

2011 Symposium Presentation by Edgar Levenson

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How often? How long? How deep? The question evokes the questioner. The best answer to any question—as any New Yorker will tell you—is...”Who’s asking?” True, frequency and duration concern us all, but for some of us it’s a pragmatic issue, and for others it is canonical. Is twice weekly psychoanalysis? Three times? Clearly not everyone agrees. As you may know, we at the White Institute were rejected, in 1952, by the American for, among other shortcomings, on grounds of frequency of sessions.¹ We thought three sessions weekly was psychoanalysis, they required four or five. This was not a minor quibble but intrinsic to one’s concept of what psychoanalysis was and what defines its proper application. Even at White, we thought once weekly could be considered psychoanalysis psychotherapy, but not psychoanalysis.

There has been an ecumenical trend in our field, a loosening of theoretical and clinical strictures. Whether stimulated by theoretical or, more likely, pragmatic circumstances; i.e., with the barbarians at the gates—psychopharmacology, a spate of short-term alphabet therapies, not to mention a general loss of our once vast cultural esteem— we are, at long last, joining forces. Psychoanalysis technique has been adapted to less frequent sessions. Even length of session, the eponymous “fifty-minute hour,” has, for many (but not me), shrunk down to a more parsimonious forty-five. But the really relevant signifier, the paradigmatic tip-off, is “deeper”. What can be the opposite of deeper? Shallower? Is there a non-pejorative opposite?

Depth invokes a *vertical* view of the unconscious. “Deeper” is earlier and/or more primitive. It is part of a psychoanalysis set that dictates the couch, frequent sessions, a relatively non-participating analyst, and a free-associating patient. All this is

¹ Merton Gill, later our strongest advocate and an interpersonalist in his own right was a member of that original rejecting committee.

to facilitate the premise that psychoanalysis therapy requires the patient to go deeper, to *experience a regression*.

A vertical metaphor is consistent with the neurology of Freud's day (the Project is another matter). Function was considered to be layered vertically, each layer *repressing* the function of the layer under it. Thus cortical damage permitted the emergence of a cerebellar tremor. This is consistent with the later Papez-Maclean theory that layers a mammalian brain over a reptile brain in much the same vertical repression model. Current versions of neuropsychological functioning are more holistic, the brain functioning as an open system, an incomparable information processing network (Schoore 1994).

The concept of regression—and its linked concepts of repression and fixation—is so intrinsic to the psychoanalysis zeitgeist that many analysts would consider it impossible to even conceive of a psychoanalysis metapsychology without it. Psychoanalysis therapy, they would claim, requires a 'return-to...' a 'recapture-of...' and 'containment of...'.²

I have since 1972 claimed that psychoanalysis does not develop in glorious isolation, but is immersed in, to use Kuhn's term, current paradigms and paradigmatic shifts (Levenson 1972). There has been within the field a metaphoric change—from the vertical imagery of *repression* to the horizontal imagery of *dissociation*. As Don Stern puts it:

The mind is therefore theorized not as a vertical organization of consciousness and unconsciousness, but as a horizontally organized collection of self-states, states of being, or states of mind, each in dynamic relationship to the others. (Stern 2009)p169

This is consistent with and really part of a broader cultural shift from a modern to a post-modern paradigm, in which Self is displaced as a central presence in experience,

becomes yet another personal signifier. The self is no longer an entity but fragmented. There is no "I", no inner self who wrestles with all these different roles and determines who I really am. Rather, there are multiple "self-states" that may be disconnected from each other and, under conditions of high anxiety, kept out of awareness—*dissociated* not *repressed*

I would consider Sullivan's Interpersonal Psychiatry psychoanalysis' earliest move into the post-modern. Sullivan introduced the concept of "inattention" in milder cases and dissociation when anxiety levels were higher. When Sullivan declared that there was no such thing as a core personality, saying that, "for all I know, every human being has as many personalities as he has interpersonal relations..", most of us bridled, insisted he must mean something else (Sullivan 1950). Wolstein and Fromm both took him on quite aggressively. (.Sullivan died in 1949, a year before Wolstein and I came to White.)..

If one postulates fragmented multiple self-states, kept apart, out of mutual awareness; then therapy functions not so much to *recapture* as to *re-integrate*. One moves away from thinking of psychological problems as being caused by distortions of inner reality that are incommensurate to the real world, to viewing the individual as being unable, because of anxiety, to grasp and integrate real experience: early childhood experience, "unformulated" to use Stern's term; or even historical and current mystified relationships. Actually, it seems to me that splitting-off, dissociation, could be attributed to almost any anxiety-producing stress; from infantile fantasy, to distressed early mothering, to a lifetime of interpersonal mystifications and abuses.

Some later variations among the Relationalists (many of them were our children, our graduates) merged British object-relations with the Interpersonal tradition, and re-introduced an emphasis on attachment, early real mother-child interactions. In this amalgam, real experience antedates fantasy, but regression, fixation and, very possibly, restitution in the psychoanalysis venue are reinstated. I believe this syncretism proved

clinically disastrous for Winnicott, Guntrip and Khan; and may present real problems for relationalists..

