The increasing awareness and acknowledgment of our psychoanalytical theoretical diversity, or pluralism as we have come to call it, that has marked recent decades, has brought to the fore the pressing technical issue of the consequences of this theoretical pluralism for our shared clinical enterprise as practicing psychoanalysts, an issue around which our discipline has to this point failed to achieve consensus. The Richards belong to those analysts who feel that technique follows theory, that theoretical change or advance, if it is consequential to any extent, necessarily leads to altered technique. Their whole paper, beginning with a clinical vignette, and going on to discuss in turn modern-day ego psychological theory (which they call “modern conflict theory”), Kohut's self psychology, what they call relational and intersubjective psychoanalysis, modern Kleinian theory, and lastly, American object relations theory, is an effort to buttress that viewpoint. Close to explicit in that viewpoint is the conviction that one's own chosen theoretical position—and the Richards' position is, of course, modern conflict theory with which they associate a cluster of distinguished and familiar names, all American incidentally—is the most fruitful, the most comprehensive in an explanatory sense, and the most effective in a therapeutic sense.

This same overall topic has also become central to my own theoretical and clinical interests, though I have approached it from a different starting point and have emerged with a contrary position on the relation of theory to technique, or more precisely on how consequential theory is, in fact, for technique. My own starting point in this inquiry was in the development of two interlocking themes in my plenary addresses to the International Psychoanalytical Association Congress in Montreal in 1987 (Wallerstein, 1988) and to the following Congress in Rome in 1989 (Wallerstein, 1990). These two themes were (1) the issue created for psychoanalysis as a science and a discipline by this increasing acknowledgment and acceptance of the diversity of theoretical perspectives that had developed since Freud's day; and (2) what in the face of this diversity still held us all together as psychoanalysts; where in all this was our common ground?

The overall thesis that I developed in pursuit of these themes can be summarized as follows: Our growing theoretical diversification within psychoanalysis, going back as far as the growth of the Kleinian movement in the 1920s and still in Freud's active lifetime, has represented a diversity of conceptual explanatory systems (general psychologies, metapsychologies) devised to best explain (for their adherents) the common clinical phenomena of conflict and its compromise, anxiety and symptoms, defense and resistance, and transference and countertransference. That is to say, common in both senses of being the usual, ordinary phenomena with which all practicing psychoanalysts deal in their day-to-day work in their consulting rooms, and common also in the sense of being shared as the data in common, what we consider to be the observables in our work, whatever our metapsychological theoretical allegiances. Our diversity thus exists in our experience-distant “general theories,” our theoretical explanatory systems created to give
coherence and order and a sense of psychological understanding (in terms of a theory of mind and mental functioning), to the phenomena observed in the consulting room. Our common ground exists in our experience-near clinical theory, encompassing the discernible clinical events of conflict, resistance, and transference—countertransference interplay palpable in our daily clinical encounters.

Corollary to this is my conviction that the clinical theory, being grounded in observables, is amenable then to the selfsame processes of hypothesis formation, testing, and validation as any other scientific enterprise, albeit, of course, by methods adapted to the peculiar subjectivistic nature of the essential data from the psychoanalytic situation. The general theories—our diverse metpsychologies—I see on the other hand, at least at this stage of our historic developmental dynamic, as primarily metaphoric, our large-scale explanatory metaphors, which we use to give a sense of coherence and closure to our psychological understanding. They are our pluralistic psychoanalytic articles of faith that I feel in our current developmental state to be essentially beyond the realm of empirical study and scientific process.

Clearly my argument here rests on a contrary position from that of the Richards. Rather than holding to the conception of a close link between theory and technique, and a coercive determination of technique by theory, my view is one of relative and elastic distance between the general theories—the ego psychological theory of id, ego, and superego, and their interrelationships; the Kleinian theory of part and whole objects and of paranoid and depressive positions; the self psychological theory of the bipolar self with its twin poles of ambitions and of values adhered to, connected by a “tension arc” of talents and capacities; the object relational theory of self and object representations and the emotional valences that link them—and the clinical phenomena and clinical theories, already adumbrated, and the fact that we have no established canons of inference to help or guide the inferential leap from the level of clinical theory to that of general theory. This speaks, of course, to the conception of a relative disjunction—contra the Richards’ position—between theory (general theory) and technique (the application of the concepts of the clinical theory), and a putative connection between the two levels that at its (inferential) best is elastic indeed.

