Psychological Vicissitudes Of Theory In Clinical Work

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The author discusses the ways in which psychoanalytic theories, like other theories, attempt to systematise the understanding of observations. Freud remarked that systems also have unconscious meanings. The author discusses these unconscious vicissitudes of psychoanalytic theories of both clinical and more abstract kinds, at various levels of psychological function. Learning psychoanalysis repeats in some respects the developmental processes of learning about ‘reality’. The role of authority and superego function in learning and utilising theories is emphasised. The enduring unconscious relationship of theory to authority contributes to adherence to, misapplications of, and rejection of theories, as well as to anti-theoretical attitudes. The concept of an ‘analysing instrument’ illustrates the way in which a useful exploratory idea may acquire prescriptive and constrictive implications. Analysis of the analyst’s attitudes towards theory and its applications is an aspect of countertransference analysis.

All who know psycho-analysis and who live in its mental atmosphere are conscious that what is essential to it is not to be found in a volume of theory dating from a definite period, but in its method and its development—its development, which is perhaps characterised by the fact that it is continually divesting our knowledge of the mind of its subjective features and disguises, and which thus indeed conforms to the essence of the development of scientific thought in general, overcoming by an endlessly converging process its basic antinomy, i.e. that its means of dealing with its subject are themselves part of this subject, and that therefore investigation of the psychical is itself psychical (Wälder, 1929, pp. 110-11).

Introduction

We formulate clinical observations theoretically both as an aid to observation and to communicate our observations to our colleagues. Theoretical concepts also help us to decide how we are to use, and communicate at times to patients, our understanding of what we observe as we participate. Beyond these ways of thinking with theories, there are also important roles that theories play unconsciously in everyone’s minds. These are the psychological vicissitudes of theory. In this paper, I discuss some aspects of the relationship between the psychoanalytic thinker and psychoanalytic theoretical systems. I believe that these aspects of how theories are implicated in the analyst’s understanding of analysands is one version and an extension of the way in which people ordinarily express their personal, conscious and unconscious, formulated and unformulated psychological beliefs and theories about people in understanding other people.

My point of view may be summarised as follows:
1. A system of ideas undergoes dynamic vicissitudes in the mind of the analyst whether he/she is a theoretician or a clinician.

2. I prefer to speak of the ‘vicissitudes of theory’ rather than the ‘uses of theory’ or the ‘functions of theory’ in order to distinguish what I am emphasising from the deliberate employment or utilisation of ideas. Although application of ideas is also relevant, these usages miss the emphasis on the transformation of the meanings of theoretical concepts as they come to represent unconscious fantasies.

3. Two points are, therefore, of importance as principles: firstly, that theoretical ideas and beliefs influence thinking unconsciously as a factor in compromise-formation; secondly, their evocation consciously for the deliberate application to observations has more or less unconscious meanings and satisfies psychological needs. In principle, conscious theoretical ideas, like others, are compromise-formations. That is, they are manifest contents with unconscious meanings.

4. Psychoanalytic theory and clinical precepts are part of the world as the developing analyst finds it, a part of the ‘reality’ he has to learn about.

5. As with acquiring any kind of knowledge about ‘reality’, learning about analysis is a creative process. Understanding theoretical ideas is piecemeal and selective, and resembles insight.

6. The analyst’s relationship to theory will be dynamic, ongoing and reflective of the history of the process of learning psychoanalysis. This is an endlessly evolving task, like one’s own analysis.

7. This means that the context, the people and the ideas that make up psychoanalytic training provide one intrapsychic context for whatever system the analyst holds. The later professional setting expands this context.

8. Bion (1967) has captured the dynamic relationship to theory:

   At the outset of his career, any psycho-analyst must find his own way and come upon well-known and well-established theories through experiences of his own realisations. It is clear that the realisation which approximates to a theory he has learned will be unique and may therefore appear to be so different from the theoretical formulation that he cannot recognise the bearing of the one upon the other. By contrast he will force a theory to fit a realisation because it is difficult for an inexperienced analyst to tolerate doubt and uncertainty which he imagines that a more experienced analyst—probably his own—would not have. There can be no harm in errors of this kind: ‘original discoveries’ of the already well-known and ‘confirmation’ where none would be found if clinical flair were mature. It becomes fatal to good analysis if premature application of a theory becomes a habit which places a screen between the psycho-analyst and the exercise of his intuition on fresh and therefore unknown material (pp. 127-8).

This quotation describes the experience of learning and insight that occurs at some times, even in experienced analysts, as they continue to learn.

I shall emphasise both the role that authorities play when we learn theories, and the role of theories as unconscious authorities. The intimate relationship between theory and authority is an important factor in both the adherence to and the criticism of theories.
Isakower’s idea of an ‘analysing instrument’ (Isakower, 1992) will be my ‘clinical example’ or specimen of the development of psychoanalytic thought, in general. In part, the choice of this example was instigated by a critique offered on the occasion of the publication of Isakower’s contribution (Grossman, 1992b). An example of the psychological uses of theory could have been chosen from supervision or an analysis where such material is readily available. However, I am also interested here in the way in which psychological factors affect discourse on theory among analysts. Although Isakower’s ideas are not widely known and have only recently been published, the fate of the ‘analysing instrument’ is a relatively simple example of the way in which useful ideas often serve eventually to express other aims. Isakower’s attempt to conceptualise the analysing instrument provides an unintended illustration of the role of theory as ideal, authority and critic as it changes from description to explanation to prescription.

