

An intention-based definition of psychoanalytic attitude: what does it look like? how does it grow?¹

By

Howard E Gorman MD PhD FRCP(C)

Introduction

In two previous articles (Gorman, 1999, 2002), I introduced and then refined the notion of basing psychoanalytic attitude not on a set of psychoanalytic techniques but on what I called a psychoanalytic intention. It felt increasingly apparent that a technique-based definition of psychoanalytic attitude, despite its initial usefulness in orienting the analytic clinical stance, was based on a fundamental misconception of the relation between analyzing and support/suggestion in psychoanalytic treatment. This misconception and consequent equation have inadvertently caused psychoanalysis as a discipline and a form of psychotherapy no end of trouble. They have undermined the analytic rigor of the psychoanalytically-oriented psychotherapies, and have created or contributed to schisms between psychoanalysis and these psychotherapies. They have similarly contributed to schisms between different psychoanalytic subtheories, between psychoanalysis and non psychoanalytic psychotherapies, and between psychoanalysis and systematic psychoanalytic research. It is not an exaggeration to say that they have contributed fundamentally to the general isolation in which psychoanalysis increasingly finds itself.

In the papers cited above, I suggested a provisional definition of psychoanalytic intention to develop my arguments and which came as close as I could to capturing in the most general terms what analytic therapists intend in treatment. However, in the introduction to the volume in which

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Gorman (2002) appeared, the editor, Dr. D. Carveth (2002, p.3), raised the possibility that some analytic therapists might find my definition too restrictive in ways he outlined, and he wondered how that might be addressed. What I hope to do here is not only to address Carveth's concerns, but to show how much easier, more effective, more harmonious, more theoretically satisfying, and frankly, more possible it is to make any modifications to a concept of analytic attitude based on analytic intention than it is to one based on analytic technique. To do that, I will first give a more streamlined version of my initial papers. I will then speak to Dr Carveth's remarks but in the more general context of what it means to modify a definition of a psychoanalytic attitude based on psychoanalytic intention.

Attitude as technique

It is no longer really necessary to review in detail how psychoanalytic attitude came to rely on psychoanalytic technique for its definition. Suffice it to say that it grew out of Freud's insistence that psychoanalysis ideally be devoid of support and suggestion. But as was often the case, Freud was less than unequivocal. On the one hand, he maintained that "a 'non classical procedure', when a classical one is not possible, remains psychoanalysis" (Fenichel, 1945, p. 573) and he put the 'middle game' of psychoanalysis beyond the realm of "systematic presentation". He spoke of his techniques as something that suited his temperament but might not suit others (Freud, 1912, p. 111), and descriptions of his actual clinical manner are often startlingly at variance with these techniques. On the other hand, his theoretical arguments advocating strict adherence to these techniques were viewed as so cogent that they led virtually all analysts to adopt his technical recommendations as the standard of practice. We are only too aware of how so many analysts came to equate these analytic techniques with the psychoanalytic attitude they were meant merely to serve.

Freud's equivocal approach conferred a flexibility onto clinical practice that was arguably theoretically sustainable in the early days when the symptom neuroses to be analyzed were viewed as encapsulated within an otherwise essentially normal personality. The classical analytic attitude could be viewed as mandatory only within this capsule in the context of an otherwise more normal relationship (Lipton, 1977). When analysts realized that the proper theater for psychoanalysis was that of the character neuroses from which symptoms grew, they quite naturally extended the technical basis of psychoanalytic attitude to encompass and permeate the entire psychoanalytic relationship. With this extension came the unfortunate demise of that clinical flexibility – unfortunate since it soon became apparent that, with many patients, the very supportive maneuvers that psychoanalysis was meant to exclude often seemed indispensable to analytic work. Psychoanalysis found itself at a crossroads. It could maintain its technique-based definition of psychoanalytic attitude but sacrifice the general applicability it envisioned; or it could rethink the supposed incompatibility between psychoanalyzing and support in hopes that the supposition was flawed. As we know, JAPA (1954) reported extensively on this issue. With some dissent, the technique-based definition of psychoanalytic attitude prevailed (Gill, 1954, p. 775; Stone, 1954, p. 567), and for those patients not able to tolerate the rigor of psychoanalysis proper, the psychoanalytically-oriented psychotherapies were created, therapies in which supportive measures were allowed to alloy the pure gold of psychoanalysis proper.

It was Eissler (1953) who provided the conceptual cornerstone in the argument that justified a technique-based definition of psychoanalytic attitude. By labeling these supportive “deviations” as psychoanalytic parameters, he distinguished between psychoanalysis and the psychoanalytically-oriented psychotherapies not in terms of the use of parameters but in terms of

how they were eventually handled. Parameters could be used as necessary in either form of therapy, but in psychoanalysis as opposed to the psychotherapies, their non analytic impact had eventually to be completely analyzed and worked through. The beauty of Eissler's approach was that it succinctly captured the classical distinction between psychoanalysis and its associated psychotherapies in a way that seemed synthesizing and generalizing in the best scientific tradition. Allowing the use of parameters in psychoanalysis extended its technical repertoire, and therefore, its patient base while essentially preserving the vital technique-based definition of psychoanalytic attitude. On the one hand, it deftly distinguished psychoanalysis from the psychotherapies; on the other, it integrated them into a continuum of increasing parametric use. Finally, it situated the psychoanalytically-oriented psychotherapies as a de facto bridge between psychoanalysis and purely supportive psychotherapy.

