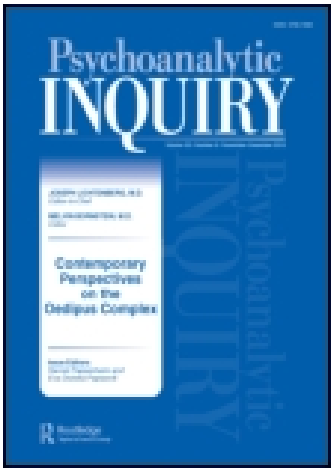

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Psychoanalysis in Postmodern Times: Some Questions and Challenges

Juan Pablo Jiménez, M.D.

As a consequence of the invitation to contribute this piece of writing, I acknowledge having a *postmodern attitude*, rather than subscribing to postmodernism as an ideology. The purpose behind this article is to reflect on the impact of postmodern times on psychoanalysis from the starting point of my own conception of psychoanalytic theory and practice. This article looks, in some detail, into the problem of truth in psychoanalysis, the issue of theory building in psychoanalysis in its relation to psychoanalytic practice, and the challenges for psychoanalysis as a pluralistic discipline. It repeatedly states that psychoanalysis evidences extreme theoretical and practical diversity, but no pluralism understood as an attitude and methodology of dialogue between theoretical orientations and practical approaches. The current challenge in psychoanalysis is, precisely, to go beyond postmodernism and to build a true pluralism on the basis on interdisciplinary exchange and collaboration.

Don't ask me who I am, or tell me to stay the same. [Michel Foucault, 1972, p. 17]

My first reaction when invited to participate in this issue on psychoanalysis and postmodernism was one of astonishment. I would have never considered myself a postmodern analyst. Beyond the undisputable globalization of the contemporary world, living and working as a psychoanalyst in Santiago, Chile, that is, not precisely at the core of cultural development, where the frontiers of knowledge are widened, and trends originate, has taught me to be very cautious before accepting the labels that such trends suggest. This peripheral look allows for a clearer insight on the diversity and complexity of the different perspectives within the field of psychoanalysis. The personal and intellectual process that led me to accept pluralism as the most adequate epistemological position for the present day was addressed in a previous issue of this journal (Jimenez, 2005). However, and after lengthy examination of the literature on psychoanalysis and postmodernism (mostly American literature, given that this topic seems to be a trend in the United States), I came to the conclusion that I do not relate as much to postmodern theory as to what Teicholz (2009) called *the postmodern attitude*. In this sense, I can say that the *postmodern times*, that is, the global sociocultural changes experts identify with postmodernity (Lyotard, 1984), late modernity (Giddens, 1991), or liquid modernity (Bauman, 1990) have exerted an influence on my conception of the theory and practice of psychoanalysis in such a way that I have become aware of it only gradually. Nevertheless, as is often the case with theories, for some people postmodernism seems to have developed into

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an ideology and, as such, with totalitarian pretensions. A postmodern attitude rejects authoritarianism as regards psychoanalytic theory and practice, acknowledging the existence of different conceptions of psychoanalysis, both in its theoretical formulations and in its practice. However, my recognition and acceptance of a plurality of psychoanalytic views has stimulated my need for critical exploration and rigorous reflection on the bases of the various positions. Rather than an ideology, then, it is a way to understand psychoanalysis, especially considering the complexity of its historical development and the context in which it operates. Acknowledging and accepting such plurality poses problems and challenges, mainly related to the issue of *psychoanalytic identity*, that is, that which defines and distinguishes psychoanalysis within the vast psychological therapies, to the topic of truth and relativism, and to the issue of *anything goes*, that is, the more or less strict relationship between psychoanalytic practice and an underlying supporting theory. In any case, my attitude toward these problems lies within moderate postmodernism. To be sure, I agree that "the fragmentation, ambivalence, and uncertainty characteristic of the period of postmodernity … impact upon the practice of psychoanalysis" (Fries, 2009, p.15), but also that the so called postmodern turn "brings to psychoanalysis a host of conceptual and theoretical problems, which either go unrecognized or remain unresolved" (Frie and Orange, 2009, p. x). Thus, I claim that pluralism in psychoanalysis constitutes a permanent task, and not a given reality; a mere diversity, with no dialogic methodology and no constructive discussion between different orientation theories and psychoanalysts, inevitably leads to the fragmentation and subsequent dilution of psychoanalysis as intellectual discipline. I will dwell further on some of these problems later, as well as on the challenge they pose for the psychoanalytic movement.

