Skepticism and Science: An Empirical Construal of Psychoanalytic Experience

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This essay seeks a workable reconciliation among three tensions: a belief in the fundamental efficacy of psychoanalytic practice, a commitment to the empirical nature of psychoanalytic theory, and the perception that much of psychoanalytic theory is vulnerable to serious criticism. From a historical perspective, the authors suggest that authoritarian traditions in the psychoanalytic community have caused (1) the distortion and unreliability of the core clinical evidence for theory and (2) conflictual despair in analysts about the integrity and foundation of their work. From a philosophy perspective, however, the authors argue that despite the current popularity of essentially skeptical views, psychoanalysis is not condemned to regard itself as a mere hermeneutical endeavor. The authors propose (1) a sketch of an empirical (but not positivistic) epistemology for psychoanalysis and (2) a short list of psychoanalytic theoretical premises which they believe can be seen and experienced in the clinical setting. They suggest that confidence in analytic theory and practice is impeded by the current structure of the analytic community.

In this frankly speculative article, we attempt to come to terms with several currents in analytic theory and culture, including the criticisms of psychoanalytic theory and of the psychoanalytic community.

Our goal is to propose an intellectually respectable reconciliation between the cynicism generated by the attacks on analysis and the experience of the clinical setting. As part of that reconciliation, we will argue for the following two propositions about the epistemological status of analytic practice.

The first is that the cultural and intellectual climate in which psychoanalysis now exists and functions cannot be separated, intellectually or emotionally, from questions of the confidence that analysts may have in analytic theory and practice. The tension between the entrenched orthodoxy and hierarchical structure of the analytic world and the doubts raised about analytic theory in the larger therapeutic and academic communities, have created conflictual feelings in some analysts toward their own clinical work and their role in the analytic community. In our view, many thoughtful analysts now carry on their lives as analysts in an uneasy suspension of disbelief, caught between the insular world of the analytic institute and the daunting intellectual, historical, and scientific attacks on analytic theory and practice. Their clinical experience suggests to them that there is a core truth to the analytic process. In the face of disillusioning experiences with the analytic community, they are, however, somewhat inhibited from freely sharing that experience with their colleagues, and in fact, their experiences of repression and hierarchy can raise deep-seated doubts about the validity and conceptual standing of their experiences, both of their own analysis (if reasonably successful) and their work with patients. We venture to suggest that a part of the attraction of those contemporary revisions of analytic theory that are essentially skeptical in nature is that such reconstructions both free the analyst from frank confrontation with the criticisms of analytic theory and the analytic community and, simultaneously, validate a kind of intellectual despair about the validity of his or her work.

Our second thesis is that clinical experience can provide an empirical basis for analytic work, under certain conditions. Those conditions include (1) that the clinical data be observed and reported in a concrete and experience-near manner, as free as possible from theoretical jargon and explicit preconceptions, and (2) that the theoretical conclusions drawn be narrowly stated and of a sort that are closely related to the data, so that other analysts can recognize, or deny, the occurrence of such phenomena in their own experience.

Such observations and reports, however, can only exist in an analytic community that permits candid, theory-neutral, discussion.

It is perhaps unnecessary to note that, largely outside the analytic community, a passionate battle is being waged over both the epistemological foundations of analytic practice and the intellectual character of that community (Grünbaum, 1984; Crews, 1995, 1998; Lear, 1998; Kline 1999). Scholarly critics argue that analysis is, at best, a pseudoscience and, at worst, a pernicious charade (Grünbaum, 1984, 1993; Torrey, 1992; Crews, 1998; Dolnick, 1998). We characterize this battle as being largely outside the analytic community because, in our experience, these criticisms are relatively little discussed or taught in analytic institutes, although there are, of course, notable exceptions, such as Adolf Grünbaum's presentation at the meeting of the International Psychoanalytic Association in 1995. Often, however, candidates who read a heated debate about psychoanalytic theory in a nonanalytic
publication find that neither the author nor subject appears on their reading list, which continues to be replete with Freudian texts, and that the faculty of their institute appear unfamiliar with the questions. Meanwhile, even within the analytic community, psychoanalytic organizations are attacked for their rigidity, bias, and intellectual vacuity (Kernberg, 1998). In their daily life, candidates and faculty alike move from psychiatric and psychological classrooms, meetings, and journals in which analysis is scarcely mentioned, except perhaps as a dead letter or perhaps as surviving in the form of psychodynamic therapy, to the rarefied air of the analytic institute (itself psychically and physically separate from the medical and graduate schools), a place where analytic mandarins peacefully read their Freud and deny that clinical entities such as depression exist.

