

On Truth and Clinical Psychoanalysis  
Charles Hanly

Philosophers have enumerated three criteria of truth: coherence, correspondence and pragmatic. I shall define them and examine some of the relations among them. My overarching argument is that these three criteria of truth, when adequately defined, can be seen not to be at odds with each other but to work together in the search for truths in clinical psychoanalysis. I write “truths” not because I think that truth is relative but because I do not subscribe to any metaphysical theory of absolute truth as in Plato, Descartes or Hegel.

A secondary purpose is to sustain a distinction between two concepts of intersubjectivity. The first concept is the one that we are familiar with in common sense, scholarship and science: an observation is intersubjective, if it can be made by any competent observer of the relevant domain of fact. What is intersubjective in observation is the opposite of what is subjective i.e. opposite to what, in an observation, belongs to the idiosyncrasies of the observer and not to what is being observed. The second very different notion of intersubjectivity is that it consists of the inextricable transference and counter-transference interactions that take place in the relation between analyst and analysand in psychoanalysis which result in the co-creation of the analysand whose nature and history are formed by the analytic relation. This definition of intersubjectivity legislates the historical being of the individual, a being that is independent of the analyst, out of existence. To Aristotle’s rhetorical question, “that nature exists who can doubt?” contemporary subjectivist analysts reply “psychoanalysts should doubt the independent existence of at least that part of nature that is psychic reality”. Subjectivism repudiates

the epistemic independence of the patient in his or her relation to the analyst and, consistency would require, the same of the analyst in his or her relation to the patient. Of course, we analysts sometimes feel differently about different patients. The vignette below illustrates an exceptional anxiety in the analyst in response to a patient. But from these and like facts it cannot be inferred that analyst's capacity to know is inevitably altered by his or her responses to each patient. After all an appropriate affective response will normally quicken rather than compromise the analyst's observation and thought.

To be sure our work as clinicians reminds us of the manifold ways in which our own personalities, beliefs and affects can interfere with our clinical work. Our clinical observations and thinking are intrinsically fallible. But it does not follow that they are in principle subjective or that we are intrinsically snared in inter-subjectivity of the second kind or that we can never achieve intersubjectivity of the first kind. Thoma (2007) has pointed to "a deep paradox in Freud's work" between the intersubjective and the scientific. This paradox is generated by elevating the remediable technical problems of subjectivity in the analytic situation into an inter-subjectivist epistemology yielding the second meaning of the term, in which the technical problems become irremediable in principle. The paradox ceases to exist if we preserve the common sense, scholarly and scientific meaning of the word "intersubjectivity". One of the problems of intersubjectivity in postmodern psychoanalytic epistemology concerns the nature of truth.

The coherence criterion of truth states that a theory is true if and only if it provides a consistent explanation of the phenomena to be explained. A theory that has to rely on a hypothesis that is not consistent with the basic concepts and principles of the theory fails the test. A theory that cannot account for all of the phenomena to be

explained also fails the test. Coherence requires logical consistency (non-contradiction) and explanatory completeness. The coherence theory of truth asserts that theories that meet these criteria are true.

In the history of ideas the coherence theory of truth is associated with the idealist philosophies of German Romanticism and, in particular, with Hegel and the neo-Hegelians (Lotze, 1888; Bradley, 1883; Bosanquet, 1888). Among contemporary English speaking philosophers, Putnam (1981) argues that because observations are always theory laden they constitute what is observed. Reality is not given in observation; it is constituted by observation. This is the basic position of post-modern subjectivist epistemology. Putnam (1981) rejects the correspondence theory of truth on the grounds that correspondence requires an idea of God, who in Cartesian fashion, must be pressed into service as the infallible third who can judge whether or not and if so to what extent a perception corresponds with the object perceived. Epistemology should not logically require theology. Putnam (1981) also points out the *paradoxical* consequence that once coherence is adopted as a sufficient account of the nature of truth there can be more than one true theory of any phenomenon.