**A psychological view of theory**

Theories are creative inventions involving the application of provisional ideas to observations with the aim of making sense of the world and extending knowledge of it. Both Freud (1915) and Einstein (1914) agreed that the provisional ideas must be chosen from, or discovered, outside the field of observation, or else ‘invented’. Both Freud and Einstein agreed that scientific investigation of the world is a further development of commonsense, ‘a refinement of everyday thinking’ (Einstein, 1936). From Freud’s point of view, the creative aspect of commonsense thinking and theory-construction had unconscious sources. The refinement consisted of critical examination of the emerging ideas. Accordingly, he wrote in a letter to Ferenczi that scientific creativity was the ‘succession of daringly playful fantasy and relentlessly realistic criticism’. Elsewhere, he remarked: ‘I maintain that one should not make theories—they must fall into one’s house as uninvited guests while one is occupied with the investigation of details’ (Grubrich-Simitis, 1987, p. 83).

These comments also describe clinical thinking and the dual state of mind of the analyst. The details with which the analyst is occupied are the details of the patient’s associations and life. It is not surprising that Freud’s comments on theory apply to clinical thinking because Freud considered the conduct of analysis to be a kind of scientific investigation. His description of theory-construction seems to have been shaped by his wish to show that analytic theories were arrived at in the same way as other kinds of theories (Grossman, 1992a, 1993). However, this line of thought followed two paths: one path, the analysis of systems; the other, the analysis of the clinical situation as investigation. Along the first path, scientific systems, as systems, were like other systems of thought such as delusions, mythology, religion and philosophy. They all attempt to describe reality although their relationships to tradition, belief and observation are different. With respect to the psychology of systems, he said:

*And we must not forget that, at and after the stage at which systems are constructed, two sets of reasons can be assigned for every psychical event that is consciously judged—one set belonging to the system and the other set real but unconscious* (Freud, 1913, p. 65).

Along this path, scientific thinking and investigation refine and extend the development of reality-testing, reducing the intrusions of unconscious fantasy.

The other path is the application of this way of thinking to clinical observations, formulations and constructions, and the theories based on them. The goal was to explore unconscious fantasies, and to uncover memories or to construct the events from which they were derived. Since the analyst had to use the exploration of his/her own unconscious for this purpose, the formulations and the theories derived from them were subject to influence of the analyst’s unconscious fantasies (Freud,
Freud (1912, p. 103) no doubt believed that for the analyst as for the analysand every association and act represents a compromise.

In other contexts, Freud discussed the fact that psychoanalysis required ‘the figurative language, peculiar to psychology (or, more precisely, to depth psychology). We could not otherwise describe the processes in question at all, and indeed we could not have become aware of them’ (1920, p. 60). In a final comparison of psychoanalysis with physical science, Freud (1937, 1940) pointed to the role of the unconscious fantasies in theoretical constructions in both areas. In particular, he reiterated the importance of unresolved conflicts as an influence on interpretation in psychoanalysis.

Because of this consideration of the dynamic factors in theorising generally and clinically, it has long been recognised that theoretical explanations can be rationalisations, that theory formation may be a vehicle for the elaboration of infantile fantasies (Sharpe, 1935) and that unconscious theories may play a role in analysis (Abend, 1979; Arlow, 1981; Sandler, 1983).

To the ideas that infantile fantasies (a kind of infantile theory) may be elaborated into theories and that unconsciously held theories play a part in analysis we may add the closely related idea that the consciously articulated version of a theory may differ from the personalised version of the theory that is actually used by the analyst at work (Sandler, 1983). In yet another vicissitude, a theory may become an object of transference (Rangell, 1982).

We can thus see a series in which infantile fantasy leads to theory; such a theory may be unconscious, preconscious or conscious; unconscious theory and conscious theory may be different; this difference may reflect an unconscious infantile transference attitude that governs the attachment to the consciously held theory. The attachment to theories based on infantile transferences contributes to the use of theories for criticism along moralistic lines. This series illustrates the greater currently evolving recognition of the complexity of motivation as an influence on theorising and clinical inference.

It can be seen from this outline that there is an expanding interest in the varied ways in which theories influence the analyst’s thinking in actual practice (Friedman, 1983, 1988; Michels, 1983, 1993). In this paper, I am not discussing the value of theory, the need for theory, the proofs of theory, the ‘proper’ uses or the misuses of theory. Instead, I am reviewing the multiple ways in which the analyst’s theories influence his/her mental function and are responsive to the clinical situation. Therefore, taking a clinical view of theory, its fate is analogous to the fate of any idea in the clinical situation, especially ideas about interpersonal reality. Because unconsciously and preconsciously held theories influence perception, thought and judgement, it has become a truism that theory-free observation is impossible, and there is no ‘theory-free’ discourse. The analyst’s theories are the analyst’s views about mental reality. Barraclough’s ideas about ‘the analyst’s theorising’ (Barraclough, 1994), and Laplanche’s (1989) idea that ‘theory is a site and object of experience’ of psychoanalysis are closely related to my perspective.