**The Philosophy of Science Perspective: The Maintenance of an Empirical Stance in the Face of Criticisms of Psychoanalytic Theory**

In this section of the paper, the authors discuss the primary philosophical criticisms of psychoanalytic theory, in a brief format, and then refer to the intersubjective and hermeneutical views of the psychoanalytic process for the purpose of suggesting that, in part, those views may be a response to the despair engendered by the criticisms of psychoanalysis and the experience of the authoritarian structure of the analytic community.

**A Brief Review of the Primary Philosophical Criticisms of Psychoanalytic Theory**

The primary criticisms of psychoanalytic theory fall into four basic types, as follows: (1) the argument that psychoanalytic theory is logically incapable of empirical verification; (2) the argument that Freud's conclusions do not follow from his clinical evidence; (3) the argument that analysts distort or create their clinical data; and (4) the argument that psychoanalytic data have not been subjected (or cannot be subjected) to meaningful, scientific testing.

**Popper's Criticism of Psychoanalysis as a Pseudoscience**

The view that psychoanalytic theory is inherently incapable, logically, of being confirmed or disconfirmed by empirical evidence, is attributed to the positivistic philosopher Karl Popper, who proposed that one of the central criteria for a scientific theory is that it must be susceptible to empirical disconfirmation. That is, it must be logically possible, given the theory's premises and structure, that there could be empirical evidence against the theory; one way to think of this is that there must at least be some possible experiment that could produce results inconsistent with the theory. It is not necessary that such an experiment have been performed or even that it be technologically feasible at the present time, since Popper's view is a philosophical one.

This paper uses the term argument in its philosophical sense, meaning an arrangement of premises and conclusions, with the intent of producing a logically sound chain of reasoning. It is not the purpose of this paper to enter fully into the ramified debates over the epistemic structure of psychoanalytic theory and history, some of which now involve complicated tripartite cross-references, as where Cioffi takes Grünbaum to task for relying on an article by another writer in constructing his (Grünbaum's) response to Popper's criticism of Freud (Cioffi, 1998, pp. 248-250).

To understand Popper's position, one may contrast bacteriologist Robert Koch's postulates with a particular religious view. Koch (see Ryan, 1992) proposed a series of criteria for determining whether a particular organism caused a given disease; under those postulates, one can test the hypothesis that, for example, *mycobacterium tuberculosis* causes tuberculosis by ascertaining whether the disease appears in susceptible creatures exposed to the organism. It is logically possible that a guinea pig so exposed will not develop the disease, and indeed, during research to discover the cause of various diseases, including tuberculosis, scientists considered, and eliminated, various organisms as causative agents and various treatments as possibilities.

In contrast, one may consider the example of a religion that teaches that every true believer's prayers are granted; whenever a member of the congregation suggests that his prayer was not granted, the church
The Argument That Freud's Conclusions Do Not Follow from His Clinical Reports and the Argument That Analysts Create Their Clinical Data

Adolf Grünbaum subjected Freud's writings to a detailed logical analysis, and pointed out that Freud's conclusions do not always follow from his data, at least without the addition of other premises (Grünbaum, 1984). For example, Grünbaum has pointed out that Freud's efforts to trace a particular neurosis to a particular “trauma” do not show that the trauma caused the neurosis, because, among other reasons, the fact that a condition occurs after another event does not prove that the event caused the condition. In addition to his painstaking analyses of Freud's reasoning from his cases or other instances, such as Freud's own dreams, Grünbaum argues cogently that data derived from the clinical situation do not support the claims of psychoanalytic theory, although, unlike Popper, Grünbaum believes that other forms of empirical confirmation might be available (Grünbaum, 1984).