Within this guiding overall framework let me examine the arguments that the Richards have assembled to support their contention on this issue of the consequentiality of theory for technique. They first designate what they consider to be the “key theoretical constructs” of what they call “modern conflict theory” (modern-day ego psychology or structural theory) which they say are conflict, compromise formation, and unconscious fantasy. They then demonstrate how they employ these constructs in organizing their understanding of the clinical vignette that they present. They delineate how “both unconscious fantasy and compromise formation inform technique as the analyst uses them to impart to patients new knowledge about their thoughts and feelings” (p. 432). They strongly imply that this ego psychological metapsychology paradigm gives the most comprehensive rendering possible of their clinical material in line with Rangell's conception of “total composite psychoanalytic theory,” the modern statement of the classical structural viewpoint originally elaborated by Freud, which subsumes all
alternative theoretical positions as but partial psychologies which fit into their place within the overall “total” umbrella. Clearly, the proponents of the other theoretical perspectives, Kleinian, Lacanian, or whatever, likewise see their own frameworks as capable of comprehensively understanding all the clinical phenomena of the consulting room, and do not see theirs as but part theories subsumed by ego psychological “total composite psychoanalytic theory.”

The problem with the Richards' argument from my perspective is that the features they mark out—conflict, compromise formation, and unconscious fantasy—are claimed as common, clinical, features by all the diverse psychoanalytic metapsychologies, and do not set modern-day ego psychology apart from any of the others. The one apparent exception that there might seem to be to this general statement is Kohut's self psychology with its emphasis, theoretically and technically, on the centrality of deficit and its reparation, rather than conflict and its resolution, in the understanding of psychopathology and its therapeutic amelioration. To me this is, however, simply a matter of the language of self psychology rather than its essential nature. All of the conceptions of self psychology, couched in the language of deficit and restoration, can be readily reconceptualized, I feel, in the language of conflict and its resolution. Since this point is so crucial to my entire argument in this commentary, I will quote at some length from the full statement of my position on this centrally important issue:

I … see the life course or the life cycle as one of the successive facing and the adequate resolution—or not—of a sequence of phase-specific developmental tasks … in each phase and in each instance, a task created by the unique conjunction of the innate maturational unfolding of capacities and readinesSES, together with the phase-linked normative societal expectations within that culture at that historic moment, and added to by the happenstance and timing of more or less traumatic and adventitious life experience. Seen this way, the task (or a main task) of the earliest developmental phase in accord with the tenets of self psychology is the development of a coherent and consolidated self-organization as an ultimately emerging “independent center of initiative” (Kohut's words) and the task in the later psychoanalytic treatment of disorders of the self that come out of the failures of this stage is that of completing an arrested or derailed development of such an integrated self, firming up and consolidating its cohesiveness and/or restoring its vitality. Pari passu, the task (or also a main task) of the oedipal developmental phase is … the appropriate and ego-syntonic mastery of the inevitable vicissitudes of triangular (and by extension, of all multilateral and mutual) human relationships within the context of the innate human propensities for ambivalence. And of course the task in the later psychoanalytic treatment of the structured neurotic disorders that come out of the failures of this oedipal stage is that of the resolution of the attendant intrapsychic conflicts that represent the structural embedding within the psychic agencies of the earlier pathological or nonhealthy oedipal resolutions. At both levels, that of the earlier arena of primary development of the self and that of the later structuring of the personality under the impact of the emergence and resolution of the Oedipus complex, severe anxieties and other attendant dysphorias can arise that must be coped with to the best of the ability of the immature ego, or self, of that stage, given the resources, defenses and coping mechanisms available to it within, as well as the
empathic supports and material and psychological nutriments available to it without. This coping will then have a more or less healthy vis-à-vis a more or less pathological outcome in specific character formation or deformation. I do not really see how it is therefore any more or any less a matter of developmental task or dilemma, of attendant anxiety and of its management, in short of psychic conflict, and its more or less healthy or pathological resolution, in either case [Wallerstein, 1981, pp. 389-390].