A fundamental problem of the coherence theory is that it demands of logic more than logic can provide. Coherence requires that all the hypotheses of a given theory are mutually consistent one with the others. But just as arguments can be valid without being sound because the truth of the conclusions depends upon the truth of the premises, so a theory can be logically consistent without being true. Euclidean geometry is a paradigm of coherence. It is consistent, complete, and self-evidence. It even continues to be useful for measurements and calculations over distances, short enough not to be influenced by

the curvature of the earth's surface. It does not apply to the space of the solar system or any larger space. The coherence, completeness and self-evidence of Euclidean geometry do not make it true.

If coherence is our sole criterion of truth, psychoanalytic theorizing is permanently relativized, according to Putnam's paradox, but in a way that renders it illogical as the examination of competing theories in psychoanalysis will show. Freud's theory of the origins of the Oedipus complex in drive development coheres perfectly with other components of his theory e.g. drive theory and the structural model. Similarly, Kohut's theory of its genesis in narcissistically inadequate parenting coheres well with other tenets of self-psychology e.g. the primacy of narcissistic libido and of object relations. But the two theories are contraries. Freud's theory of the Oedipus complex asserts that all instances of the Oedipus complex result from drive development; self-psychology asserts on the contrary that no instance of the Oedipus complex results from drive development. That is to say, they *cannot* both be true, although they both may be false. Consequently, contrary to Putnam (1981), their truth cannot simply rely on their coherence. Coherence is a necessary condition for the truth of any theory, but it is not a sufficient condition. What about the correspondence criterion?

The correspondence theory of truth states that a belief, hypothesis or idea is true to the extent that it corresponds with reality. The correspondence criterion of truth is a basic premise of common sense, as well as, of scientific and philosophical empiricism. Throughout his work Freud (1915; 1933) stated his adherence to correspondence for which the word "tally" in the tally argument (Freud, 1917) is a synonym. Kleinian psychoanalysts share Freud's view of the primacy of correspondence in the evaluation of

truth. It is taken for granted by science (Dawkins, 2003; Guth, 1999; Hawking, 1988; Weinberg, 1992; Sokal and Bricmont, 1998).

Coherence advocates criticize correspondence for being absolutistic, uncritically naïve, and authoritarian. These criticisms cohere well with Putnam's (1981) argument that a correspondence criterion relies upon a divine omniscient *third* for the verification of the correspondence between an independently existing object with a nature of its own and its perceptual, imaginary and ideational human representations. But the estimation of correspondence does not require the assumption of a divine omniscience with an absolute standard of truth at its disposal. The charge of absolutism does, I think, apply to the idealizing realism of Plato, Descartes and Hegel, but it does not apply to empiricist, scientific or, as I have called it, *critical* realism (Hanly, 1999; 2000a; 2000b).

Correspondence can be evaluated without omniscience, without absolute knowledge and without certainty as illustrated by the astronomical observations that showed that predictions of the deflection of light from a star, passing through the sun's gravitational field, based on Einstein's theory of gravitation corresponded closely to the actual deflection of light whereas the Newtonian predictions did not (Isaacson, 2007). Here, the *third* is the object in nature allowed to reveal itself, in part, by the internal *third* which is the capacity for self-doubt and self-criticism. Similarly, in psychoanalysis, clinical observations can show that Bowlby's ethological theory of anxiety is not sufficient to explain the phenomena of phobia and neurotic anxiety generally. Contrary to Bowlby, his enumerated ethological factors require Freud's developmental sexual and aggressive factors to adequately account for phobia and thus meet both the coherence and correspondence requirement of completeness (Hanly, 1978). The psychological source of

a third perspective on our observations and our ideas about what we observe in psychoanalysis, and in science generally, is the super-ego with its ideal of veracity not only adding motivational heft to the reality principle but adding the capacity of self-awareness and self-criticism to the ego functions of perception, imagination and thought that serve the reality principle (Hanly, 2001a; Hanly and Nichols, 2001b). It is this capacity that allows us to question the reliability of what we see and what we think about what we see. It is from this psychological ground that questions about what is true arise (Hanly, 1990).