**Theory as reality, authority and fantasy in learning and practice**

In a formal scientific sense, theories are supposed to be coherent explanations of events and, therefore, provide a model or a map of the world. In the case of psychoanalysis, it is the psychological world. In this sense, theories are to be tested in their application to observation and to evolve as new knowledge accumulates. In addition, the theory also says what is an event to be explained, and what counts as an explanation. In so far as a theory says something about the world and how it works, a theory involves expectations of what will be observed, and ways of talking about, or types of explanation of, things that are observed. Because of these characteristics of
theories, there is a kind of selective, and even prescriptive, aspect to all theories. A useful theory to some extent narrows the field of observation even as it directs attention to relevant observations. As we know, chance favours the prepared mind, or as an old witticism says: ‘I never would have seen it if I hadn’t believed it’.

This description of the way in which theory influences observation describes only the systematic presuppositions imposed by any system of thought, which Freud (quoted above) called the set of reasons belonging to the system. To the extent that we use the system, we use its logic and its prejudices. The presuppositions are built into, and are a reflection of, the system of ideas itself. So far, I have been emphasising the public and impersonal nature of a theory, as a system of thought that can, in principle, be learned, verified and applied by anyone.

It is one thing to say that a theory has its own logic and autonomy as a system, and another to say that one believes the ideas. To the extent that we are convinced by our theories, we go beyond the mere structural organisation imposed by an impersonal system of thought. Our thinking is influenced by theory in more complex ways, often unconsciously. However, we can see that this way that theory shapes thinking—consciously, preconsciously and unconsciously—is similar to the way in which any belief or unconscious fantasy shapes thought (Grossman, 1982). Of course, when we use our theories to organise our thinking, for example about a particular patient, we do not usually think about the premises of the theory at the same time. We may, in fact, be unaware of using any theory at all, if we are used to a particular way of thinking.

While any version of psychoanalytic theory codifies the facts of mental life—even if imperfectly, the dynamic role of theories in the mental life as a view of reality, a voice of authority and an agent of desires, influences the way in which analysis is learned, understood, practised, discussed and modified.

The facts of mental life that a psychoanalytic theory codifies are the interpreted experiences of authorities who are also the ones who teach the application of theory to technique. For students, theories are a form of received knowledge. Mastery of the psychoanalytic method is the way in which the authority of the teacher is replaced by the student’s authority in the testing of psychoanalytic reality. A theory, held with some conviction, can then serve as inner authority in an expansion of the superego’s role in reality-testing, supporting the analyst’s identifications with those who were the sources of knowledge.

However, this is a long-term project, since many things can be confirmed—or rejected—only with enough observation of consequences over time. Even then, the teachers, and the student’s analyst, continue to represent the theory and the group that supports it. On the other hand, because of the many meanings of the teacher to the student, the theory, too, will become a representative, not only of the teachers, but of the student analyst’s analyst, Freud and so on.

Consequently, it is possible to delineate various vicissitudes of theoretical ideas at every level of mental organisation. Such ideas may serve as a vehicle for rationalising driveimpelled thinking, and as objective reality-oriented agents of adaptation, arbiters of reality, as regulators of thought, as representatives of authority and as social forces. Because of these multiple psychological functions of theories, and their appeal for all aspects of personality organisation theories are readily exploited by transference and countertransference.

The fact that theory (along with related ideas about technique) is psychologically related to authorities who represent it gives it a status analogous to shared daydreams (Sachs, 1942) and shared fantasies (Arlow, 1969). This issue, in turn, touches on the aspects of the group psychology
of shared authority and ideals, and the openness of the superego to influence, as described by Freud (1921, 1923). The idea of a group superego and its component superego of the couple (Kernberg, 1993), can be seen to be relevant to the teaching, learning and conduct of psychoanalysis.

These connections between theory and authority, based on the way in which theories are learned from authorities in the course of training and sustained by group authority, gives theories the narcissistic value accruing to their association with ideals and the superego (see Blum, 1981; Rangell, 1982). Adoption of a particular theory may, therefore, provide narcissistic satisfactions in addition to other psychological benefits derived from sharing the views of members of a group.[4]

For instance, groups share ideals of treatment and process. These ideals are embedded in shared fantasies carrying superego value and power. When analysts struggle with regressive factors in the judgement of reality, knowledge and belief must be supported by authorities who are taken as externalised representatives of superego authority. Of course, at times when the inner authorities abandon the analyst, she/he may then turn to the patient to fulfil this role. This intrapsychic shift is likely to contribute to countertransference enactments.

It is not surprising, then, that psychoanalytic theories are pressed into service beyond our limited field of study. Our theories are readily turned into belief systems, world views and so on. As such, they have still greater value for, and among, their adherents and incite strong passions in their critics.

For the reasons I have been outlining, theories have a variety of important dynamic psychological functions, in addition to the psychological value of systematic descriptions of reality. These other psychological functions include the expression of unconscious fantasies, and this means the expression of drive impulses, superego directives and narcissistic satisfactions—*that is, according to my preferred version of Freudian theory*. Putting the matter in this way emphasises the expressive functions of the content of the theory.

In effect, this line of thought brings out the fact that the autonomy and objectivity of theories has two faces. From one point of view, theories are a representation of some reality that can be observed and tested, impersonally and objectively, by anyone.

Theories, as systems of thought, are thus transpersonal and have lives of their own. Nevertheless, even systematically recorded theories are the possessions of groups of people. As such, they are subject to reinterpretation with the changing views of groups of scientists. This is one of the factors leading to advances in science. Scientific customs are a kind of social force that plays a role in the interpretation of experiments and other observations, and in the reinterpretation of theories. From this point of view, theories enter as given entities into the lives of groups of people and the individuals in the group. In this sense, any particular version of psychoanalysis—e.g. Freudian, Kleinian, Kohutian—is a system of thought, a consensually validated view of reality, shared by a number of people, having an independent status *so far as the individual is concerned*.