The first rival metapsychology on which the Richards focus indeed happens to be self psychology. They end a several page discussion of the presumed tenets of self psychology with the dismissive conclusion: “Self psychology would lead to a different technical stance than would ego psychology. Because it would not confront the patient with any ideas different from those which she herself expressed, it would not teach her [the Richards' patient] anything new. We believe that this technical consequence makes self psychology nothing more than friendly comfort” (pp. 439-440). My own, contrary conviction, that self psychology deals just as much with the central issues of conflict, compromise formation, and unconscious fantasy, albeit in a different, and disguised, language of deficit and repair, as does ego psychology, has just been extensively quoted. In expansion of that, let me state my overall view that Kohut's self psychology has made a major contribution to psychoanalysis in the clinical realm. It has offered a much more precise specification and delineation of narcissistic phenomena than had been previously presented, as discerned in the specific narcissistic (or selfobject) mirroring and idealizing and alter ego transferences that emerge in the psychoanalytic process. This is highlighted, of course, in the narcissistic personality disorders, but evident to varying degrees as well across the whole spectrum of psychoanalytic patients, as well as in their counterpart, the countertransferences characteristically evoked by them.

It is not as if all the other analysts not adhering to the self psychology paradigm had not always been confronted with and had not always been dealing with these particular narcissistic transference-countertransference phenomena. It is rather that by highlighting them and focusing on them, Kohut has effected a valuable consciousness-raising impact on all of us in our daily clinical endeavors. By the same token, I have yet to be convinced that such enrichment and enlargement in the clinical realm requires a new general theory, a new metapsychology—all the ramifications of the psychology of the self in the broader sense, including the theoretical reifications in the conceptions of the bipolar self and the special and separate psychology of Tragic Man (as distinct from “classical” Guilty Man). That is, to me, the distinct and separate general theory of self psychology, its own general and metaphoric, explanatory psychological understanding of the same common clinical phenomena is a metapsychology that is heuristically less fruitful and it therefore does not claim my own allegiance as an explanatory and guiding psychology of the mind.

From self psychology the Richards turn to what they call the relational/intersubjective schools, and this is to me the most confusing and confounding section of their presentation. They focus here particularly on the views of Greenberg and Mitchell, both separately and together, but also mention Gill, Hoffman, and Aron. The main thrust of Greenberg and Mitchell (1983), of course, is in the separation of drive/structural psychology (basically the ego psychological structural theory descended from Freud) from the object relational paradigms, broadly embracing all the other theoretical
perspectives, including their reading of the Kleinian, the British object relational (Fairbairn, Balint, Winnicott, etc.), the American interpersonal (Harry Stack Sullivan), and the self psychological perspectives, and declaring a fundamental irreconcilability between these two divergent theoretical paradigms, the drive/structural and the object relational. This is not a position adhered to by many, perhaps most, other workers in this same field. Kernberg, for example, has persisted in his efforts to create a theoretical model amalgamating the drive/structural and the object relational viewpoints into a more encompassing theory. In Kernberg's theory, the primary psychological motivational units of self and object representations and the emotional valences that link them, gradually coalesce with development into the building blocks of the tripartite psychological structures of id, ego, and superego.