The intrinsic relativity of the coherence thesis *can* account for empirical certainties within ideologies and theories (Goldberg, 1976) but it *cannot* account for empirical certainties that transcend ideologies and theories. Correspondence is not a question of absolute, automatic, intuitive certainty. It is a matter of accumulated evidence. Accumulated evidence gives us reason to think that the composition of heavenly bodies out of chemical matter, the circulation of the blood in mammals, the curvature of space in the vicinity of matter, the evolution of species by natural selection and the existence of unconscious psychic processes are empirical certainties. Whatever the future developments in knowledge may be, it is highly unlikely that these ideas will ever turn out to have been false all along.

Pragmatism is the third criterion of truth. Philosophical pragmatism was developed by Peirce, James and Dewey. James' philosophical concept of pragmatism which *could* offer support to post-modern epistemological relativism has been subjected to devastating criticism by Russell (1946). Consequently, I prefer what I shall call scientific or critical pragmatism. An idea or theory is true, if, by means of a technology

specified by it and coherent with it, the theory can be used to change the course of nature. It is this concept of pragmatism that we find at work in Freud's development of psychoanalytic theory and technique. In psychoanalysis the change in the course of nature we look for is the amelioration of neurotic disorders. The technique is the interpretation of free association and transferences in the analytic set-up. The theories concern the causes of neuroses. Freud's first aetiological theory, the seduction theory, provided for an abreactive technique. The technique was specified by the theory and was coherent with it as were the predictions about the conditions under which recovery and a maturation of sexual life would occur. However, the coherence of the theory, technique and predictions did not establish the truth of the seduction theory. The theory was pragmatically falsified and had to be substantially revised because the predicted amelioration of symptoms did not occur.

I shall conclude by exploring the clinical relevance of coherence, correspondence and pragmatic criteria of truth in psychoanalysis. As we have seen coherence is a *necessary* but not a *sufficient* condition of the truth of a theory, whereas, correspondence is a *necessary and sufficient* condition of truth. I propose to illustrate this relation in clinical psychoanalysis by considering a situation in which the analyst's need to know was urgently intensified by an unusual circumstance. A borderline patient in his second year of analysis, a young professional man who had lost his first job on account of a pretentious insubordination out of envy, was now a student came to his session beside himself with rage and threatening to kill an external examiner who had failed him. I quickly became aware of how badly I needed to be able to estimate, by the end of the session, his capacity to contain the rage that drove his wish to revenge the

insult to his grandiosity and how much I needed to help him with this task during the session. The patient had, during periods of severe depression, told me of wanting to let the world know “that he was somebody” by committing a mass murder; he owned a substantial arsenal of guns and ammunition. I was sorely aware of how much I needed to know whether or not he was likely to carry out his threats and how difficult it would be to know. There was nothing, immediate, absolutistic or naïve about my urgent search for understanding. I did not for a moment think that his enraged murderous threat was a co-creation of his analysis or that I had any interpretive access to it for that reason. And I was aware that I would not be able to know with the confidence I wanted to have how well my thinking about him corresponded with his reality and what confidence I could place in whatever interventions I could make before the end of the session. The crucial observation would concern what would happen to his murderous rage and for that observation I had no alternative but to wait for what would unfold in the session. I had no acceptable choice but to give myself up to the task.