On the other hand, this very autonomy and objectivity of theory make a theory, *psychologically*, an internal representative of the group and its authority. This relationship between the group that uses, supports, and teaches the theory, or point of view, and the theory as a personal system of thinking and belief, means that the influence of theory on thinking is subject to the ordinary multiple functions of mental activity, and acts according to these multiple functions.

By virtue of the multiple functions of theories, we can see once again the extent to which judgements about reality are a function of object relations, their associated internal organisations and their interpersonal expressions. Because theories are codified in systems and have a sort of
autonomous life over time, the application of theory at any level of clinical work offers the
possibility of a covert or unconscious appeal to authority, while offering an illusion of objectivity.
This is one way in which necessary and useful guidelines provided by a theoretical orientation can
serve countertransference needs, as well.

A wider perspective on countertransference is evident in this dynamic relationship between
objectivity and authority in the application of theory to psychoanalytic observation, technique and
interaction. The interplay of conjoint fantasies and conjoint expectations and values reflects the
intersubjective character of the mental apparatus. This conception is intrinsic to Freud’s ideas
about falling in love, and is the counterpart to our efforts to conceptualise the intrapsychic
functions of the parent for the child, and the reverse. Freud’s efforts to conceptualise the joint
psychic functions of the group, and to account for the continuing elaboration of the superego with
development, are additional facets.

The idea that a claim to objectivity may be a covert or unconscious appeal to authority can be
looked at from a slightly different angle. One function of an attempt to be objective is to maintain a
position that anyone could have, and that is independently verifiable. This viewpoint that anyone
could have or that, by implication, everyone has or should have, avoids a personal view and its
attendant responsibility. For any field of knowledge, this has the advantage of eliminating personal
biases. However, this appeal to the backing by ‘everyone’ makes objectivity a useful vehicle for
unconscious sexual and aggressive fantasies, individual and group.

In so far as theory is regarded as a view of reality that has to be confirmed, an ideal of observation
that has to be repeated, an understanding that must be shared, technique is likely to be defended as
based solely on theory. Practical technical decisions, however welcome their consequences, may
be inspired by a variety of motives other than theoretical reasons. These technical interventions
may only subsequently be justified by theoretical sanctions while serving in turn as a justification
for those same theoretical views.

Because the analyst is in a constant relationship with the internal and outer authorities, there is,
along with a regression in the service of the ego, a possible regression in the superego. Fliess
(1942) pointed out that along with the ‘work ego of the analyst’ there is a ‘work conscience’ of the
analyst. This idea is related to, but not the same as, the idea of the analyst as the conscience of the
analysis (Calef & Weinshel, 1980). The distinction points to two aspects of the analyst’s
functioning: the analyst is in a relationship with his inner authorities that guide him/her in the
conduct of the analysis, and a similar relationship obtains between the analyst and the patient.
Fliess was referring to a permissive state of unconscious self-observation by the superego that
allowed the ego to function differently, permitting greater tolerance of ordinarily unacceptable
thoughts. The ‘conscience of the analysis’ is the analyst who is the guardian of the analysis, and
makes sure it stays an analysis. This has a bearing on the fact that the rules for treatment often take
the form of commands to abstain, hence the superego aspect of the fundamental rule, and the ideal
of striving for a pure analysis (Kanzer, 1972).

Conflicts among analysts regarding theory and technique, as well as the individual analyst’s
conflicts, often concern questions of gratification and abstinence that give rise to ethical and moral
issues. Support of authority may help the analyst to maintain needed boundaries, as well as to
allow the therapist to feel safe in varying the rules. Other aspects of the superego’s influence on
theory and technique involve the idealisation of analysis (Greenacre, 1966) and the relation
between the superego and insight (Blum, 1981).
This, in very brief outline, is an elaborated and object-centred consideration of the role of reality in the mental life, and the interplay among the person of the object, the superego, and reality-testing. The idea of the couple’s superego (Kernberg, 1993) as an emergent function for both mental apparatuses continues the idea, mentioned earlier, of the influence of one person’s unconscious on another’s. It is also a continuation of emergence in the development of mental function, and the role of the Other-person in it.

Any statements about how to apply theory to technique can become prescriptive once one goes beyond saying that ‘applying this bit of theory to a particular kind of interchange may lead, or often leads, to certain results’. If we begin to generalise without adequately specific descriptions of context—the patient’s transference, current conflicts and similar issues—we slip from the attention to the dynamic, multilayered issues of discourse into impersonal rules.[6]

Rules of technique, like the theories associated with them, are the representative of authority as guide, ideal and critic. Because of this, there is a tendency of the analyst to simplify principles of technique into rules for behaviour. Isakower used to call this ‘reaching for a rule’. When technique becomes a systematic guide to behaviour, without being open to reconsideration in terms of context, it has become an ideal for which to strive. Since technique is context-sensitive, there is a limit to the possibilities for systematising rules for the conduct of analysis and of the analyst. There is no simple and direct way to go from a descriptive and explanatory account of process to an explicit guide for the analyst’s conduct. However, ideas about the characterisation of process can be used to shift from guides for behaviour to guides for evaluating and working with the dynamic functioning within the relationship.