Tellingly, analysts continued to struggle with an approach that justified the ubiquity of supportive methods within psychoanalysis (Loewenstein, 1958, p. 166). They knew in their bones that the meanings of these methods were anything but peripheral to the course and outcome of treatment, and that they were no more eradicated or neutralized through subsequent interpretation than a jury disregards crucial evidence that a judge later deems inadmissible. At the same time, because deviations from classical technique were so often viewed as a kind of heresy, reluctance to openly admit what analysts knew to be true could only have fuelled professional guilt, a tendency to reaction formation, and a closing of ranks. What Freud intended to be legitimate psychoanalytic abstinence became too often transformed into an insensitive, refractory distance and an analytically undermining, defensive rigidity (Lipton, 1977, 1983; Gill, 1994, p. 53).

Clinical consequences

However, Eissler's ingenious solution has had far reaching and unfortunate consequences for psychoanalysis in a number of ways. With regard to the psychoanalytically-oriented psychotherapies, it has split a potentially continuous spectrum of uncompromising analytic activity into an artificial, two-tier hierarchy with respect to patients, therapists, and the analytic quality of treatment -- a hierarchy in which psychoanalysts and their patients are held to a qualitatively higher standard of training and performance. Of course, this split is self-reinforcing. Permission to use analytically unaddressed parameters in the psychotherapies does lessen attunement to analytic issues and erodes the analytic quality of both psychotherapy training and practice. Responsibility for training in the psychotherapies tends to devolve onto those with less analytic commitment and education, leading that training to become more vulnerable to such resistances as the belief that effective psychoanalyzing can be didactically taught and understood. The importance of a personal psychoanalysis or thorough analytic supervision is often minimized. Trainees, already used to thinking of learning as a didactic process, are often unaware that they are being deprived of a potentially richer, more relevant, psychoanalytic learning experience. They are subsequently more likely to ply their "supportively compromised" craft in the relative absence of analytic self-evaluation or expectation (Schlesinger, 1969). Undermined both theoretically and clinically, psychoanalytically-oriented psychotherapy training can come to seem merely a patchwork, only one dimension of an "eclectic" therapeutic approach and outdated compared to more procedural, didactically accessible, and seemingly scientifically testable approaches. Conversely, this psychotherapy has tended to be orphaned by psychoanalysis, its theoretical wellspring, as being socially necessary but theoretically expendable. In the end, many analysts come to see an assault on the psychotherapy and its

training as having only a peripheral impact on psychoanalysis, per se. No wonder many psychotherapists come to question their allegiance to psychoanalytic methods.

There are also unfortunate consequences for psychoanalysis itself. Evaluating the legitimate advantages of various analytic approaches becomes complicated by differing attitudes to what constitutes legitimate psychoanalytic technique. This more easily leads to schismatic disagreements, aggravating the sometimes tense relationship between different analytic approaches (Kanzer, 1983). Ramifications also extend in the other direction -- to therapists attempting to address more general psycho-social problems. These problems generally require supportive, social interventions, again leading many analysts to view both the problems and their solutions as less relevant to analytic concern. Deprived of expert and committed psychoanalytic support, socially involved therapists frequently feel disenchanting with psychoanalysis. Some adopt naive simplifications of analytic theory or turn to other more accessible and welcoming therapeutic approaches. Viewed as elitist and incompatible with social reality, psychoanalysis has become increasingly isolated and vulnerable to accusations of academic and social irrelevance.

Finally, a technique-based analytic attitude undermines the conduct of systematic analytic research into technical efficacy at a time when the requirement that psychoanalysis justify itself systematically is receiving broader and increasing recognition (Gill, 1994, p. 149). Because classical analytic technique is equated with analytic attitude, such research is too often viewed as tantamount to challenging inviolable psychoanalytic principles. This often leads researchers to consider psychoanalysis as ideologically closed to serious scientific inquiry. Suspicion between many analysts and researchers diminishes the kind of cooperative analytic input that might lead

research to arrive at conclusions that more accurately reflect analytic complexity and clinical experience. In sum, the overall impact of equating analytic attitude with classical analytic technique has been to undermine the development of a coherent, rigorous, analytic approach applicable to all forms of psychoanalysis, the psychoanalytically-oriented psychotherapies and beyond. In the end, a larger and more varied clinical population has been deprived of a more profound analytic experience.

Attitude as intention

It cannot be stressed too strongly that Eissler characterized the distinction between psychoanalysis and the analytically-oriented psychotherapies merely by the way each deals with psychoanalytic parameters. That parameters can be dealt with as he describes requires at least that the interpretive and supportive/suggestive dimensions of interventions be theoretically identifiable and extricable; that is, that it can be demonstrated that interventions exist that are not irreducibly supportive, i.e. parametric. Classically, psychoanalysts believed that the thoroughness of a training analysis gave them precisely the essentially countertransference-free objectivity to distinguish and extricate support from interpretation and to eradicate it. Of course, belief in their scientific objectivity derived from late nineteenth century Newtonian physics and the general scientific perspective of that time, a perspective from which the physical world was theoretically not only objectively knowable but already essentially known. The scientific and cultural revolutions of the twentieth century have put an end to those notions of objectivity forever. Relativity Theory and Quantum Mechanics, as well as more general, relativistic philosophical and aesthetic revolutions have allowed science, philosophy and art, each in their own way, to escape objectivist constraints and to explode theoretically in their various directions. Psychoanalysis has come late to this table and still struggles to relinquish the objectivist notions

necessary to maintain the claim that a psychoanalyst is sufficiently countertransference-free to extricate the interpretive and supportive dimensions of an intervention. In spite of the mounting evidence to the contrary, many of us still talk as if knowledge of an objective psychological reality were readily, or even theoretically, available.