In a more frontal attack, Frederick Crews and other writers have argued that analysts foist their views on their analysands and that analysts often refuse to deal with objective studies of psychological disorders (Crews, 1998; Dolnick, 1998). Crews argues that psychoanalytic theory does not produce any claim that is sufficiently empirical as to be subject to confirmation or refutation and that the theory is inherently unempirical (Crews, 1998, p. 35).

One of Grünbaum's and Crews's arguments turns on the claim that part of the apparent data (the patient's associations) is not in fact received by the analyst as independent information upon which the analyst may build a structure of reconstruction and interpretation, but is elicited and shaped by the analyst's own implicit or explicit demands that the patient's associations conform with the analyst's predetermined theory (Grünbaum, 1984; Crews, 1995). As part of his demonstration of this criticism, Grünbaum dissects a sample analysis to show that the statements by the patient are, even in the description given by the analysts as a model of psychoanalytic technique, interpreted and shaped by the analyst; Grünbaum notes that even another analyst has pointed out that the analysts' sample

The Argument That Analytic Claims Have Not Been Subjected to the Same Scientific Tests as other Theories

Several commentators have pointed out the lack of systematic, well-designed empirical studies of analytic theory, whether on the level of the narratives of particular sessions or on the larger scale of outcome studies, although, of course, some studies, such as those of analyzeability, have been done (Kernberg, 1993; Borkenstein and Masling, 1998; Dahl, 1998). The pragmatic obstacles to comparing the outcome of a ten-session cognitive behavioral course of therapy with a five-year analysis are obvious.
Moreover, unfortunately, some continuing research has contradicted or cast doubt on some analytic claims, expressly or by implication, such that pathogenic conduct in the mother causes autism or schizophrenia or asthma or that psychoanalysis is the best or only therapy for depression or schizophrenia (Hale, 1995).

Contributing somewhat to the cultural and psychological conflict within analysts, the increasingly effective and specific medications have been developed and tested in a manner that is more recognizably scientific, in marked contrast to apparently untested, and perhaps untestable, psychoanalysis. In this context, the psychiatrist-psychoanalyst or psychologist-psychoanalyst whose training valued statistical evaluations of medications or objective biomechanical tests may feel themselves increasingly alienated from their former classmates or from their work as analysts.

The Historical Perspective: Authority and Orthodoxy in the History of the Psychoanalytic Movement

This section reviews very briefly some of the historical and contemporary descriptions of the analytic community as repressive and hierarchical, including those which argue that its structure has impugned the very core of psychoanalytic theory and life—the case history. As Turkle (1992) asks in her work Psychoanalytic Politics, the schisms in the international analytic community from the 1960s to the 1990s “raise fundamental questions about the tension between scientific activity and its institutionalization: does the essentially political nature of the psychoanalytic institution subvert the development of psychoanalysis as a science? Is the psychoanalytic society a contradiction in terms?” (p. 97).

In his history of the American psychoanalytic movement, Hale chronicles the multitude of splits and disagreements in the United States analytic community from the 1930s to the present (Hale, 1995). He claims that Freud's Viennese followers, who had immigrated to the United States, “helped to cement the orthodoxy of both the local societies and the American Psychoanalytic Association” and quotes a Harvard psychologist who wrote to Franz Alexander that “I have a certain amount of unspoken aggression against the Boston Psychoanalytic Society because of their total lack of interest in experimental methods and any innovations in theory. I cannot participate in meetings while any divergence from the accepted dogma is treated as heresy… The main point is that the Society is organized around a theory or doctrine, rather than around a subject matter. Thus, it is essentially a political or religious body, not a scientific body” (Hale, 1995, p. 140). Turkle wittily characterizes the American psychoanalytic society as “a curious amalgam of university, Masonic lodge, literary school, professional association, political party, and church” (1992, p. 97).

In 1953, during one of the divisive periods in French psychoanalysis, Lacan raised the question of the relationship between the authoritarianism that he perceived in the governance of analytic training and objective research, as follows: “But have these forms not led to a dispiriting formalism that discourages initiative by penalizing risk and turns the reign of the opinion of the learned into a docile prudence in which the authenticity of research is blunted before it finally dries up?” (Lacan, 1953, quoted in Turkle, 1992, pp. 110-111).