It is most helpful to attempt to characterise technique in terms of the dynamic relationship between the context, interpretation and the meaning of intervention to the patient. Even so, ideas about the process can also become ideals for the state of the analyst, the patient and their relationship.

All of these issues point out the fluctuations that can occur from the rational, reasoned or ego use of theoretical ideas, framework, and precepts, to a usage in which the analyst’s relation to authority is at play. Probably shifts must occur at some times for reasons having to do with the processes of self-observation involved in responding to clinical material. That is, it is easy to slip from self-observation to self-criticism or self-justification. Both the patient’s and the analyst’s responses to material can be evaluated alternately according to judgements about meanings and connections in the material, and according to fit with accepted ideas.[7]

Isakower’s analysing instrument

In the 1950s and 1960s, Otto Isakower was a respected, though ambivalently regarded, teacher at the New York Psychoanalytic Institute. As shown by the comments accompanying the recent publication of his ideas (Isakower, 1992), he could be an intimidating teacher to some and inspiring to others. At that time when psychoanalytic viewpoints were proliferating (e.g. Fairbairn, Lacan, Loewald, Winnicott and others), Isakower’s rather fundamentalist position was controversial. During this period in New York, the ego-psychology of Hartmann, Kris and Loewenstein was a dominant influence, and issues regarding the relationship between psychoanalysis and psychotherapy were prominent concerns. Isakower wanted to diminish the role of theory-dominated thinking in the teaching of psychoanalytic process and to isolate those processes that were essential to and characteristic of the conduct of analysis, as distinguished from psychotherapy.

To accomplish these goals, he returned to Freud’s early description of the state of mind of the freely associating person (Freud, 1900). By focusing on this essential process in the minds of the
analyst and the patient, he hoped to avoid the mechanical and constrictive application of theory in listening to clinical material. He tried to isolate this process by describing it as a set of mental functions in the mind of the analyst. This, he said, was something between a ‘metaphor’ and an ‘entity’.

As a heuristic concept, the ‘analysing instrument’ was central to Isakower’s ideas about the special function of supervision in training. He thought that the primary function of supervision was to teach the student how to achieve the state of mind necessary for self-observation as a constituent of listening to the patient. To attain this goal, supervision had to involve the student in learning how his or her mind works, and how to use it in listening to and responding to patients. He said that supervision is, therefore, distinct from the personal analysis, which explores the contents of the student’s unconscious, and from course-work that teaches psychoanalytic concepts. Supervision helps to study the student’s own mind by observing how it functions. This kind of observation was differentiated from studying mental contents for their unconscious meanings, and from applying various concepts—except for ‘the analysing instrument’—to the observed functions and contents. The student, he said, should be helped to notice associations occurring in response to the patient’s associations. The student is encouraged to discard preconceptions, themes, attempts at formulation and theoretical notions that come to mind. He said that theoretical discussion does not belong in supervision. Imagery is of special value as an indication of an appropriate state of regression and absence of critical control. Isakower emphasised that he was not teaching technique so much as he was teaching process. He acknowledged that achieving this state of self-observation is not the entire process. However, it is the essential part, or perhaps, manifestation, of the analysing instrument. That is, the student’s mind was to be in a particular state in which ideas about theory were to be excluded. He would say it was ‘better not to think’ them. The separation of the functions in teaching was, in effect, to be matched by a separation of these functions in the mind of the student.

Correspondingly, Isakower described two views of supervision. The first focused on the personalities of the supervisor and supervisee, which he considered ‘variable factors’. The second focused on the ‘invariable’ factor, the ‘instrument or tool of the analyst’. Evidently, this was a state of mind that could be independent of personality. The student’s personality as a variable was not for discussion in supervision.

It is not difficult to see the didactic value of the ‘analysing instrument’ as ‘a point of reference for the clarification of the psychic processes which constitute the foundation of the specific analytic activity’ (Isakower, 1992, p. 200). This ‘specific analytic activity’ was considered a process that was similar in analyst and analysand. The state of mind of the self-observing analyst was considered to be a state similar or parallel to that of the freely associating patient. Isakower’s ultimate goal was to ‘establish criteria for the behaviour, actions and interventions of the analyst, and afford an evaluation of their effect on the analysand’ (p. 201). Perhaps he also intended to suggest that the capacity to achieve these processes might be a criterion of analysability.

I have given only a hint of Isakower’s richer description of the analysing instrument. His full account captured something essential about the analyst’s experience of the psychoanalytic situation that distinguishes that experience from other situations. He was describing a way of listening that tolerates the influx of ideas that are generally ignored or dismissed in daily functioning, in social discourse or in focused mental activities.
It was his attempt to isolate this particular aspect of functioning from the larger psychic situation that created the problem as I see it. He wanted to eliminate what he considered a ‘therapeutic’ tendency in supervisors to discuss the students personality as a factor in their work. He acknowledged that the approach he was suggesting was one-sided in its effort to isolate various functions.

We might ask whether describing a specific analytic function really requires taking a one-sided approach to teaching. It seems plausible that the development of a particular state of mind and way of listening is what distinguishes analytic work.