However, recent trends within psychoanalysis have progressively turned away from objectivism. Object Relations theory, psychologies of the Self and Relational Theory (Gill, 1988) have increasingly turned toward a greater acknowledgement and acceptance of the profound, inexhaustible nature of transference and countertransference, the subjectivity of the analytic process, the inextricable importance to the analysis of the analyst as a person, and the complementarity of support and interpretation. Unfortunately, that all this has occurred more in the context of particular, and sometimes controversial, theoretical points of view and less through explicit recognition of a formal, modern scientific outlook has only obscured recognition of the underlying shift away from objectivism. An example of more general evidence in this direction comes from Pfeffer's (1959) research which showed that transference invariably persists long after analysis ends.

Schlesinger (1969) and Wallerstein (1986) clarified the ultimate futility of attempting to separate supportive from interpretive interventions. Schlesinger argued that "support is one of the essential purposes of all psychotherapy" and that to imply otherwise undermines the therapeutic task in general (Schlesinger, *ibid.*, p. 271). Conversely, he writes, "A psychotherapy in which the patient is not helped to express something of the depth of himself would be quite unthinkable (p. 274)." Although the breadth of this latter contention may be argued in some quarters, it should be clear that the effectiveness of supportive psychotherapy is enhanced if a depth of psychoanalytic

understanding informs supportive interventions. Not only was Wallerstein unable to clinically or statistically delineate supportive from "expressive" psychotherapy, he and his co-workers were unable even to distinguish clearly between psychoanalysis and psychoanalytically-oriented psychotherapy (ibid., p. 686 and following). In the end, Wallerstein explicitly endorsed Schlesinger's position that the entire analytic process, including the interpretive process, has an intrinsic supportive component. Most important, Wallerstein corroborated what Schlesinger understood, that the terms supportive and expressive "refer to different areas of discourse . . . and can hardly be thought of as opposites or even as alternatives" (Schlesinger, 1969, p. 274). In other words, the supportive and interpretive dimensions of an intervention belong to different and non comparable categories of meaning within the psychoanalytic experience and, therefore, their coexistence provides no necessary contradiction. This general change in perspective is reflected in the fiftieth anniversary review of Eissler's contribution (Friedman and Kelly, 1994). The participants praised Eissler for his ingenuity but concluded that Eissler's parameters were of only historical interest (In this latter conclusion, they again followed the zeitgeist with unfortunate alacrity. As I shall contend shortly, the essence of Eissler's idea is surprisingly prophetic). They agreed that it is no longer tenable to draw clear and objective distinctions between support and interpretation, and therefore, between psychoanalytically-oriented psychotherapy and psychoanalysis. However, Schlesinger's and Wallerstein's arguments do have an important implication. For any psychoanalytic procedure to be optimally analytic, it must, as far as deemed clinically possible, maintain a thorough psychoanalytic intention toward its supportive dimension.

Now that it is no longer sustainable theoretically or clinically to assert that classical technique can eliminate support from psychoanalysis, we are free to look for a new basis for analytic

attitude that would better reflect theoretical and clinical needs. The general appeal of concrete, comfortable solutions might tempt us to construct a more modern, technique-based definition; but it should be clear that this would also eventually prove inadequate to address the evolving variation and complexity of analytic requirements. The inevitable result would be dissension among analytic therapists about what constituted authentic analytic behavior. An alternative would be to tolerate the increased ambiguity and uncertainty to which current theoretical and clinical evidence leads us, allow ourselves to follow the path this evidence suggests, and see where we end up. Before we yield to avoiding the discomfort of this prospect, we should remember that this is exactly what the rest of the scientific, artistic and philosophical communities has done in creating their enriched and more accurate, if less complete and more disquieting, views of the world. If we choose not to engage in this process, we would have to ask why those communities would ever take us seriously.

Taking this new path, we see immediately that a necessary condition for any viable psychoanalytic attitude is that all analytically admissible interventions ultimately derive legitimacy from their intention to promote psychoanalytic understanding (Later, I will revisit my use of the word ‘understanding’ here). Constructing an analytic attitude that does not include this intention makes no sense. Could this minimal condition—the intention to promote analytic understanding—be not only a necessary but a sufficient condition for a viable and productive analytic attitude? This possibility has much to recommend it. It maintains an explicit historical connection with Freud’s original view. It implies a versatility that would apply to all current—and withstand all future—theoretical analytic variations. From a general, theoretical point of view, it satisfies Occam’s razor: that an explanatory theory should be as simple as possible and proceed from the general to the particular. To pursue this possibility, we must first define what

we mean by psychoanalytic intention. It should also be made explicit that the definitions that follow do not weigh into theoretical controversies about what psychoanalysis is or should be. That question is part of an entirely different theoretical and metapsychological discussion. We are discussing only what definition of psychoanalytic attitude would best address the needs of whatever theoretical diversity exists within the analytic community. The following provisional definition was used in Gorman (2002) and involves both therapist and patient/client.