The Richards do cast a wide net over what they call the relational/intersubjective schools. They encompass such conceptions as interactive, interpersonal, intersubjective, two-body psychology, and the enhanced focus nowadays on the subjectivity of the analyst and of attention to the countertransference (most broadly conceived as the totality of the emotional involvement of the analyst) as a guide to the understanding of the patient's psychology via such mechanisms as projective identification, empathic resonance or immersion, all under this broad relational/intersubjective rubric. Quite aside from the large range of differences amongst those currently identified with each of these named concepts, the Richards also overlook the many figures, including specifically one of those mentioned in their list of contributors to the development of modern conflict theory, that they surely deem central to the evolution of modern-day ego psychology, who have become importantly occupied with these self-same relational/intersubjective conceptions.

For example, there is Gill (1983) in his refocus on the understanding of the transference within the frame of a two-body psychology, and in his following with Hoffman (1983, 1991) into the expression of a “social—constructivist” view of the psychoanalytic situation. There is Poland (1992) in his description of the transference as a “mutual creation” of analysand and analyst. There is Boesky (1990) in his comparable description of some resistances as being the joint creation of analysand and analyst. Renik (1993) focuses on the “irreducible subjectivity” of the analyst’s involvement in the interactive analytic situation. Heimann, as early as 1950, called attention to the countertransference as a potential guide to the understanding of the psychology of the patient. And Jacobs (1991) presents the fullest current exposition and development of the great therapeutic gain for the understanding of the patient that can derive from detailed concomitant attention to awareness of countertransferentially induced affects, memories, and reveries. All these elaborations of aspects of what the Richards call the relational/intersubjective school come from within the heart of the ego psychological perspective.

It is this entanglement (or convergence) of concerns, originating perhaps from within disparate metapsychologies, that is to me part of the increasingly evident common ground in the clinical practice of psychoanalysis, that makes it difficult for me to accept many of the Richards' assertions in this section of their paper. For example, they say that, “the problem with discussing the technical consequences of these theories [those grouped as relational/intersubjective] is that they bash classical techniques rather than presenting their ideas as a coherent system” (p. 440). Or, again, “there is disagreement between the
classical idea that the patient's fantasies shape the patient's perceptions of the analyst's behavior and the interactional idea that the analyst's actions shape the patient's fantasies” (p. 442) To me this is a specious dichotomization—see in this connection the articles by Gill, Hoffman, Poland, Boesky, and Renik just referred to on the mutually interactive shaping of the presenting phenomena in the analytic consulting room, and the need to carefully disentangle the contributions of both participants toward the perceptions and the misperceptions of each of them. Or again, Renik (1995), in a current paper on the ideal of anonymity and the problem of self-disclosure, would not agree that, “It is just on the question of how much the analyst should tell about herself that relational and intersubjectivists differ from the classical ego psychological stance this analyst used” (p. 444). Yet this series of authors just cited in opposition to the assertions of the Richards in this section of their presentation are identified as solidly within the evolution of modern ego psychology (or post-ego psychology as it is now coming to be called).

In view of the long-standing conception that the Kleinian perspective in psychoanalysis has been the most radically different from the “classical” Freudian (or ego psychological) perspective, it is almost paradoxical that at least in their contemporary versions, the Richards find a greater current clinical convergence between these two perspectives than with any of the other comparisons that they make. Here they and I are much more fully in accord. While they do adumbrate some of the usual distinctions in theoretical emphasis between the Kleinians and the Freudians, they also cite Baudry’s (1994) study of the Freud-Klein Controversial Discussions in Britain in the 1940s, and his conclusion that very little attention was paid to the theory of therapy and method of cure, while very much attention was devoted to theories about the nature of the first year of life, a topic Baudry considered irrelevant to technique. Though there have been longstanding views about the typical (or rather stereotypical) Freudian and Kleinian positions on the number, timing, and depth of interpretations (that Kleinian interpretations have typically been more, earlier, and deeper—and also more declarative and definitive as compared with the characteristically Freudian more tentative style), the Richards also indicate their awareness of the very substantial convergence in this regard in the contrapuntal clinical presentations by Weinshel (American, ego psychological) and Hanna Segal (British, Kleinian) at a recent all-day panel of the American Psychoanalytic Association, with Weinshel noting at that panel that it seemed difficult to decide whether differences between his work and that of Segal were due to theoretical differences between their schools of thought or to differences in personal style.