Paradoxically, Lacan “had violently denounced psychoanalytic ‘religion’ after his own excommunication, but now that he had his own school, his colleagues bitterly complained that it too seemed to be developing characteristics of a church, complete with dogma, ‘mysteries,’ and a pope” (Turkle, 1992, p. 126).

In contemporary American psychoanalysis, it is widely whispered in the psychoanalytic community that analysts, especially relatively young analysts, do not accurately describe their practice in their case histories (Sandler, 1983; Panel, 1998). In 1996, during a panel discussion on the training analyst system in the American Psychoanalytic Association, Morton Shane, a training and supervising analyst, who had served on the certification committee, commented that “in order to receive certification, ‘many, to put it badly, lied’ about case material; ‘those who did not lie, did not pass’” (Panel, 1998, p. 541). Elizabeth Lloyd Mayer commented that: “For the five to ten years that these analysts are working toward training analyst status, the supposedly brightest and best must meet standards that demand conformity. Innovative theory and originality are discouraged, and, worse, an inroad on conscience is made in which analysts must not say what they do and may not say what they think” (Panel, 1998, p. 548).

In a recent update of his 1986 views on psychoanalytic training, Kernberg ironically noted as one method of discouraging the creativity of candidates, “if the junior analyst respectfully bows to the senior
analyst's views, and conveys by his total behaviour his unquestioning acceptance of senior authority; if, in fact, he shows uncertainty as to the extent to which he may take initiatives in teaching any particular seminar, the message of the need to accept and not to question established authority will be strengthened” (Kernberg, 1998).

Spence has said that “It is disturbing to recognize the power of Freud's authority and the way in which theory prevails over observation…. Evidence that does not support standard theory tends to be minimized or disparaged, and independent thinking tends to be discredited” (Spence, 1994, p. 4, quoted in Bornstein and Masling, 1998, p. xxi).

In contrast to psychoanalytic literature where the analyst has sometimes been treated as a privileged and objective observer, the

Candidates reported feeling the need to “give [the faculty of their psychoanalytic institute] what it wants” and described their discomfort at presenting case material in the theoretical framework that they perceived the supervisor and examining committee were demanding.

In the authors' experience, some practicing analysts ignore the controversies, sometimes with a complacent attitude of confidently superior knowledge, sometimes with an offhand dismissal of the critics as insufficiently informed about analytic theory or suffering from various pathologies, sometimes simply

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The Impulse to Skepticism: The Intersubjective and Hermeneutical Views of Psychoanalysis

Analysts have responded to the critics of their field in a variety of ways. In response to criticisms of the nature of analytic training and analytic organizations, a variety of reforms have been proposed and some adopted (Sachs, 1997; Widlöcher, 1997; Kernberg, 1998). Some analysts have produced thoughtful responses to scholarly or intellectual criticisms, ranging from proposals for more rigorous empirical research on the efficacy of psychoanalytic therapy to intellectual reconstructions of the epistemology, nature, and purpose of analysis (Edelson, 1985; Crews, 1995; Ahumada, 1997; Lear, 1998). It is noteworthy that many of the responses to Crews consist in reiteration of the statement that, after all, psychoanalysis works. Although such statements may not be based on positivistic scientific studies, they do reflect the experience of many analyst.

In the authors' experience, some practicing analysts ignore the controversies, sometimes with a complacent attitude of confidently superior knowledge, sometimes with an offhand dismissal of the critics as insufficiently informed about analytic theory or suffering from various pathologies, sometimes simply
by remaining ignorant of the controversy. Others retreat to defensive positions, such as claiming that “no one ever thought that psychoanalysis was a science anyway—it’s (just) an art” or “case histories were never meant to be evidence for the theory, they’re just instructive parables of technique.” Some analysts take a somewhat bitter comfort in theories that expressly adopt a skeptical posture about the possibility of objective knowledge, such as those that stress the coconstruction of a personal narrative as the central experience of analysis. Some seek comfort in views that construe psychoanalysis as a philosophical exploration of life values or as a hermeneutic effort, the interpretation of a life experience.