Regarding psychoanalysis, the most important change in the past 30 years may have been, precisely, the increasing collective awareness that psychoanalysis does not constitute a unified field, neither in theory nor in practice. During the last decade of the past century, this consciousness originated the debate around the so-called *crisis of psychoanalysis*. From his position as Chairman of the International Psychoanalytic Association (IPA), Robert Wallerstein (1988, 1990) had the courage to challenge the assumption that there was just one theoretical perspective behind psychoanalysis. Freud always considered the possibility of a unified psychoanalytic science; for decades, the building of a psychoanalytic theory was dominated by the assumption that the accumulation of knowledge, the third pillar of the Freudian definition of psychoanalysis, would lead to the construction of a unified scientific discipline (Freud, 1923). From a current perspective, however, the possibility of that becoming a reality was never real; from its birth, psychoanalysis evidenced divergent theoretical and practical points of view (Makari, 2008). From the moment the psychoanalytic movement reached an agreement on what has come to be known as *the psychoanalytic method*, the institutional authority promoted the illusion of epistemological monism drawing from external definition criteria to define what true psychoanalysis is (use of the psychiatrist's couch, frequency of weekly sessions, training standards, etc.). This monist epistemological instance was supported by the authoritative environment surrounding psychoanalytic institutions, where each psychoanalytic school claimed to possess the real Freudian legacy (Jiménez, 2006). In this context, the confrontation between different or contradicting psychoanalytic theory and practice became increasingly difficult, in the tenor of verbal attack and disqualification (Green, 2005, p. 86, spoke of "bloody duels") and mutual isolation. For my generation, psychoanalytic training was inevitable painful. As candidates, a group of

colleagues managed to describe our experience under the title "Regression and persecution in analytic training" (Bruzzone et al., 1985).

Theoretical unity was not the only to reveal itself as an illusion, but also the practical *common ground* proved to be a mirage. The core topic of the 46th Congress of the International Psychoanalytic Association, held in Chicago in 2009, is self-revealing: "Psychoanalytic Practice: Convergences and Divergences." It is not only the theoretical unity of psychoanalysis that is now being questioned, but also the unity of its practice (Jiménez, 2009).

Essentially, the illusion of the practical common ground was supported by the restricted definition of *psychoanalysis*, defined as a form of therapy characterized by the use of the couch, a high frequency of weekly sessions, and centered on transference interpretation; it excluded any deviation from this ideal as *psychoanalytic (or psychodynamic) psychotherapy*, understood as a degraded form of psychoanalysis. The artificial character of this restriction became evident when we showed, as we did in the 1997 IPA Committee "Psychoanalysis and Allied Therapies," that most psychoanalysts devoted not as much to psychoanalysis as to psychotherapy (Israel, 1999; Jiménez, 1999). Even today, few IPA training institutes incorporate the different form of psychoanalytic psychotherapy in their training programs; the idea that psychoanalysts should be trained to practice psychoanalysis according the classical definition prevails, even though they will certainly not do so in their professional life.

Over the past twenty years, therefore, psychoanalytic societies member of the IPA have become aware of the crisis, which can be summarized as *fewer patients, fewer people interested in training as psychoanalysts.* There is vast literature trying to explain the nature of the crisis. My personal standing as regards the crisis was presented 10 years ago in the IPA newsletter (Jiménez, 2003) under the optimistic title "From threat to chance," where I call for creativity and flexibility in the face of inevitable change. In that publication, I stated that institutions, overwhelmed by the new demands of a rapidly changing environment, often see themselves immersed in crises; the postmodern society, I claimed, has affected psychoanalytic practice to such an extent that we have been rendered at the verge of obsolescence, and almost outside the *psychotherapeutic market*, as regards both potential patients and young professionals interested in training as psychoanalysts. Currently, I feel more pessimistic as to the capacity of IPA-affiliated psychoanalytic institutions to adapt to change. Even though, in the past two decades, many experts (see Kernberg, 2012) have advocated the recommendation to insert psychoanalysis within universities, to bring innovation into psychoanalytic education, to broaden the conception of psychoanalysis to include the diversity of psychoanalytic psychotherapies, to establish theoretical bridges with cognitive psychology and the neurosciences, to eliminate once and for all the training analysis system, to widen the basis of the theory beyond the clinical method toward the social sciences research methods, to name but a few, the many psychoanalysts who work in the isolation of their private practice have not been persuaded. In the face of this *institutional petrification*, the expert opinion of Peter Fonagy, presented a couple of years ago in an interview, is stunning:

> I'm gravely concerned about the future of institutional psychoanalysis. I don't think that organizations like the International Psychoanalytic Association, or the psychoanalytic "churches," I don't think they have much life left in them, or that they will change. [Jurist, 2010, p. 2]

In any case, it is a fact that psychoanalysis has exceeded, by far, the limits of its oldest institution, the IPA. In the last few years, new ways of conceiving psychoanalysis have emerged, among others the relational approach. It remains to be seen whether the organization behind the relational will retain a postmodern attitude of openness and flexibility, or will end up reproducing the problems which affected Freud's movement.

In what follows, I deal further with some contemporary problems of psychoanalysis, in particular, the problem of truth and its validation in psychoanalysis, the issue of theory building in psychoanalysis in its relation to psychoanalytic practice, and the challenges for psychoanalysis as a pluralistic discipline.

THE DEBATE ABOUT TRUTH IN PSYCHOANALYSIS OR HOW PSYCHOANALYTIC DIVERSITY COMES ABOUT

The issue of truth has become a major point of discussion in the debate on postmodernism and psychoanalysis. Again, the tone of the debate is polarized and thus contains strong ideological overtones. In 2006, the journal *American Imago* published an issue devoted to the problem of truth in psychoanalysis. In the introduction, Rachel Blass (2006, p. 254) stated that "postmodern thinking stands fundamentally opposed to [the] psychoanalytic perspective, offering a range of versions as to why there is no truth to be attained and why the hope of doing so is illusory at best." In the same vein, for Bell, "postmodernism dispenses with any conception of truth, claiming that no distinction can be drawn between what is claimed as truth and preference or fashion" (Bell, 2009, p. 332). The argument here is against a radical postmodernism, which is nothing but an extreme epistemological subjectivism that relativizes every proposition making it dependent on the subject. Such a form of extreme subjectivism has been rejected by the Western philosophical tradition since the time of Aristotle. To accept that there may be no ultimate or essential truth and that the perception of reality is always mediated by social, cultural, and discursive unconscious forces doesn't lead necessarily to subjectivism. Conversely, pluralism in psychoanalysis does not preclude realism, because the a priori condition of possibility for any theory in psychoanalysis and for any dialogue between psychoanalysts is that there shall be a reality that transcends the observer, even when it can be apprehended only fragmentarily and partially (Cavell, 1993; Strenger, 1991). On the other hand, the assumption of an intersubjective viewpoint does not on any account eliminate the concept of an objective world with which we are in contact and with respect to which we endeavor to be more or less objective (Cavell, 1998). An idea such as this opens the door to pluralism—that is to say, to an intermediate path between a situation of total incommensurability between theories and a theoretical monism that could be upheld only from an authoritarian posture.

At all events, the postmodern turn has highlighted a number of facts that cannot continue to be ignored. Let me try to describe and understand these facts from a bottom-up perspective, that is, from the point of view of a phenomenology of psychoanalytic practice (Jiménez, 2009).

Theoretical and practical diversity in psychoanalysis is a fact that few would argue today. As long ago as 1966, Philip Seitz demonstrated that expert psychoanalysts cannot reach any reliable agreement on interpretations based on inferences regarding complex internal states. Later, Pulver (1987a, 1987b) and Bernardi (1989) drew similar conclusions. Even so, it is questionable to

describe this situation in terms of pluralism, because what seems to exist is mere plurality, or worse yet, theoretical and practical fragmentation, because at this time we have no methodology for a systematic comparison of diverse theories and technical approaches.

