy of recall is important in this work, since in almost all of these training and therapeutic settings, notes are written up immediately after and not during sessions. This is one of the capacities which is learned through writing up very large numbers of sessions of different kinds in the course of a therapeutic training. Weekly infant observation of one hour per week over one or two years is often the first of these learning experiences.

[23] Mappings of the field in the Kleinian tradition are provided in Spillius (1988) and in a different form by Hinshelwood (1989). There are equivalent surveys and dictionaries for other psychoanalytic traditions.

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