For example, the curriculum of the Houston Galveston Psychoanalytic Institute used to contain a sort of Freudian credo at the beginning, in which in each paragraph began with words to the effect that “The Institute holds…” That credo has been deleted, as of 1998, from the curriculum.

This position may be caricatured as “Freud said it, I believe it, and that settles it.”

By skeptical theories, we mean those versions of intersubjective or narrative-based theories in which pretense to “real” insight or new “knowledge” of the past is largely denied or minimized. To the extent that one holds that psychoanalytic work is limited to the construction of a mutually pleasing narrative of a past about which neither analyst nor patient pretends to have any particular objective information, then obviously one is not subject to criticisms based on a lack of objective evidence. In fact, in the postmodern intellectual context, a position that all knowledge is just a constructed interpretation of subjective and idiosyncratic experience is sometimes advocated; on that view, psychoanalysis is just as much a science as physics, since the possibility of any objective knowledge of a real world is rejected.

Even the embrace of narrativist views, however, may leave the classically trained analyst subject to some inner paradoxes. If psychoanalysis is nothing more than the coconstruction of a narrative, or the literary interpretation of symbols, why do institutes not regard writers and literary critics as the best candidates, rather than continuing to focus on physicians and psychologists? If it is a consideration of the central values of human life, why are not philosophers best qualified to undertake analytic training? What qualifications, indeed, does the typically trained physician or psychologist have for such narrative or philosophical work, particularly since psychoanalytic institutes do not typically offer courses in Plato or Saussure? If there is no true knowledge acquired in the analytic process, then what happens to the intense and daily felt reality of the clinical setting—is one to participate in a process intensely and with devotion but with the unspoken reservation that it often reflects a construction of reality that could as easily have been otherwise?

In our experience, moreover, the criticisms of analytic theory and of the analytic community leave many thoughtful analysts subject to a disturbing tension between their intellectual doubts and the reality of their day-to-day work, in which they experience directly and powerfully the growth of insight and healing in their patients. Such growth

In such a brief summary, one runs the risk of caricature. This paper is not an attack on intersubjective or narrativist views, but only a consideration of their possible appeal to a battered and skeptical analytic community.

and healing do not appear to be a matter of mere aesthetics or narrative; they seem real and important.

The defensive nature of the flight to skeptical theories can be seen in the denial or restructuring of the history of the analytic movement, so that one sometimes feels that analysts have conveniently “forgotten” that psychoanalysts once confidently attributed asthma to the “asthmatogenic” mother.

The desire to continue to practice what is experienced as a worthwhile profession, while at the same time preserving some form of intellectual integrity, frequently leads to the expression of what, in cold reflection, appear to be absurdities. In a recent class at a psychoanalytic institute, the medical faculty member expressed the view that, of course, there was not just one correct interpretation of a dream. A candidate suggested, boldly, that it was meaningless to consider whether an interpretation was correct or incorrect; the analyst and patient collaborated on an interpretation and their agreement was all there was. An interpretation might be “correct” one time and, equally, “incorrect” another. Everything depended on the particular analyst and patient and their relationship at the moment of relating the dream. Rather desperately, the faculty member tried to suggest that, while he believed of course that interpretations were coconstructed, there was one bestinterpretation and there were probably some boundaries on acceptable interpretations. The matter, he maintained, was not completely arbitrary. Listening to this dialogue, the question arises of what rational person would embark upon an analytic course of therapy with a physician if the physician candidly said, “You and I are going to talk about your dreams. Of course, no one knows what they mean, if anything, and I certainly don't, but together we will make up a story about them that satisfies
both of us and, for which nonknowledge on my part, you will pay me $150 an hour. The process may or
may not be useful, depending on whether we can together come up with an interpretation that we like.”

Moreover, the theory expressed in the foregoing class dialogue is internally inconsistent. If one
believes in concepts of resistance and defense, and in dream work mechanisms of distortion and reversal,
then presumably the therapist knows more about dreams than the analysand, unless the analysand is fully
conversant with those concepts as well. If one can discern in the account of a dream, mechanisms
of resistance or distortion or even, heaven forfend, wish
fulfillment, then there is some sense in which one understands the dream. The idea of applying concepts
distortion and resistance to a formless mass elevates coconstruction or skepticism to ridiculous heights.
Discerning resistance in a dream or guilt, or whatever the case may be, would be as unfounded as
any other work with the dream, including interpreting a dream of a letter as a reference to trouble, as Freud
quoted from the dream books of his time (Freud, 1900, pp. 97-98).