In Isakower’s approach, however, the effort to evade personality issues displaced the dynamic conflict between personal factors and the inherent problems of teaching into the static idea of an instrument to be kept free of unwanted intrusions. That is, the effort to ward off—rather than explore—the inevitable concern with the personality of the student and with countertransference leads to an artificial objectivity that must distort observation. Second, the attempt to separate the personal ‘variable factors’ and the technical ‘invariable factor’ obscured their invariable interaction, the observation of which is an essential activity in analysis. Third, focusing on an ‘instrument’ obscured the important role of the teacher-student relationship and the teacher’s authority in the learning and maintenance of analytic ideals.

One of the important things the student needs to learn to recognise is the interplay of observation, self-observation and attitudes towards authority in the form of theory, precept and teacher. I am for inclusiveness and attention to the manifestations of active conflict. This means fostering the awareness of the analyst’s often unwitting appeals to the authority of the teacher, the analyst’s analyst, the theory, colleagues and Freud, or even Freud’s critics.

Sometimes, the appeal to authority may be conscious: I recall the story of a candidate who was about to interpret a fantasy to a patient. As she was about to speak, the image of the supervisor came to mind, shaking his head in disapproval. The student refrained from saying anything. She was then chagrined when during the next supervisory hour the supervisor suggested the same interpretation. ‘I was going to make that interpretation’ said the student. ‘Why didn’t you?’ said the supervisor. ‘You told me not to’ was the witty answer.

I should emphasise that the point here is that the candidate tried to think of what the supervisor’s attitude would be. A thought that came to mind was accompanied by another thought, or rather image, of a prohibiting authority. This is a more concrete form of appealing to internal authority and probably says something indirectly about what the interpretation meant to the candidate. As noted earlier, the image of a disapproving patient may at times replace those inner authorities.

It is precisely in the situation of teaching and learning a theory and a method of applying it that models of the way in which things work become ideals, models to be emulated in thinking and in practice by the student. Of course, this is inevitable, since the student has to learn to apply the method correctly in order to know what to observe and how to observe it. Only in this way can the theoretical ideas be checked by observation.

My critique of the analysing instrument (Grossman, 1992b) did not take issue either with the importance of keeping one’s mind open to whatever thoughts may enter or of tolerating fluctuations in the state of alertness. However, I began to wonder whether a point of view that insisted on achieving the right frame of mind would necessarily avoid the imposition of theory on the clinical situation. I certainly agree with Freud and Isakower that transient suspension of criticism is essential for analysing as it is for other creative activities. It seemed that the broader
psychological question was about *how we can use* our theoretical understanding and still retain an open-minded stance, in both clinical and theoretical creativity. Inevitably, we always bring all kinds of preconceptions to our work.

Isakower’s approach was rooted in a particular theory that *he* was teaching. Isakower’s *rejection* of theory, as such rejection often is, was a reaction to the perception that theory and intellectualisation in treatment sometimes go hand in hand—and perhaps were getting *out of hand* in practice in Isakower’s time. Once the ‘instrument’ was treated as something more than a useful didactic metaphor, Isakower’s formulations seemed to lose touch with the inevitable multi-level functioning, the ongoing conflict that characterises mental activity of the analyst and that of the patient. He wanted to dismiss the *deliberate* and *intellectual* application of various theoretical ideas to clinical observation, and to concentrate on the observations. Therefore, he introduced a new theoretical entity, a mental ensemble of functions created for the occasion, that maintained the state of mind necessary for analysis, while excluding theoretical ideas. In effect, he created a *conception* of a divided mind, and recommended a division of the student’s mind.  

In his efforts to refine his picture of the ‘tool’ of the analyst, it gradually changed—I think inevitably—into a set of prescriptive and restrictive injunctions that aimed to exclude ‘inappropriate thoughts’, like judgements and theory. This attempt actually activates a critical attitude and *imposes* judgements on the emerging thoughts at the moment the student is encouraged to *discard* preconceptions, themes, attempts at formulation, and theoretical notions that come to mind. The suggestion that he would offer students, that it would be ‘better not to think’ certain thoughts, introduces criticism, constraints, and rules into ‘free’ association. Just as these thoughts were to be rejected if they came to mind, theoretical discussion was to be excluded from supervision, too. In effect, the inner authority that rejects an idea as ‘unimportant or irrelevant or because it seems to him meaningless’ or even immoral, is now replaced by an authority that says that other ideas are to be rejected. With this shift, the terms or contents of the inner conflict have changed, but the conflict remains.

The analysing instrument thus began with the hope of characterising a *dynamic state* in which the analyst’s ‘freely hovering’ or ‘evenly suspended’ attention could encounter the patient’s freely flowing associations. The analyst’s associations were intended to respond to the associations of the patient because, as Freud (1912, 1915) had suggested, the patient’s unconscious influenced the analyst’s in this way. But, inevitably, the effort to *focus on and isolate* the process of keeping the mind in an open and uncritical state with respect to regressive thinking led to a *critical* attitude and exclusion of other thoughts.

In Isakower’s description of the process of trying to train the student, the ideas of ‘purification’ and ‘cleansing’ the instrument became more prominent. The effort to capture the most dynamic experience of analysing became a static instrument that took on the character of an ideal to be achieved by the exclusion of error. This tendency of Isakower’s approach is evident in the published discussion. The focus on the search for error is *explicit* in an unpublished discussion in which one section is entitled ‘Outline of a scale of erroneous attitudes of the analyst’ (Isakower, 1966).