The same blurring of presumed clinical or technical differences in the perspectives of Freudians and Kleinians was reported over the issue of the relative weight of interpretive interventions as against relationship factors as the essential carriers of analytic change. The blurring also occurred over the focus on earlier and preoedipal circumstances as the central loci of analytic work as against the stress on oedipal stage issues. There was some blurring too over the relative importance of the unfolding inner fantasy life as against external trauma and real events in providing the nidus of neurotic conflict, with both Weinshel and Segal acknowledged to take inner fantasy and outer reality comparably into account. In referring to their own clinical case vignette the Richards acknowledged that like themselves, the Kleinian analyst would also “be listening for the repetitions,
omissions, contextual clues and metaphoric meanings rather than for evidence to back up
the concept of the ‘bad breast’” (p. 449). The Richards also did say that as compared with
the modern Freudian, the modern Kleinian might emphasize more the aggressive aspects
of their patient's job loss, and might see the patient more actively distancing herself from
the analyst so as not to have to deal with her envy of the analyst's success, and might
focus more on the maternal transferences, seeing the patient as needing to enact her
fantasy of the analyst as a bad provider. True enough, such differences in emphasis might
be evident, but they also might not.

The last group to which the Richards turn is what they call the American object relations
school, and here, like with the relational/intersubjective school, I am puzzled. The
principal representatives of this school that they cite are Steingart and Bach. There is no
mention in this section of the major American contributors who have either worked to
bring British Kleinian and British object relational perspectives to America (Zetzel and
Modell) or to try to amalgamate them with the drive/structural American ego
psychological paradigm (Kernberg). Nor is there mention of the related indigenous
American school of interpersonal psychiatry, now called interpersonal psychoanalysis,
that began with the writings of Harry Stack Sullivan and is currently represented by
figures like Searles (1965, 1986) and Levenson (1972, 1983, 1991). Nor is there any
statement about how this putative American object relations school does or does not
relate to the British object relational perspective (Fairbairn, Guntrip, Winnicott, Balint,
Bowlby, etc.) or to the group the Richards presented earlier in their article, the
relational/intersubjective school. Given all these omissions, and given as well the little
space devoted to the work of Steingart and Bach that fails (at least to my mind) to
articulate a well-developed overall distinct perspective or “school” of psychoanalytic
thought, I can only presume that the assessment that the Richards have made of the so-
called relational/intersubjective school applies, roughly at least, also to this American
object relations school; and I myself have the same problems with it.

After presenting this overview of the presumed four different “alternative” schools of
psychoanalysis that they singled out, each purportedly in the light of the clinical material
that they presented at the start of their paper, the Richards move on to their concluding
remarks. Here they focus on what they acknowledge as a growing convergence of
modern Freudian and Kleinian technique, a conclusion which I strongly share on the
bases of the kinds of thinking that I developed and of observations that I recounted, at
The Richards put this very categorically:

Modern Kleinian thought and modern ego psychology are drawing closer to one another.
At the same time, modern Kleinian analysts are divided along many of the same issues as
the ego psychologists of North America. The differences within the groups are at least as
great as the differences between them. This observation, if it holds up, leads to the
conclusion that broad theory cannot long hold out against the corrective of clinical
experience [pp. 451-452; emphasis added].
And a page later they begin a paragraph with the sentence, “Our brief review of contemporary Kleinianism … supports Wallerstein's position.” They then in the body of that paragraph repeat essentially what they stated a page earlier, which I have just cited, and then they end the paragraph with the perhaps unduly optimistic statement that, “It should be predictable that theoretical differences between these two schools of analytic thought will not long hold out against the corrective of clinical experience” (pp. 452-453).