Reflections on Clinical Experience: The Tension between the
Reality of Clinical Experience and Skepticism

If one assumes for the moment that clinical experience forms the largest part of the evidence for
psychoanalytic theory, and if one wishes to continue analytic work in good conscience, and if one does not
wish to adopt a wholly skeptical position, then it is worthwhile to explore the nature of epistemology,
the philosophy of knowledge, of that experience. In the following paragraphs, we do not presume to create a
new epistemology or a radical new philosophy of science. Instead, we draw on those facets of the larger,
traditional philosophy of empiricism to elucidate the strands that may support a view of psychoanalysis that
is true to clinical experience.

A Tentative Philosophy of Clinical Experience

The first and most important point is that epistemology recognizes an essential difference
between knowledge and certainty. That is, one can be said to know things even if no proof can be adduced
that demonstrates their truth beyond a shadow of a doubt. If knowledge is defined as propositions of which
one can convince any doubter, then very few, if any, propositions are truly known. Similarly,
if knowledge is limited to propositions of which one is certain, in which one cannot be mistaken, then one
can be said to know very little. The contemporary Anglo-American philosophical tradition, derived in part
from a pragmatic and empirical perspective, has proffered one definition of knowledge that attempts to
capture both the sense of
having evidence for beliefs and the possibility of error. That tradition defines knowledge as justified true
belief. In other words, a person knows a given proposition when that proposition is in fact true, is one for
which the person has some reliable evidence, and is one that the person believes to be true. That definition
is empirical in the sense that it looks to the existence of evidence, usually derived from experience.11

In addition, philosophically, empirical knowledge differs from the technical concept of
scientific knowledge. Empirical knowledge is knowledge for which the justification is observation or
experience. Although a positivistic form of scientific knowledge has been considered the episteme
of knowledge in the culture of our time, it is not the only philosophical concept of knowledge; it is only
empirical knowledge for which there is a particular kind of justification. That justification, simply put,
consists in the statement of predictions of future events which are tested against observations of a certain
kind. Those observations, represented classically by a laboratory experiment, are of the kind that can be
repeated and observed by others. Science in the form of the shared, supposedly objective observation of
the external world trumps introspection as a form of knowledge. Such has not always been the case;
Descartes, for example, in search of propositions of which he could be certain, turned to the examination of
his own thoughts, noticing at last that there was only one proposition as to which he could not be
deceived—that he himself thought and existed.

To say that psychoanalysis is not yet (a positivistic) science is, therefore, not the same as saying that
there is no empirical evidence for analysis, if one can adduce observations in support of analytic claims.

A Modest Phenomenology of Clinical Experience

The following case material, which is drawn from a recent analysis, is our attempt to illustrate, in form
and content, an empirically oriented case report.

11 The purpose of this exposition is not to convert the reader to a particular epistemology, but primarily to suggest that
contemporary philosophy affords more comfort to the reflective analyst than is commonly thought.
A Clinical Vignette

Mr. A is in his early thirties, finishing a five-year analysis of four sessions per week; throughout this time Mr. A used the couch. When he first entered analysis, the patient complained of intense anxiety, which inevitably gave way to states of confusion. Bright as he was, this man would find himself falling into states of confusion in which he could not identify what was troubling him or why. As his analysis progressed, he traced this back to his childhood, when his mother was often intoxicated or high on drugs and withdrew from him when he placed any demands on her. That withdrawal led him then to states of great tension and confusion.

The place where this was learned was in his relationship with me. In the analytic room, he would feel distant from me, and describe feeling that the two of us had grown apart. And I, for my part, felt similarly distant from him. I could not say why it had happened, at those times, but I felt disconnected from him. At such times, he would become more and more silent in the sessions, and I, feeling confused about what to say, often was silent in return. When I asked him what he was feeling at such times, in addition to loneliness, he stressed his sense of confusion.