1) A psychotherapist will be said to maintain a psychoanalytic attitude when: a) that psychotherapist's intention is to maintain, overall and as far as possible, an uncompromising but flexible focus on the unconscious and conscious psychoanalytic meaning of both the patient's/client's and psychotherapist's communications; b) consistent with the goals of the psychotherapy, the psychotherapist communicates with the client/patient for the primary and ultimate purpose of conveying psychoanalytic meaning in order to provide the patient/client with an opportunity to increase emotional, cognitive, and conative understanding.

2) The psychoanalytic attitude of the patient/client will be: at least the verbally expressed intention by the patient/client to allow the psychotherapist's psychoanalytic intention to govern the psychotherapist's role in the relationship. When both maintain their respective psychoanalytic attitudes, the relationship between them will be called a psychoanalytic relationship, the psychotherapist will be called a psychoanalytic psychotherapist, and the psychotherapy itself will be said to possess a psychoanalytic attitude (p. 57).

In this definition, the psychoanalytic psychotherapist has a receptive role to find psychoanalytic meaning and an expressive role to communicate that meaning; it cannot be overemphasized that in an intention-based definition of psychoanalytic attitude, the expressive role is not, and is not to

be, further specified. Notice also that the definition extends the property of psychoanalytic attitude beyond the therapist to the client/patient and, ultimately, to the psychotherapy as a whole. This immediately emphasizes that therapist and patient/client are engaged in a common enterprise. They have formed the minimal possible psychoanalytic alliance that would allow psychoanalyzing to take place. It should also be made explicit that the above definition of analytic attitude is constructed to take into account inevitable resistances, both conscious and unconscious, on the part of both therapist and client/patient. The phrase "overall and as far as possible" is added expressly to acknowledge that the conscious and unconscious tension between the wish for, and dread of, analytic awareness is as omnipresent as it is difficult to capture in words. Analytic attitude, however defined, must contend with the deceptions, ambivalences, lapses, collusions and ambiguities that are inevitably part of all analytic effort. To contend that technique-based definitions of analytic attitude are less vulnerable in this regard is to fall prey to the illusion of objectivism. This new definition of psychoanalytic attitude will now be used to expand the definition of psychoanalysis. This expanded definition applies not only to individuals, but to groups and families in which there may be multiple therapists and clients/patients.

Psychoanalysis is characterized by the following properties:

a) It is a psychoanalytic relationship among a group of people; that is, a psychotherapeutic relationship that is at all times governed by the psychoanalytic attitude; b) A subgroup of this group will function as psychoanalytic psychotherapists and the balance of the group will function as patients/clients and be called analysands.

In the following discussion, psychoanalysis will always refer to the expanded version developed here, unless otherwise specified. As much as possible, current psychoanalytic nomenclature will

be carried over. Interventions and psychotherapeutic variables governed by a psychoanalytic attitude will be called psychoanalytic interventions and psychoanalytic variables, respectively. This generalized psychoanalysis clearly includes psychoanalysis as currently practiced, since we assume analysts try to apply a rigorous psychoanalytic intention as defined here. Since the definitions are mute regarding specific technique, psychoanalysis now nets much more -- including the current psychoanalytically-oriented psychotherapies so long as they are also practiced with a rigorous psychoanalytic intention. So we can see already that the new definition of psychoanalytic attitude brings an increased inclusiveness and coherence to analytic practice. However, by itself, the definition provides no general language or method for investigating and organizing its internal structure, or for constructing particular analytic therapies -- even for characterizing the current forms of psychoanalysis and psychoanalytically-oriented psychotherapy. For that, we return perhaps surprisingly and with gratitude to Eissler.

Reclaiming psychoanalytic parameters

The term parameter derives from mathematics, and has nothing to do with deviations. A parameter of a process is simply any variable of that process that is the subject of focused investigation to clarify its effect on the process as a whole. For example, consider the psychoanalytic variable session frequency. To clarify its impact on analytic outcome, a population of analysands would be divided into statistically equivalent groups, and each group would be seen at a different frequency for the same range of analytic purposes. A picture would develop as to the impact of the different frequencies on analytic outcome for these different groups. In this investigation, the analytic variable, frequency, is being treated as a parameter, meaning that the impact of its different (parametric) values on analytic outcome is being clarified.

So Eissler's parameters are not parameters in the original mathematical or scientific sense at all. They are simply values of the technical intervention variable that he assumed, a priori, to be technically unpsychoanalytic. Presumably, to bring scientific legitimacy to what he and his colleagues were certain was an authentic, objective distinction between psychoanalysis and the psychoanalytically-oriented psychotherapies, he misappropriated the concept of a mathematical parameter by redefining it improperly to suit his analytic purpose. This arguably ranks as one of the most marvelous examples of compromise formation in analytic theory. On the one hand, Eissler created a misconception that prevented using the legitimate concept of parameter in the service of analytic clinical theory. On the other, he unconsciously pointed us in exactly the direction in which to go. Reappropriating the concept of mathematical parameter to psychoanalysis will give exactly the principal, tool and language we need not only to organize psychoanalytic technique, but also to characterize particular forms of psychoanalysis within our expanded definition of the psychoanalytic domain. To that end, define a psychoanalytic parameter to be a psychoanalytic variable treated as a mathematical parameter in the sense described above. We see immediately that the potential number of such variables treated as parameters is virtually unlimited. Some familiar examples are intervention type (interpretive, directive, confrontational, etc.), patient position, session location, session frequency, office decor, therapy duration, therapist characteristics, number of therapists, number of analysands, etc.