However, then ignoring the fact that many writers (cf. Greenberg and Mitchell, 1983) place the Kleinian movement, I think properly, as itself an object relational perspective (though this is obscured by the Kleinian language so heavily drenched in the vicissitudes of drive), the Richards go on to assert that this clinical convergence between the Freudsians and the Kleinians simply does not extend to “self psychologists” or to “relationalists and interpersonalists” since their theoretical positions present such major, seemingly irreconcilable differences from the Freudian and Kleinian. They say, for example, that the self psychologists “do not privilege the unconscious or fantasy life, but focus on the real relationship with the parents and the real relationship with the analyst” (p. 452). They go on to say that the relationalists and interpersonalists narrow the field still further by focusing only “on the here-and-now relationship with the analyst who is seen as an equal in the interaction and equally responsible for providing conscious thought as material for discussion in the hour” (p. 452).

The whole article is then ended by the Richards with this specific challenge to me.

When Wallerstein planned the Rome Congress on common ground, he selected an ego psychologist, a Kleinian, and a representative of the British middle school to demonstrate his position. He did not invite a self psychologist or an adherent of the relational or intersubjective psychoanalytic schools. It is our contention that had he done so the comparison would not have supported his case for common analytic ground [p. 453]. In my own concluding section I want to do two things; the first is to present my views on these just preceding few pages on the Richards' overall conclusions as well as responding specifically to their final challenge with an explanation, and a credo, about the Rome Congress. Second, I wish to restate my own views, as of this time, about what I mean, and don't mean, about clinical common ground. First, about the Richards' conclusions. Naturally I welcome their comparable perspective on the growing closer of Freudian and Kleinian clinical work and this is of course most evident within the British Society where the contemporary Freudsians and the Kleinians are constantly presenting to each other and learning clinically from each other. But what of the self psychologists, the relationalists, and the interpersonalists?

To begin with, I don't accept that their theoretical premises differ more radically from or are less reconcilable with the premises of Freudian ego psychology than are the premises of the Kleinian system. On the levels of their metapsychologies, the theoretical differences amongst all these schools are very wide, in many ways quite antithetic and seemingly quite irreconcilable (nor would I, incidentally, characterize the self psychologists or the relationalists theoretically in precisely the way the Richards do). But
are these schools as irreconcilable clinically as the Richards contend? First for the Rome Congress, in regard to which certainly I played a major planning role but only in conjunction with the Program Committee, never so singlehandedly as the Richards imply. There are only three days of scientific sessions at IPA Congresses (because of a day—Wednesday—set aside for the business meeting) prior to the final summarizing day, on which I was scheduled to give my plenary address as an overview and a response to the three major plenary clinical addresses. The plan, as usual, was to have the three major regions of psychoanalytic activity (Europe, North America, and Latin America) represented in these three clinical presentations, and at the same time to have them represent three major theoretical perspectives within psychoanalysis. Since North America has traditionally been the stronghold of Freudian ego psychology and this continues to be the dominant theoretical allegiance in North America, it seemed appropriate and logical that the North American plenary speaker chosen, who happened to be Tony Kris, should represent ego psychology. Since self psychology is also primarily a movement in North America, there simply wasn't room for a self psychologist among the major plenary speakers. To round out the picture: Since Britain has been the central home of the Kleinian movement and since there are probably more analysts worldwide adhering to the Kleinian perspective than to any other, it seemed logical to select a British Kleinian, Michael Feldman, to be the European speaker. This left the Latin American speaker, and in searching for a proper representative of that region who was in neither the Freudian nor the Kleinian camp, the choice came to Max Hernandez of Peru who had been trained in the British middle or independent group.

The comparison in my Friday plenary address of response compared and contrasted the work of these three colleagues who fortuitously happened to select three women patients with quite similar character formations and presenting illness pictures. I felt that in this three-way comparison that I was able quite convincingly to demonstrate a significant clinical common ground despite the wide theoretical differences in the three frameworks represented. It should be noted in this connection that beside a Freudian and a Kleinian, the presenting trio also contained a representative of the British middle or independent group, which has been known all along for sharing a broadly object relational framework since three of its earliest members, and still theoretically its most influential ones, were Fairbairn, Balint, and Winnicott, all major object relational theorists. This should satisfy the Richards' requirement, stated in their final paragraph, that I extend my comparative inquiry to include what they call a relationalist or interpersonalist.