I asked him to describe his loneliness and confusion more, and he first spoke of the distance that he sometimes felt from his wife, and the accompanying anxiety that he experienced when he simultaneously wanted to be closer to her. When those thoughts and feelings were more in focus, I asked whether he had experienced such feelings before his marriage. Mr. A recognized that, before his interactions with his wife, he had experienced similar feelings with his mother. He remembered how, when he would ask her to do things for him when he was very young, such as tie his shoes for him, she would withdraw emotionally and caustically criticize him for not being more self-reliant. At such times, he remembered that he felt frightened, alone, and fearful that his mother would never respond to him again, never connect with him. In the analysis, he came to recognize that his early fears were so intense as to relate to his very existence, that he had feared that his mother would abandon him and that he would perish.

Together we turned our attention to what happened between us in the analysis. Toward the end of the first year, when he was making a great deal of progress, Mr. A began to notice that I often had less to say. He became afraid, in response to my relative silence, that for some reason I was displeased with him and that I was distancing myself from him. When, at that time, he would encourage me to speak and I interpreted his encouragement as resistance on my part, he felt my response as confirmation of his view of my withdrawal, although he did not tell me these feelings at that time. In fact, he realized later that he had been quite afraid that I would throw him out of analysis, especially if he complained about my withdrawal.

Together, at this later stage of the analysis, we were able to recognize the parallel nature of his feelings toward my silence and his feelings toward his mother. His then relationship with me had paralleled, in his experience of it and to some degree in the reality, his relationship with his mother. He came to realize that in his reaction to my silence, he had experienced me as like his mother and had responded as he had to her. He had been trying to evoke from me what he had not gotten from his mother—helpful, nurturing attention—but had received what he had gotten from her—silent withdrawal. He realized that he had subtle ways of interacting with me which caused me to become somewhat less available, so that he could vividly reexperience me as his mother. My observations of my subjective experience confirmed that in fact I felt distant from him at those times.

At this point he spoke about his wish to learn more about all this, so that he wouldn't have to go on experiencing the discomfort in the present that he had known when growing up. He vowed that he would relate differently to his parents, so that he would not encourage them to behave in the same way they had when he was young. And he wanted to increase his interaction with his parents so that he could observe the ways he experienced them, and then see more clearly how he repeated those ways with others.

In the analysis Mr. A focused sharply on his current life experience, dissecting in each session where he was experiencing the present, and where the past. During the closing weeks of his analysis he put it this way:

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My action could be characterized from the perspective of technique as taking a more “analytic” stance.

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I'm afraid that at some time in the future I will again experience isolation and a fear of annihilation ... without recognizing that I got myself into it. I know at times I react as if I'm with my chaotic mother, but I also know that I can get out of it and in the future avoid the person who is the trigger. Avoiding is a part of the solution. After all these years of anxiety and confusion, and
fear of annihilation that I experienced in my relationship with you, I believe avoiding is central to what I've learned. Avoiding also means not evoking the trigger reaction from the other person. Yesterday I spoke of saying good-bye, I've gotten what I need. Patterns emerge, now I can see them, dissolve them, avoid them. Most of what I need to do I do unconsciously, but when I need to, those thinking processes became conscious. I can now feel more, and when I don't need to analyze I can just feel and enjoy my feelings.

I know there's an oscillation, a combination of feelings from the past and the present. And I'm consciously aware of the complexity, the combination of past and present. That awareness allows me to understand where my feelings are coming from, and think about things more when I need to.

And much of what has changed is unconscious, because unconsciously I know when I need to pay more attention to where things in my mind are coming from. When I need to be aware the awareness begins outside of my consciousness.

Conclusions from Clinical Experience

Clinical experience leads to the conclusions that (1) there sometimes exists a powerful wish for self-knowledge and that self-knowledge can lead to change; (2) analysands often experience the analyst as having characteristics of important people from the analysand's past; (3) that some mental activity takes place out of the immediate reach of consciousness; and (4) that present actions often repeat patterns of events and feelings that occurred in the past.