In order to understand this problem and other problems in applying theory to therapy, it is helpful to reconsider the picture presented by Freud and Isakower. Both take the view that our ordinary conscious mode of thought, which is rational, critical, and introduces preconceptions, must be set aside. A near-dream state can accomplish this just as falling asleep regularly does.
From a psychological point of view, the important point is that the conscious decision to abandon critical thought and to attend to one’s spontaneous associations evokes conscious, preconscious and unconscious conflicts. This is why training and skill are needed. In speaking about free association in *The Interpretation of Dreams* (Freud, 1900), Freud dramatises this conflict as he describes the conscious struggle induced by the fundamental rule. He says at various times that it is easy, and alternately, that it is difficult, to learn to adopt the attitude that abandons criticism and allows ideas to emerge spontaneously. Towards the end of the book, he says:

*It must not be forgotten that in interpreting a dream we are opposed by the psychical forces which were responsible for its distortion. It is thus a question of relative strength whether our intellectual interest, our capacity for self-discipline, our psychological knowledge and our practice in interpreting dreams enable us to master our internal resistances (pp. 524-5).*

Here we see that the abandonment of conscious control is counteracted by an unconscious control.

Although it is possible to develop a certain amount of skill in paying attention to one’s own associations, and to suspend criticism of the emerging thoughts, the preconscious and unconscious impediments, of course, continue to operate. Consequently, the thoughts that do come to mind reflect compromise-formation.

If we take the injunction to suspend criticism seriously, we will certainly pay attention to imagery. However, to suspend conscious criticism entirely means allowing all thoughts, including theoretical ideas, to come to mind. In doing so, we will be acknowledging that theoretical ideas that occur to us in this way are also compromise-formation. They come to mind in response to a variety of motives, and should be examined as are any other ideas. This means that theoretical ideas, like other intellectual constructs and ideas about ‘reality’—by analyst or patient—are to be treated like other associations. This reflects the dual implications of associations having the form of theoretical ideas: they belong to the theoretical system at the same time as their emergence in a particular context reflects the psychological state in which they are called to mind. This might be called a theory-determined examination of a theoretical idea in its role as an association.

In this respect, it is important to distinguish again between the deliberate imposition of preconceptions, or the deliberate search for particular theoretical and clinical trends in the material, and the spontaneous emergence of theoretical notions or impulses to formulate material. Thus, theoretical ideas have at least two different fates in our minds, depending on whether we use them deliberately, or they influence us preconsciously and unconsciously.

For these reasons, it is useful to inquire why the theoretical ideas come to mind in place of, say, some perception or another thought of a more obviously personal or empathic kind. The reason may be a defensive intellectualisation provoked by something in the material. An intensification of objectivity in the analyst or the patient often signals a counter-reaction to feelings of closeness. Such thoughts may also be regarded as unconscious fantasies couched in the terms of theories. At other times, an association of that kind may be a step on the way to understanding. Finally, these possibilities may co-exist since they are not incompatible. Thoughts that come to the analyst’s mind that ‘it might have been better not to think’ may have all of those implications with differing degrees of relevance at various times. In any case, while such thoughts may not be serviceable for an interpretation at the moment, there is value in seeing such associations as inevitable, like unconsciously motivated resistance, rather than dismissing them as unwanted intrusions. Rather than mere contaminators of the instrument, unwanted thoughts of various kinds are now widely recognised as expectable parts of any dynamic situation. Like resistances (Schafer, 1992), they
bring information, and signal alterations in attention and states of consciousness. Finally, these peremptory intrusions are an expression of unconscious fantasies the analysis of which, in both analyst and patient, is an integral part of analysis.

Efforts, like Isakower’s, to escape the constrictive applications of theory by reconceptualising particular mental functions and activities has occurred—and is occurring—frequently in the development of psychoanalysis. For example, Kohut tried to create a theory that would be closer to experience than ego-psychology by making ‘empathy’ and ‘the self’ the central concepts of his theory. However, these terms became problematic once they were used theoretically, requiring more abstract and elaborate discussion about their clinical referents.[13] However, whatever language of experience is used to replace theory, it soon comes to function as a system subject to problems similar to those of the theory it has replaced.[14] In effect, the effort to overcome the constrictive uses of theory changes the theory and retains the constriction.

**Further reflection on theory**

When people emphasise the impossibility of theory-free observation or practice, the point is really that no one is free of some kind of systematic (and unsystematic) presuppositions about what they expect to see and how it will be explained. This may mean something conscious and specific: most analysts expect patients to misperceive them as parents. This expectation is so readily fulfilled that it seems self-evident, a simple fact of observation each time the transference is recognised. Yet each time an analyst does not recognise a transference manifestation, we have a demonstration that alternative explanations of the same observations are possible according to a different system. The prepared mind finds relevant data. Sometimes too much preparedness finds too much data. This is as true for systematic scientific observation as it is for prejudice and paranoia (Freud, 1940). However, it is not an option to be accepted or rejected. It is inevitable that we approach new situations in terms of what we know, and attempt to assimilate new experience to old knowledge. Some antitheoretical attitudes arise from viewing theoretical ideas as a kind of tyranny that controls thought, an unwanted authority to be discarded. Efforts to avoid theories lead to conflicts and self-deception, and favour the unrecognised unconscious operation of such preconceptions. It is the willingness to reflect on our necessarily theory-laden observations that offers the opportunity to arrive at novel observations and conclusions, to recognise what may go beyond our expectations.

**Conclusions**

We need to formulate clinical theories as explicitly as we can because not all of the possible explanations of a particular kind of data are equally useful in a larger perspective. At the same time, we must remember that whatever is conscious may also be unconscious. Therefore, systematic theoretical presuppositions may operate unconsciously, as well.