I concluded from his account of the damaging interview with the professor, punctuated and disorganized as it was by outpourings of vengeful rage and death threats, that there was some possibility that he had been neither passed nor failed but would be required to resubmit his work after dealing with criticisms. I was confident enough of this construction, despite the fear that it might be the product of my own wishful thinking, that I communicated it to him as something he might want to explore further. I was concerned about the risk, if it should turn out not to be true. But at least, it might buy time for further analytic work. I offered this reality testing in the context of interpreting to him the intensity of his rage in words that implicitly pointed to but did not

explicitly mention the work of a phantasy of having been castrated. I had learned to link interpretations with tentative alternatives to his view of the reality of situations in which he found himself because of his difficulties with reality testing. Instead of interpreting his grandiosity or his castration anxiety directly, I interpreted his hurt pride (Ferenczi, 1913). These interpretations facilitated an encouraging sequence of associations toward the end of the session about his immigrant father, often the object of his derogating criticism, who he now acknowledged had had the “balls” to leave his homeland and try to make a go of it in a new country even though it didn’t work out very well for him. I hoped that he was letting me know that he too might have the balls to go back to his faculty, and find out what really confronted him instead of carrying out his death threats. By the end of the session I observed a diminution in the frequency of his outbursts of indignant rage and sensed some reduction in their intensity. But he was by no means either calm or appeased. I was left with the anxiety provoking question as to whether or not he could sustain this fragile improvement in self-mastery after the session.

I was confident enough of what I had seen and understood not to warn my colleague or inform the police because of my impression that my interpretations corresponded well enough to be heard and because they appeared to have had some, at least temporary, beneficial effect. I was not confident enough to sleep that night. Without more evidence that I could not have until the next few days, I was taking a risk. I believed that any other action on my part would very likely be ruinous to the analysis. He had previously gone through a period in which he believed that I was taping his sessions in order to inform the police. All of these perceptions, estimations, hopes, fears and judgements were fallibly based on the evidence that became available during the session.

I was relieved and grateful to the efficacy of psychoanalytic interpretation, when my patient arrived the next morning and kept subsequent appointments with only rumblings of his rage and humiliation audible in his complaints of unfairness in a mood that was by no means calm but was sufficiently reconciled to his situation to abandon his threats of revenge and to get on with the tasks at hand. I was lucky that, as I had surmised, he had not been failed; there were some inadequacies in his work that required improvement for the examination to qualify him for his degree. I could now be reasonably satisfied that the observations and the ideas that guided my actions corresponded well enough with the reality of my patient's psychic life. They had survived a pragmatic test.

I conclude with some reflections on the place of truth in the analytic situation. Correspondence is at the heart of the matter. In my view, the analyst has no alternative during a session to seeking to be as receptive as possible to what is really going on in the motivational life of the analysand. Fortunately, the stakes are not usually as high as they were in the session I have describe, but unavoidably the issue of how well our interpretations tally with the inner-life, character and circumstances of the analysand is always present. We are able to test the ideas we form as the session unfolds by looking for changes in the associations, the affects and the transference. In this session, there were changes in the content of my patient's associations and in his affects. I infer that a regressed positive transference, that had eclipsed his earlier paranoid transference causing him to fear that I was preparing to report to the police, enabled the patient to bring his destructive rage into the session in the hope for help – a hope compromised, but in the circumstances beneficially compromised, by an aggrandizing family romance projection

of an omnipotence that I would exercise by intervening on his behalf with his examiners, without his having to make further effort on his own behalf. This transference was only implicitly interpreted by not being enacted in interpretations that left him with his own problem. If he needed this phantasy, I was not about to deprive him of it and force him back into raging helplessness. Besides, it might help him take confidence from my tentative holding out to him the *possibility*, which was the best that I could offer, that his plight was not quite as bad as he thought it was. The shifts in associative content, the memories of his father's struggles with difficulties in his life to achieve a modest success, and the diminution of the intensity of his vengeful rage provided evidence that the interpretations were having a beneficial effect. Here we come upon the joint work of pragmatic and correspondence criteria. A beneficial change in the patient's psychic functioning was occurring. The implied prediction that this would happen was shown to be probably correct. But notice that this use of the pragmatic criterion relies itself on the correspondence criterion. The two criteria work together. The observations that indicate functional improvement must themselves tally with what is actually going on in the patient. And it is the realization of fallibility that appropriately kept signal anxiety alive in me in the aftermath of the session. This anxiety underlines the potential for the subjectivity that can be caused by wishful thinking and other biases and the need to make further as yet unobtainable observations to gain a more satisfactory degree of probability. It was the rigorous demands of correspondence combined with the highly unusual circumstances that gave the analyst a sleepless night.