And as for the self psychologist who did not appear in a central role at the Rome Congress, it happens that in my plenary address at the preceding (1987) Montreal Congress, which had inaugurated this dialogue about diversity and common ground, I drew for my major clinical illustration on a vignette that had been presented by Kohut in his last (1984) book. In that book Kohut gave a detailed account (pp. 92 ff.) of an interchange with a Kleinian colleague who told him how she had responded interpretively to a patient's silent withdrawal from the analytic work in the hour, immediately after notification of the planned cancellation of a session in the near future. The analyst had given an interpretation couched in typically Kleinian language and Kohut in his account expressed surprise that this (to him) “farfetched interpretation” nonetheless elicited a very
favorable response from the patient. He then went on to present the interpretation he would have made in self psychological terms and also added what would have been an interpretation within ego psychological conflict-drive-defense terms. What Kohut made of all this was that the clinical context given by his Kleinian colleague was insufficient to decide which interpretation would be closest to the mark in this instance, and so he called all three, examples, potentially, of “wild analysis”—until proven otherwise.

What I made of this vignette was quite different. To me Kohut had given examples of three different theoretical explanatory languages, each of which had addressed the same central transference fantasy centered in the meaning—embedded in each of the three languages presented—that the patient was acutely distressed over the coming cancellation and was reacting unhappily and resentfully to that announcement. It was to me an example of a clinical common ground, despite a wide theoretical divergence and three proffered interpretations couched identifiably in the language of the analyst's theoretical allegiance. One of these, along with the Freudian and the Kleinian, was the self psychological, articulated by Kohut himself. (For a detailed account of this vignette, including the actual wordings of the several possible interpretive interventions and my full discussion of this in the context of my overall argument on theoretical pluralism and clinical common ground, see Wallerstein [1988], especially pp. 13-15.)

For my own conclusion let me here state succinctly my own views on the relation of theory to technique, or more precisely, in the Richards' words, the consequentiality of theory for technique. When I speak of a clinical common ground I do not mean of course that all analysts work completely alike clinically. The range is as wide as the range of human nature and human personality structure—or at least of that subset of the universe that has been trained to analytic practice. Nor do I mean that theory has no relation to technique, since clearly interpretive interventions are often framed in a language readily identifiable as deriving from a particular theoretical perspective, and even more, certain characteristic intervention styles have become identified as more characteristic of particular theoretical frames, like the Kleinian tendency in earlier times to earlier, deeper interpretations given with more declarative certainty. Yet it also seems to me that such technical differences are not necessarily inherent in or required by Kleinian theory.

Given these disclaimers, what I do mean by clinical common ground is that the analyst, of whatever theoretical allegiance, who is empathetically tracking the patient's shifting psychic state, is or should be necessarily resonating to the same clinical phenomena—of conflict and compromise formation and unconscious fantasy (to use the Richards' language again), and of course of ever evolving transferences and countertransferences—and should be dealing with these clinical phenomena in comparable enough ways. I would add that whatever typicality (or stereotypicality) is evident in the clinical analytic work of neophyte analysts, freshly steeped in the traditions and the predilections of their own theoretical frame, tends over time, with experience and seasoning, to converge toward a common good enough, or hopefully better than that, shared level of clinical sensitivity and clinical skill. This is exactly what the Richards are indeed finding in their Freud-Klein comparisons, and my difference with them is that I extend the same perspective to the other psychoanalytic metapsychologies. Lastly, of course, I do see the
range of differences in the ways in which we individually work, to be, predominantly, reflections of all the differences in personal style, sociocultural context, personality structure, and temperament, that mark us all as uniquely distinct individuals, all trying to bend our diverse theoretical perspectives to the better understanding of our common and shared clinical enterprise, our common ground.

References