The first premise above expresses our understanding of the core analytic experience of analyst and analysand. If one leaves aside the possibility that all analysts are self-deceiving or corrupt, and that all patients are simply mesmerized into paying exorbitant fees for emotional coddling, then the experience of a sincere, joint, search for self-understanding remains (Lear, 1998). By this we mean, not the physiological understanding of, for example, the role of serotonin reuptake in depression; we mean instead the sense of coming to understand one's mental existence, one's existence as a conscious, feeling being. Moreover, we mean to capture in this sentence our own experience of the change that can occur when one's self-understanding profoundly shifts. Recognizing, for example, a pattern of repeating one's hopeless interaction with a parent can lead to a conscious effort to refrain from creating the circumstances that permit such repetition.

In the above clinical material, the patient both interprets the analyst's behavior as a withdrawal and experiences the same feelings that his mother's unhelpful withdrawal evoked in him. In addition, the patient comes to see his own behavior as evoking the very response from the analyst as he had received from his mother. As he came to understand that his response to his mother and to reexperiencing her in the present was to become anxious and confused, then to withdraw, then to react with rage, he began to realize that much of what he felt had been for the most part unconscious and that much of what he experienced in the present was the result of his unconsciously superimposing memories from the past onto present day experience.

In the clinical vignette, then, we can see in simple terms that a tripartite pattern of behavior and feelings (mother/son, wife/husband, and analyst/analysand) existed in the patient's life and that he was unaware of that emotional pattern. In the analysis, he became conscious of what had previously been unconscious; that he had experienced feelings of fear and longing with his mother that he now reexperienced with other persons.

In addition, the patient came to see that he in fact helped to create the conditions for that repetitive pattern. His drive for self-knowledge enabled him to participate in the analytic process of noticing and speaking about his feelings and experience of the past and of the present moment with the analyst.

It can be seen that the above statements are, to an extent, rewordings of more complicated theoretical premises. We deliberately do not refer to the "repetition compulsion," which postulates a psychical entity or process that leads to actions, but only to the observed phenomenon, to the facts of the actions and events as described by the analysand (and reported by the analyst). The analysand's recollection and description of experience, in other words, as noticed by the analyst, become the phenomena of psychoanalysis.

Similarly, the above premises do not contain the word transference because of its theoretical baggage, including the issues of whether all significant people in one's life are experienced in terms of one's parents and so on. Again, we limit ourselves to a phenomenological approach. The patient can be observed, for example, to describe his experience of his analyst in terms like those that he uses to describe his parent or other significant person in his early life. If the patient reports his experiences of the analyst as like those
of an earlier interaction with someone else, and the analyst is also aware of similar feelings, then one can have some evidence to say that the patient has brought forward those feelings into the present context. One need not, to observe such an interaction, make a firm determination of what is fact and what is fantasy in the interaction; the likeness itself can advance self-understanding.

The above effort to elucidate four theoretical premises that may be confirmed in clinical experience seeks to avoid some of the criticisms set out in the earlier sections. The theoretical premises are narrow enough, and free enough of references to invisible entities like ids and drives, that one may hope to escape Popper's claims. By being limited to matters of more or less immediate observation, they may avoid some of the critical force of Grünbaum's work on Freud, if only because our observations lack the broad causal scope of Freud's work.

It is true that the above premises cannot be tested in the same manner as a new medication, but they would be subject to examination, both in the reported experiences of other analysts and in transcripts of analyses. If analysts generally felt free to set out their clinical experience in simple, concrete terms, with perhaps attached transcripts, then one might hope to be able to verify or disconfirm their work in one's own experience. Thus, the empirical basis for one's work would not be limited to one's own experience but could meaningfully encompass that of other analysts. One might also generate from the above premises some testable predictions, such as, for example, “A patient who describes a particular experience from his or her childhood and who says that such an experience was particularly painful or memorable, may be found to have analogous experiences in his or her adult life and to take actions which are likely to precipitate such experiences.”

**Conclusion**

Psychoanalysis can remain empirical, if not scientific in the positivistic sense, if it remains “experience-near.” By that, we mean that if analysts truthfully report their clinical experience in concrete terms, including the greater use of transcripts and the explanation of the analyst's thinking, then a phenomenological library of clinical experience could be gathered. To that extent, analysts could regard themselves as involved in an empirically based endeavor, one that is more than just a subjective interpretation of the text of life.

**References**


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