We now can easily characterize individual forms of psychoanalysis as follows: classical psychoanalysis would take four or five times per week from the frequency parameter, recumbent position from the position parameter, a focus on classical interpretation from the intervention

parameter, and so on. Other current forms of psychoanalysis would make other specific parametric choices. In this way, parameters provide a conceptually simple and straightforward way to group and organize related technical choices used to characterize, implement and study particular psychoanalytic subtherapies—both current and new—without those choices themselves having any implications for analytic authenticity. We have arrived at the following result: psychoanalytic attitude defined in terms of psychoanalytic intention provides the minimum conceivable, general and enduring framework for consistent analytic activity, while psychoanalytic parameters as defined above allows us to characterize and integrate all distinct analytic subtypes as specific instances of this expanded psychoanalysis.

With this approach, what is the natural way to view technique? Clinically, psychoanalytic techniques continue to be the existential vehicle for communicating psychoanalytic attitude in actual psychoanalytic interactions; that is, the only way we have to actually communicate is through technique. But now, free of the burden of maintaining that attitude, techniques can take their rightful place as strategic, tactical methods judiciously chosen to further analytic goals. As such, the definition of analytic attitude dictates that their analytic meaning and place in the analytic process is itself fair game for analytic exploration. This explicitly recognizes that psychoanalysis is by no means an entirely objective process, and that the analyst's person, and technical choices are also a part of the analysis and can be addressed within the analysis. It is also important to be explicit that this idea of parameter construction is not to be considered as necessarily rigid or predetermined. Some parametric choices, like recumbent or seated, may be explicit from the outset. Others will be implicit or even unrecognised as such. When we consider an intervention, we often spontaneously and intuitively must decide whether to make it early or late, brief or extensive, somber or light hearted. Although we may see ourselves as acting

intuitively or spontaneously and without thought to a parametric referent, formal clinical theory will conceptualize what we do as making choices among parametric values of underlying analytic parameters. Awareness of these underlying parameters would, of course, be strongest when a particular patient consistently needs certain choices. But in any case, the parametric paradigm provides clinical theory with a conceptual framework that supports us through the rough and tumble of clinical practice.

As the vehicle for actual analytic interventions, techniques still account for the experiential flavors of different analytic therapies, and make manifest the associated psychoanalytic processes and outcomes. It is especially important to emphasize this point. No claim is being made that once-a-week individual analysis, five-times-a-week individual analysis, analytic group therapy or analytic marital therapy are the same or even equivalent. Different forms of psychoanalysis will have different goals and intensities. Although they may yield profoundly different experiences, levels of impact and results, the differences are now not due to variations in the rigor of analytic attitude. They are due to the impact on analytic exploration of different technical, parametric choices. Maintaining a consistent, rigorous analytic attitude based on intention will insure that, at whatever level it is conducted, the analysis will maintain a consistent analytic 'feel' even as technical changes reflect changing clinical needs. The bottom line is a clinical theory that coherently and directly reflects what analytic clinicians actually do, and avoids a fear of risking a theoretically unintegrated, eclectic hodgepodge in an attempt to maximize clinical efficacy. Although a heightened reliance on specific techniques may continue to play a role for novice therapists, technical rigidity need no longer inhibit as experience increases. One of the unfortunate consequences of the focus on fixed technique has been the silence of many experienced analysts about their implicit use of analytic intention to guide the

middle game of psychoanalysis. This silence continues to deprive analytic discourse of potential richness.

As with any discipline, the fact that practitioners can no longer rely so strongly on technical convention only underscores the importance of a rigorous and profound training experience, one that emphasizes spontaneity, ingenuity, and intuition. Psychoanalytic training might best take place in more general versions of today's psychoanalytic institutes. Instead of resembling often rivalrous guilds devoted to a particular analytic subtheory, these new institutes might resemble post-graduate departments engaged in rigorously teaching, implementing, and researching different levels of the same basic discipline. As with post-graduate departments, psychoanalytic training might be tiered into different levels of proficiency with graduates of the highest level designated as psychoanalysts. As well, different institutes would be free to accent and develop various analytic subspecialties all within this shared psychoanalytic perspective. This would allow participants in psychoanalytic training to see their work as part of an overall, consistent clinical and research strategy in which they could more readily integrate parametric transitions and appreciate different aspects of a comprehensive psychoanalytic process. Such a more academically acceptable structure would allow psychoanalytic institutes to more compatibly integrate their work with psychiatric training, thereby achieving a greater profile within psychiatric centers. This integration would more effectively highlight the therapeutic limitations of the didactic model of teaching psychoanalysis and would further emphasize, for all parties to the training experience, the importance of a personal psychoanalysis. It would also allow many more analysands to have an opportunity for an authentic and personally tailored analytic experience. Academic research would also benefit. Since parameters organize technique, research protocols can be more easily formulated, examined, discussed, and tested. All this

happens in an atmosphere more conducive to open, less ideologically divisive debate because the analytic attitude itself is not at issue. Researchers and clinicians can work together to better capture and reflect clinical complexity.

Parenthetically, conceptualizing analytic attitude as an intention, and technique as parametric strategizing has any number of ancillary benefits. For example, it allows a natural parallel between analytic therapists and applied scientists, and provides a natural context to ask in what ways clinical psychoanalysis is an applied science or an art. To make this clear, compare an analytic therapist to an experimental physicist. The physicist takes as a working model a body of theory that has been previously constructed. With an attitude called the scientific method, the scientist engages in experiments to explore, verify, and extend that theory. In this sense, he or she is being scientific. The art of experimental physics lies in the creative and ingenious design and construction of these experiments. In analytic practice, the therapist uses the theories of the various analytic schools and applies an analytic attitude informed by those theories to understand and draw conclusions from the analytic work. This is the sphere in which to ask whether psychoanalysis is scientific. Again, the art of psychoanalysis lies in the design of the clinical interaction through the uniquely creative and innovative use of analytic parametric choices.