The pragmatic criteria at work in clinical psychoanalysis are not satisfied by subjective or personal utility or with experiential coherence according to James's (1907)

formulation of pragmatism. It is satisfied by seeing real beneficial change. Since the reliability and durability of a beneficial change cannot be evaluated by the limited evidence available from one session we are obliged to live with uncertainty. But clinical uncertainty is reducible on the basis of further evidence. Uncertainty need not be chronic. This observational evidence is not theory relative, as subjectivists claim. It is, in principle, available to any competent observer in the appropriate circumstances i.e. for analysts in the analytic set-up. Although we need ideas in order to observe; our observations can be epistemically independent of our theories in the sense that the observations can either falsify or confirm the ideas. And it would surely be grandiose and magical to suppose that in some hidden way my subjectivity led my patient into the post-graduate course only to fail it and bring his vengeful rage into the session. Another analyst, may have responded similarly but in his or her own way or differently and with a different outcome, but the desperate struggle with rage caused by potentially disastrous, overwhelmingly painful feelings of helplessness and humiliation belonged to the patient's life independently of who his analyst was. And his eventual success in overcoming these liabilities also belonged to him as his achievement whatever help I was able to offer.

Although subjectivists, to be consistent, have to repudiate the correspondence criterion in their advocacy of coherence, it would be an equal and opposite error to repudiate the usefulness of coherence in clinical thinking. In the opening phase of a session, we largely rely on coherence in making a choice of interpretation. In my case, the observation of my patient's chaotic, violently angry state stimulated a pre-conscious recollection of similar rage reactions earlier in his analysis e.g. being dismissed for insubordination, having a car splash him with muddy water. A coherence criterion is at

work selecting previous clinical events on the basis of similarity and the common affect that links them, in this case, the patient's rage reactions to insult. These recollections bring past experience to bear on the choice of an interpretation. The recollections are coherent and an interpretation guided by them will be coherent with what the analyst has already learned about the patient's anger but, in the end, it is left to correspondence and pragmatic criteria to decide the adequacy of the interpretation; otherwise changes in the patient can leave the analyst out of touch. Therefore, in my view, each of the three criteria of truth makes its specific contributions to sound clinical observing and thinking in psychoanalysis.

As I see it, the fundamental philosophical problem for postmodern inter-subjectivity in all of its variations (narratological, irreducible subjectivity, dialectical and relational thirds, relational unconscious, dyadic inter-subjective fields etc.) is that it is conceptually limited to coherence and philosophical pragmatism for its criteria of truth. Postmodern inter-subjectivity can find no place for correspondence and scientific pragmatic criteria. For this reason, in subjectivist epistemologies, truth is relative in principle. Theory independent facts cannot exist.

At the heart of the issue between subjectivism and critical realism there is a question of being. For psychoanalysis it is a question of the being of the patient. Is the patient the bearer of his or her own life, an individual life that is intelligible in its own right, knowable in itself and existing independently of our experiences of it and our ideas about it. It is not possible to doubt the importance of relations between persons. In the clinical excerpt above, I have reason to believe that a positive transference involving trust but also entwined with expectations of my grandiose beneficence and complicated by a

regression to a pre-oedipal use of me as a surrogate ego usefully sustained a working relation in this moment of crisis even while demanding further work in the future. But neither is it possible to doubt the patient's independent reality. As I see it, the autonomous independence of the patient's life is evident in his turning inward, instead of persisting in his grandiose demands upon me, in his own search for the strength to do for himself what I could not do for him. He found the confidence, however precarious it was at the time, in revived memories of his father. These memories released a sufficient measure of pride in him to abandon enough of both his grandiosity and his helplessness to tackle the difficult task before him at which, in due course, he succeeded.

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