Although the principle that all observation is theory-determined is correct in the sense that we cannot function without presuppositions, prejudices and expectations, not all observations are related to theory in the same way or to the same extent. The influence of such presuppositions is modified dynamically by other presuppositions, including the recognition of the need to look for and evaluate theoretical biases. Introducing a reflection on how we think, being self-observers, offers the possibility of exploring our own use of theories and the bases for our beliefs that can expand understanding. It also provokes conflict. It seems to me that this is a necessary part of our work and a part of examining countertransference. I believe that what I have described is analogous to the developmental aspect of learning about reality and the role of authority and independent thought in it.

**References**


The process may be compared with Freud’s comments on the acquisition of religion in *The Future of an Illusion* (1927, p. 21): ‘Moreover, it is especially apposite to say that civilization gives the individual these ideas [religion], for he finds them there already; they are presented to him ready-made, and he would not be able to discover them for himself. What he is entering into is the heritage of many generations, and he takes it over as he does the multiplication table, geometry, and similar things. There is indeed a difference in this, but that difference lies elsewhere … ’

This letter closely echoes his earlier remarks: ‘We are justified, in my view, in giving free rein to our speculations so long as we retain the coolness of our judgement and do not mistake the scaffolding for the building. And since at our first approach to something unknown all that we need is the assistance of provisional ideas, I shall give preference in the first instance to hypotheses of the crudest and most concrete description’ (Freud, 1900, p. 536).

Freud summed this up in his introduction to the Irma dream when he wrote: ‘And now I must ask the reader to make my interests his own for quite a while, and to plunge, along with me, into the minutest details of my life; for a transference of this kind is peremptorily demanded by our interest in the hidden meaning of dreams’ (Freud, 1900, pp. 105-6).

On related issues, see Kernberg (1986). Schafer, in a personal communication, mentioned the relationship between power and the interpretation of psychoanalytic theory.

In a letter to Ferenczi, Freud wrote: ‘my recommendations on technique ... were essentially negative. I thought it most important to stress what one should not do, to point out temptations that run counter to analysis. Almost everything one should do in a positive sense, I left to the “tact” that you have introduced. What I achieved thereby was that the Obedient submitted to these admonitions as if they were taboos and did not notice their elasticity’ (Grubrich-Simitis, 1986, p. 271). Veronica Mächtlinger, the translator of the paper referred to above, kindly drew my attention to this letter.

This leads to the problem of what we mean by technique and by a ‘theory of technique’. Dr Linda Brakel, in a personal communication, wrote that ‘technique, by definition, pertains to how best to apply a method’. She wondered how there could be theoretical recommendations regarding technique and whether such recommendations would inevitably be constricting (see also Spiegel, 1992). It seems to me that this highlights the fact that our method involves at least two levels of psychological judgement; one about the meaning of the patient’s material and another about the way this influences the way the analyst will be heard. When we speak about technique, we refer to a number of activities and judgements. One is understanding the meaning of a particular analytic discourse as a particular instance of a particular patient’s mental life, and as a particular instance of more general psychological issues. This is a kind of multi-layering of the contexts of understanding. Also included in technique is the decision to offer an intervention with some kind of expectation regarding the consequences. Still another aspect of technique is the interpretation of the response to intervention. A theory of technique would be an explanation of the psychological basis for each of these decisions.

‘Rational’ and ‘reasoned’ as used here do not mean the conscious and detached application of theory to observation as a *form of therapeutic interaction*. It is simply a way of referring to theory as an observational and explanatory framework with potential autonomy as a system of ideas apart from the individual who uses it.
Freud (1912, pp. 112, 115) is explicit in asserting that the analyst must follow ‘the fundamental rule’ in order to obtain the advantage of the patient’s doing the same.

In Isakower’s elaboration of his ideas, he offered a number of quotations from the work of other authors including Fliess (1942) and Lewin (1954, 1955) that show his own appreciation of a greater complexity of the analytic attitude (see also Schafer, 1983). Balter et al. (1980) have since elaborated the significance of Kris’s ideas (1950) on preconscious mental activity for any such discussion of mental function of the analyst and the analysand.

The recommended division parallels the separation of two functions of teaching, the teaching of how the student’s mind works and the teaching of theory. Of course, this is based on Freud’s recommendations. However, there is a subtle difference. Whereas Isakower emphasises excluding some thoughts, Freud (1912) emphasises the withholding of conscious influences, and simply listening. The idea is to avoid deliberate selection and focus.

‘It is a very remarkable thing that the Ucs. of one human being can react upon that of another, without passing through the Cs. This deserves closer investigation, especially with a view to finding out whether preconscious activity can be excluded as playing a part in it; but, descriptively speaking, the fact is incontestable. (Cf. an example of this in Freud, 1913)’ (Freud, 1915, p. 194).

To the unconscious use of theory in observation, we can add that theoretical ideas unconsciously represent other unconscious ideas of the usual kinds. This is analogous to the exploitation of intellectual creations in dreams. See also Freud (1913) quoted above.

Developmental models are also used in the effort to avoid abstract theory and to get closer to experience by using a reconstructed experience of childhood as a template for explanation.

In a discussion of this paper, Roy Schafer suggested that the expression ‘nearer to interpretation’ more accurately expresses what ‘experience-near’ is intended to express.