Clinical Illustrations

Mr. G

Mr. G, a graduate student at a major university and psychoanalytic center, was referred for twice-weekly psychoanalytically-oriented psychotherapy to Dr. C, a senior analytically-oriented psychotherapist with close and personal ties to the analytic community. Permanently living away from home for the first time had revealed important and painful social adjustment issues. Worse,

he had recently become seriously disenchanted with a field of study that had functioned as a cornerstone of his self-esteem. Mr. G formed a close and dependent attachment to Dr. C. After several months, Dr. C raised the possibility that Mr. G transfer to a psychoanalyst for psychoanalysis. Mr. G panicked. He felt alone in a foreign city, with an unhappy personal life and a career that was potentially in tatters. The thought of losing his therapist so soon felt unthinkable. He asked why Dr. C didn't conduct the analysis herself. Dr. C said that she was not a psychoanalyst and did not do psychoanalysis. Mr. G refused the offer of psychoanalysis and remained in psychotherapy for several years while completing his studies. He entered psychoanalysis by the more traditional route several years later.

My familiarity with the particulars here makes me confident that Dr. C would have been quite capable of conducting the kind of psychoanalysis she had in mind. But hampered by the classical distinction between analysis and analytically-oriented psychotherapy, Dr. C felt only a referral to a psychoanalyst would provide Mr. G with the recumbent, more frequent and rigorous analytic therapy she seemingly felt unqualified to do. Had Dr. C conceptualized this requirement simply as a parametric shift within an already rigorous analytic therapy, these changes could have been implemented without referral and the therapy would have been even richer than it was.

Stone and Brenner

A number of years ago, a controversy between Leo Stone and Charles Brenner received extensive attention in the literature. During an analysis with Stone, an analysand suffered the death of a parent. Stone felt normal decency dictated that he interrupt his classical analytic attitude to express his condolences. Brenner disagreed, opining that the analyst should invariably maintain the usual analytic abstinence. What if the parent were secretly resented, or the object of

rivalry or envy? Stone's sympathy might be perceived as disapproval of his patient's unconscious hostility. The patient might then make that hostility unavailable for analysis, etc., etc. But on one thing Stone and Brenner did agree: Stone's suspension of classical technique was a deviation from the psychoanalytic attitude, and therefore, from psychoanalysis; and this concurrence led them, and would lead us, to the dissatisfying, seemingly irresolvable conclusion that good psychoanalysis is not automatically compatible with manifest decency. It remained invisible that this irresolvability was not intrinsic to psychoanalysis, but rested on the unquestioned assumption that classical technique legitimately defined the authentic psychoanalytic attitude. This assumption allowed no room within the purview of what was considered a properly conducted psychoanalysis to legitimize both of their solutions and to explore why Stone chose Stone's and Brenner Brenner's.

With the view suggested here, Stone's and Brenner's understanding of their choices would change. They would view themselves and each other as consistently analytic so long as they maintained an analytic attitude while using tactical intuition to further the analysis under the pressure of contingent circumstances. As a matter of course, each would assess the meaning and impact of his parametric choice on the course of the analysis. Were Stone's condolences received as kindness, as flexibility, as an injunction to think well of him, as intimacy, as a lapse of analytic integrity? Was Brenner perceived as cold, doctrinaire, or as consistent and principled under trying circumstances? Each would be free to bring into the analysis, to whatever extent seemed analytically advantageous, the impact of his choice on the analysand. Since flexibility of tactical choice is no longer incompatible with good analysis, the way would be open for each of them to ask what their choices conveyed about themselves, their defensive structures, their life experience, their countertransferences and how all these flavor the manner in which each

conducts psychoanalysis. These issues might work their way into, and enrich, the analysis itself (Renik, 1995). Finally, it would have been natural for them to discuss these issues between themselves, raising theoretical dialogue from the level of irresolvable disagreement to that of cooperative, collegial inquiry. Clinical theory now allows the entire analytic relationship to be experienced as both real and pregnant with analytic meaning—to be engaged in and to be analytically explored.

Ms. D

Ms. D was a depressed psychiatric inpatient in a facility with a strong psychoanalytic orientation. Treatment attempted to strike a balance between case management and regular, psychoanalytically-oriented psychotherapy. A suicidal attempt by Ms. D resulted in tighter management, and redirecting the psychotherapy toward supportive and reality-oriented interventions to reassure and stabilize Ms. D with the view to only then resuming insight psychotherapy. The therapist did explore with Ms. D the dynamic factors relevant to the suicide attempt, but the suspension of psychodynamic treatment was clearly and inevitably conveyed.

A psychoanalytic attitude based on psychoanalytic intention would have flavored the situation differently. An examination of the definitions reveals that individual variables and parameters can be psychoanalytic even within a patient management structure that is not uniformly so, as long as a psychoanalytic attitude is maintained toward those variables and parameters. A therapist who maintained a psychoanalytic attitude toward the case management interventions would then have provided a sense of analytic continuity toward necessary parametric shifts in technique. Instead of being treated as an unfortunate but unavoidable disruption to the psychotherapy, the case management interventions would still feel psychoanalytically grounded

as part of an ongoing psychotherapy, and their impact would be analytically addressed within the psychotherapy as much as deemed possible. This would create a genuine, theoretical interface between psychoanalytic and case management perspectives.