For example, Bromberg, a pioneer and spokesman for the significance of dissociation, attempts to re-instate regression as a therapeutic modality—to my mind, an essentially incommensurate mixed paradigm. Stern states:

By” regression” [Bromberg] he does not mean to invoke the concept of transference neurosis, but rather an atmosphere of safety. Bromberg’s regression is allowed, not induced and has nothing to do with transference deprivation.(Stern 1995) p.111

As far back as 1958, Menninger described the “correct” direction of the therapeutic cycle (Menninger and Holzman 1958). It began in the present, the free-associating patient, moved into resistance qua transference, and then, on interpretation of the resistance, moved back to the patient’s early memories and deeper fantasies.. To move in any other direction would be anti-therapeutic. Note, for example, when the therapist tries to push a patient in resistance into past history—“you feel this way about me because your mother ...” The revelations of early experience, the pt’s past, occur as the resistances are resolved. The recapture of early experience or fantasy is, in this classical view, the mutative event, the cause of change.

This cycle—moving from present inquiry, into transference enactment, which leads more or less spontaneously back to early affective-laden history—is still entirely relevant. But the mutative work lies less in the recapture of fantasy than in the working-thru, the re-integration, of the material in the interaction of patient and therapist.

I suspect that, consistent with Freud’s original *obiter dictum*, most of us recognize analysis of resistance and transference as the core of psychoanalysis praxis; but unfortunately we really mean different things by “transference”. To repeat, in traditional transference analysis, transference is seen as a form of resistance—the consequence of projections onto the present. The patient *resists* examination of genetic fantasies by

transferring them onto the therapist. Consequently, the analyst interprets *away* from transference, to get it out of the way of the mutative interpretation.

This [classic] view is an integral part of the position that the analysis of the transference is ancillary to the analysis of the neurosis. I argue, on the contrary, that if the analysis of the transference is the analysis of the neurosis, the resolution of the transference must also largely take place in the analysis of the transference.(Gill 1982b) (p.178)

That is to say that currently many of us do not interpret *away* from transference, but treat it as a relevant enactment of what is being talked about; an integrated language/behavior *act*, that can be directly engaged by the analyst, participated in (to varying degrees) and used as a powerful therapeutic instrument.

It is important to emphasize that these paradigmatic distinctions blur institutional boundaries, and even within a given Institute, analysts may use the same lexicon and imply subtly different things; the old guard and the young guard often unwittingly talking across a paradigmatic schism.

The curse of this field is the *glissade* of terms. The same words are used, but meaning slips and slides. The paradigm shifts inexorably but invisibly, since the language remains much the same, fostering a false illusion of continuity and ecumenism.²We are not all talking the same language; or worse, we are using the same language but meaning different things.. We are all, like the blind men in the Sufi tale, grasping the same elephant—but the elephant is not, as is usually assumed, psychoanalysis, but *consciousness*.

Marshall McLuhan said that we don't know who discovered water but we do know it wasn't a fish! We are trying to grasp a phenomenon in which we are immersed,

² Only H.S.Sullivan invented a significantly different lexicon for interpersonal 'psychiatry'-one notes, not psychoanalysis

indeed part of—namely *consciousness*, the great mystery of the twenty-first century. I do not mean awareness; i.e., what is “conscious,” but the flow of consciousness. We have, as Freeman Dyson (a prominent physicist) points out, no more idea of what consciousness is than we do cosmic dark matter.

We are now in the Age of the Mind. Once the “Ghost in the machine”, mind, and its correlate, consciousness is of cardinal interest. (Levenson 2001) It’s nature is hotly debated in a virtually medievalist sectarianism amongst the mentalists, the functionalists, the materialists, and the mysterians (Damasio 1994). Suffice it to say that the debate centers on whether consciousness is merely an epiphenomenon of the brain—an inevitable outcome of organic complexity—or, whether it is of another essence altogether. Consciousness, as Damasio says, is “the last great mystery and may lead us to change our view of the universe we inhabit.” (Damasio 1994) (p.21).

I would suggest that our current focus should be—not so much on “deeper” and “wider”; i.e., competing metapsychologies and their interpretive sets—as on how mind *works*; how experience is processed and integrated. It is important to remember that we do not directly apprehend the world. Our being in the world is a construction. It seems evident that consciousness, intelligence, mind—whatever one calls it—would construct its world-view (and we would construct our therapeutic praxis) from every available source of data; instinct, memory, fantasy, myths and dreams, patterns of experience, strategies of interaction, current experience in the relationship with the therapist and others.

As Bollas so nicely put it:

Is psychoanalysis a dialogue? A conversation? An intersubjective occasion? Is it a one-body psychology or a two-body psychology? Where is it to be found? There are dialogues. It can be interpersonal. In some respects it is also intersubjective. And of course both participants are always intrapsychics [sic].

Transference always occurs as does countertransference, and they are rather enamored of one other. Every above-named element is present. It is all of those things, but in the end, none of them.(Bollas 1999. P. 14.)

It would seem absurd for us to be debating who owns the *echt* psychoanalysis, whether one metapsychology is more valid or effective clinically than the next. This uncertainty is not a failure of scientific purpose. Rather, as Dyson put it:

In fact, science is not a collection of truths. It is a continuing exploration of mysteries....science is the sum total of a great multitude of mysteries. It is an unending argument between a great multitude of voices. It resembles *Wikipedia* much more than it resembles the *Encyclopedia Britannica*.(Dyson 2011)p.10

[PAUSE] That would seem to cover the waterfront. How deep is the ocean? How wide is the sky? Deep and wide are metaphors within paradigms. They are neither wrong nor right. They simply represent our efforts to grasp and grapple with the endlessly fascinating enigma of consciousness and change.

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