These same ideas can be applied more generally to non psychoanalytic therapies. For instance, viewing cognitive therapy and psychoanalysis as disjoint does not sufficiently recognize that cognitive and psychoanalytic therapists often share an interest in thought and belief patterns together with their psychogenetic origins and meanings (Beck, 1998). However, attempts to see a common ground is obscured by the differences in the techniques through which these therapies are implemented. But to the degree that cognitive therapists explore analytic meaning with their clients, they could be viewed as adopting a psychoanalytic attitude, and to that degree, their therapy would qualify as psychoanalytic as well as cognitive (A reciprocal statement may apply to psychoanalytic therapists). This overlap of perspectives would allow analytic and cognitive therapists to cooperatively benefit from one another's techniques and perspectives to the ultimate benefit of all concerned. From a psychoanalytic point of view, these cognitive therapists could be viewed as practicing a kind of focal psychoanalysis defined by particular activity and procedural parametric values. More generally, only psychotherapies that are actively opposed to psychoanalysis would be viewed as unable to interface with it.

How does this garden grow?

Before using Carveth's concerns as a vehicle to illustrate how an intention-based definition of analytic attitude might evolve, consider some general principles that might guide such an evolution. It would seem to be a good idea to adopt a kind of Heisenberg Uncertainty strategy, meaning that the wording of the definitions should attempt to strike a balance between precision

and inclusivity since too much of either would impinge unhelpfully upon the other. That is, we would want our definitions to be as precise as possible without infringing on current major points of view, and to apply as inclusively as possible without extending beyond the analytic field. Definitions should not need changing so often that a sense of continuity is lost. At the same time, we have to keep in mind that the reach of what we do always exceeds the grasp of current concepts and the language to capture it, so that updating definitions is inevitable and should not be viewed with alarm.

Turn now to Carveth's remarks. For ease of discussion, they will be treated as expressing his own concerns, with the understanding that he may not, in fact, have been speaking for himself.

To quote him:

One problem with this ... is its identification of psychoanalysis with the exploration of meaning and the promotion of understanding. Nowadays, some colleagues will question such a cognitivist and hermeneutic or interpretive bias toward insight, understanding, and interpretation in the analytic process, with the different schools of analytic thought offering varying alternative factors as the central elements of the analytic cure – factors such as “holding”, “containing” and “detoxifying” projective identifications; internalization of empathically attuned self-object experience; or simply the deepening of the analysand's affective or feeling life, whether accompanied by self reflective insight or not. Hence ... [many] may feel his definition of psychoanalytic intention needs to be expanded (p. 3).

The gist of Carveth's remarks is that my definitions are too cognitivist and hermeneutic at the expense of other dimensions of crucial analytic importance. On the contrary, I claim that the cognitivist perspective that he imputes to my text is essentially self-created, stemming from the

cognitivist lens through which he views my words and not from anything intrinsic to them. Further, I believe he is mistaken when he asserts that my definitions do not make room for the dimensions to which he refers, and that the kinds of objections he raises arise from a continuing misunderstanding of clinical scope and flexibility inherent in defining analytic attitude as an intention. First, as far as the receptive component of the analytic therapist's intention, the phrase "psychoanalytic meaning" is both maximally specific and maximally inclusive – specific in the sense that analytic therapist is required to experience the relationship as analytically as possible, and inclusive in the sense that nothing in the definitions precludes each analytic school from experiencing the analytic relationship from its own point of view. Each school is free to include all dimensions of meaning felt to be analytically relevant including those to which Carveth refers. His words "hermeneutic" and "self reflective insight" do not appear in my definition. Such words were avoided precisely to avoid the appearance of a cognitivist bias. I use the words "psychoanalytic meaning" and "understanding" precisely because they are generally understood to address much more than only the narrowly cognitive. For example, to understand one's body implies much more than intellectual knowledge. It encompasses a more holistic appreciation of how thoughts, feelings and bodily awareness speak to one another and live together, as well as an appreciation of the experiential modes through which one's body is informed. I try to make this point by linking the word "cognitive" with "emotional" and "conative" to explicitly indicate that cognition is only one among other indispensable levels of understanding. Including the conative requirement that understanding issue into action is just another way of saying that the underlying analytic issues have to be worked through, the time honored way used by all schools of analysis to convey that understanding must address many different levels of experience to affect change.

Turn now to the expressive role of the analytic therapist's intention. I do not use the word "interpretation" that Carveth imputes to me, again to avoid a cognitivist bias. Parenthetically, the assertion that 'interpretation' does create such a bias is arguable. I believe Friedman would take a much broader view of interpretation in the analytic context. In Friedman (2002), he makes strong arguments that interpretation is a much more complex final common pathway that captures and addresses the myriad experiential nuances of the entire analytic relationship – not just its narrowly cognitive, verbal dimensions. I use the word 'communicates' to describe the expressive therapeutic role as it is necessarily embodied in the specific technical, parametric choices of that therapist. Remember that my definition of the expressive role is explicitly not to be specified beyond an intention to promote analytic understanding, and must make no reference to any parametric choices nor to any dimension of analytic meaning to which those choices may refer. To do so would violate inclusivity by immediately excluding those analytic therapists who don't value them – precisely what I am trying not to do. What an intention-based definition of analytic attitude intends is to allow every analytic therapist the freedom to address whatever dimensions are felt to be analytically relevant, including those referred to by Carveth, without fear of violating the analytic attitude. The definition of analytic attitude I put forward allows every analytic therapist to look for those dimensions felt to be theoretically meaningful and then to address them through the complex, verbal and non verbal, parametric ways chosen by that therapist as effectively analytic, ways that form part of the worked through understanding that invariably goes beyond the narrowly cognitive. In this way, specificity is implicitly present and inclusivity is explicitly preserved.

So, I think an understanding of what I'm trying to achieve here and how my definitions achieve it allows my definitions to survive the kinds concerns Carveth raises. On the other hand, thinking

this through leads me to realize that my measure of successful impact on the analysand is intrinsically one of increased psychoanalytic wellbeing. Although “understanding” properly viewed conveys the same thing, it would be unnecessarily stubborn to insist on that word were it to embroil us in needless controversy. The revised statement of the intention-based definition of psychoanalytic attitude, with the revision in 1) part b), now reads:

1) A psychotherapist will be said to maintain a psychoanalytic attitude when: a) that psychotherapist’s intention is to maintain, overall and as far as possible, an uncompromising but flexible focus on the unconscious and conscious psychoanalytic meaning of both the patient’s/client’s and psychotherapist’s verbal and nonverbal communications; b) consistent with the goals of the psychotherapy, the psychotherapist communicates with the client/patient with a primary view to ultimately help the patient/client increase emotional, cognitive, and conative psychoanalytic well-being.

2) The psychoanalytic attitude of the patient/client will be: at least the verbally expressed intention by the patient/client to allow the psychotherapist’s psychoanalytic intention to govern the psychotherapist’s role in the relationship. When both maintain their respective psychoanalytic attitudes, the relationship between them will be called a psychoanalytic relationship, the psychotherapist will be called a psychoanalytic psychotherapist. and the psychotherapy itself will be said to possess a psychoanalytic attitude.

Acceptable as this revision may or may not turn out to be, it’s purpose is as much illustrative of the revision process as it may be substantive in its content. It is not for me to have the last word on an intentional definition of analytic attitude; that is an issue for some kind of psychoanalytic consensus. What is important from the process point of view is that, once we have made an

acceptable revision to the definition, there is nothing else we have to do to update the definition of psychoanalytic attitude. We are done. We no longer have to worry about resolving endless and potentially divisive arguments as to whether every current or suggested technique is or is not analytically consistent with the change. Technical choices no longer have anything to do with the definition of analytic attitude. What we do have to do, however, is to evaluate the use all of our technical interventions according to the new definition and act accordingly.

Growing psychoanalytic identity

The restrictiveness of the classical, technique-based definition of analytic attitude also confounds attempts to formulate a concept of psychoanalytic identity in an environment of increased theoretical diversity. Classical analytic theory and its derived classical analytic attitude were initially concordant in reinforcing what could be called a classical psychoanalytic identity. As analytic theory has evolved and the definition of analytic attitude has not, that attitude has become at best an impediment to an evolving analytic identity, and at worst a tendentious and schismatic tool that undermined theoretical growth and professional cohesion. A fruitful definition of psychoanalytic attitude should not play either of these roles. Its purpose should be inclusive of the clinical practices of the different analytic schools so that legitimate theoretical debate is supported.

Aron (1999) has explored analytic identity as arising from the cultural and historical professional milieu in which analysis and analysts grow and function. He suggests that this milieu is an important and enduring wellspring of psychoanalytic identity in its own right. Reflection makes apparent that Aron's ideas apply in most if not all areas of human endeavor -- scientific, cultural and artistic. What binds members of these communities and their various subgroups together is a

sense of broader purpose and commitment. That broader purpose can be more defining of the group than is any particular perspective within it. When physicists moved from the Newtonian to the Einsteinian perspective, it is true that they had a body of meaningful mathematics to support their transition; but as important, they had a culture and a history of a unifying scientific intention, training and perspective that reinforced a sense of common purpose through unsettling times. We too are members of a professional group within general psychology trying to honestly grapple with fundamental aspects of human experience. Growing analytic attitude by defining it through analytic intention reestablishes a concordance between our clinical stance and our more diverse psychoanalytic theory, and removes an impediment to developing a more age appropriate psychoanalytic identity. It allows each analytic school to champion its own theoretical and clinical point of view, reading the definition of analytic attitude according to its own perspective within an overall analytic framework in which it feels a part. Further, analytic therapists within each analytic school will be able to add their own particular flavor to what they do, as of course they do now, but without a concern about breaking analytic rules (Aron, *ibid.*).

The approach to psychoanalytic attitude and technique suggested here helps create a harmonious context that allows a clearer, more honest exchange of theoretical ideas, and legitimizes the time clinical experience needs to savor and properly meld our various theoretical flavors. Clinical issues would include evolving the definition of analytic intention, and reexamining and creating techniques to address the analytic goals illuminated by our zeitgeist. At different times, the zeitgeist has enriched our view by adding such concepts as making the unconscious conscious, as letting ego be where id was, as recognizing the importance of object relations, as heightening our awareness of issues of Self, and most recently as admitting the perspective of the two person analytic relationship. The future will bring new, unsuspected, and no doubt controversial

perspectives. What the ideas here are meant to do is help capture in clinical theory the actual clinical process of psychoanalysis, to create a atmosphere more conducive to resolving our professional differences and to smooth the path to a greater understanding of what it means to be human.

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