Of course, this exuberant diversity of theories is an inevitable product of clinical practice. In their eagerness to preserve the vitality of the analytic situation, analysts necessarily modify their technique in a more or less idiosyncratic way, sometimes departing quite a bit from *standard* technique, which is the one they internalized as *proper analysis*. These technical modifications are related more to an "intrinsic private preconscious theory about the patient's material than [to] official public theories to which the analyst may consciously subscribe" (Sandler, 1983, p. 38). It is highly probable that developments of psychoanalytic theory in the course of history stem precisely from the fact that some of these private theories were made official.

We have for too long underestimated the complexity of the clinical situation and have assumed a simple and direct relation between theory and practice in psychoanalysis.

Let us try to understand the complexity of the relationship between theory and practice by closely examining how the analyst's mind works (Jiménez, 2009). During the session, the analyst's mind moves back and forth continually from theoretical reasons that, like partial minitheories, enable him or her to understand and explain the interaction of the moment in terms of knowledge acquired in the course of the process to practical reasons, which orient decision-making in relation to what to say and when and how to intervene. If we look at material from a sequence of sessions, we are certain to find confirmation or refutation of predictions made by the analyst during one particular session. This is, however, something that does not correspond to the reality of the moment in question, because it is not a matter of finding explanations ex post facto, but of risking predictive hypotheses about something that has not yet occurred. In practical reasoning, the agent tries to evaluate and weigh reasons for acting, to compare what is speaking in favor of or against the alternative courses of action opening up. Further, this decision is definitely made in the first person, which is to say from a subjective viewpoint, in terms of the subject's predicament at that time. Thus, the decision to intervene bears all the singularity of an encounter with another in the here and now. This is an ideographic, creative, and ineffable moment when the analyst takes a risk that, as a question of principle, can never be totally encompassed by explanatory theory. It is, so to speak, a moment empty of theory.

Nevertheless, when we go beyond appearances, this is not really a moment empty of theory. In it, the analyst uses primarily nonconscious theoretical-practical knowledge and applies it unawares.

Joseph Sandler (1983) pointed out:

> With increasing experience the analyst, as he grows more competent, will preconsciously (descriptively speaking, unconsciously) construct a whole variety of theoretical segments which relate directly to his clinical work. They are the products of unconscious thinking, are very much partial theories, models or schemata, which have the quality of being available in reserve, so to speak, to be called upon whenever necessary. That they may contradict one another is no problem. They coexist happily as long as they are unconscious. [p. 38]

If this is so, then analysts, like neurotics, are not rulers in our own castles; we work with our patients without knowing quite well how we do it. An important part of analytic work, if not the

most important, takes place on the implicit level. Victoria Hamilton reminds us that "even the more consistent thinkers practice inconsistently and in ways that are personal and idiosyncratic" (Hamilton, 1996, p. 317). The foregoing has important consequences for clinical discussion, because the person who discusses tends to do it based on personal, explicit explanatory theories, that is, official and public theories, and the person presenting material probably does not fully perceive, much less communicate, the practical, implicit reasons leading him or her to intervene in such and such a way. Of course, this situation can only block any chance of constructive clinical dialogue.

The singularity of the therapeutic relation is constructed out of interwoven predictions and validations (or refutations) that constitute a dialogue between analyst and patient. In this sense, it is useful to think about analytic work as a craft. A craftsperson tends to use limited quantities of materials and theoretical-practical instruments to create works. Similarly, the analyst uses heterogeneous information accumulated during training and experience, which needs to be adapted creatively to each concrete case. In our psychoanalytic craft, as a norm, we use preexisting materials (working models, partial theories, and schemata). The combination of evenly suspended attention and free association facilitates moment to moment, spontaneous evocation of these models in dyadic interaction. Work is guided by the analyst's theories or meta-models concerning the best way to psychoanalyze. In sum, I am describing the constructivistic nature of clinical work in which the analyst utilizes materials of diverse origins and types (Jiménez, 2008). In this respect, Canestri (2006) stated:

> The quantity of elements of every type and origin that contribute to the construction of these 'theories' or partial models are not to be underestimated. Among these elements are the specific contents of the analyst's unconscious and preconscious, his *Weltanschauung*, the psychology of common sense, his connection to a psychoanalytic group or school, the quality of this connection and the relationship he has with the psychoanalytic 'authorities', his scientific and pre-scientific beliefs, his personal re-elaboration of the concepts of the discipline, countertransference, etc. ... If due account is taken of the specificity of clinical practice, it can be seen that concepts in psychoanalysis are never formed once and for all, but are in continuous transformation and re-elaboration. [p. 13f]

Even so, I think that the patient's role in this process of "continuous transformation and re-elaboration" of concepts has been underestimated. Here we are considering the issue of an interpersonal and intersubjective heuristics inasmuch as it is the link between two minds working together. By this I suggest that in the mind of the analyst a continuous process of decision-making is produced which, against the background of the "implicit use of explicit theories," is permanently influenced by the actions and reactions of the patient.[1] In the course of this interaction, processes of validation or refutation of the analyst's interventions take place. "Implicit use" refers to a decision-making process determined by practical reasons that estimate the value of use or *usefulness* of explicit theories at a certain moment. In this case, the guiding question is not *why*, but *for what purpose*.

I said that analytic work is guided by the analyst's theories or meta-models concerning the best way to psychoanalyze. I now need to examine more closely what we mean by the *best way*

[1] In his recent book, Jorge Canestri (2012, pp. 168–196) has incorporated this suggestion.

to analyze, which leads us to the diverse ways we may conceive of the psychoanalytic theory of change.

HOW DOES THE CORE PSYCHOANALYTIC THEORY OF THERAPEUTIC CHANGE WORK IN CLINICAL PRACTICE?

As Thomä and Kächele pointed out so aptly (1987), the core of the causal conception of the theory of therapeutic change in psychoanalysis is formulated by Freud in the Postscript to *The Question of Lay Analysis*:

> In psychoanalysis there has existed from the very first an inseparable bond *[Junktim]* between cure and research. Knowledge brought therapeutic success. It was impossible to treat a patient without learning something new; it was impossible to gain fresh insight without perceiving its beneficent results. Our analytic procedure is the only one in which this precious conjunction is assured. It is only by carrying on our analytic pastoral work that we can deepen our dawning comprehension of the human mind. This prospect of scientific gain has been the proudest and happiest feature of analytic work. [Freud, 1927, p. 256]

Ursula Dreher (2000) pointed out that, although in Freud's day this conjunction of cure and investigation may not have been problematic, today's views require an elaboration of this hypothetical union. In any case, there are important differences in the ways in which psychoanalysts have conceived of the union between gain of knowledge and cure. This issue is connected with the issue of goals or objectives in psychoanalytic therapy.

The history of psychoanalysis shows that there has never been much consensus on the objectives or goals of analytic treatment (Sandler and Dreher, 1996). Since Freud's time, the variety of opinions has ranged from the idea that psychoanalysis is a search for truth about the patient (Segal, 2006), to the view that its objective is to remove or decrease symptoms through more effective and better adapted compromise formations (Brenner, 1982). In practice, there seems to be a polarization into two undesirable extremes: on the one hand what we call *furor curandi* and on the other hand, the handling of treatments that go on without any clearly established objectives. In this respect, Gunderson and Gabbard declared, "In our experience as consultants to other therapists and analysts, we have observed that endlessly meandering treatments are not rare. They are sometimes justified by drawing a distinction between 'analytic' and 'therapeutic' goals" (Gunderson and Gabbard, 1999, p. 694). Renik seems to have agreed when he stated: "Most clinical psychoanalysts offer … a lengthy journey of self-discovery during which too much concern with symptom relief is considered counterproductive" (Renik 2006, p. 1).

Notwithstanding, there is doubtless a broad consensus among analysts of the most diverse orientations that "throughout a therapy, especially a successful one, a distinct sense of gradually finding and formulating a *truth* about the patient occurs" (Strenger, 1991, p. 1). Hannah Segal put it this way: "The kind of truth that concerns psychoanalysis is truth regarding psychic reality, regarding the functioning of the mind and its unconscious roots" (Segal, 2006, p. 284). Divergence appears when we try to explain exactly what we mean by finding and formulating the truth about the patient. In this regard, differences are significant.

But even when we agree that it is a matter of seeking the patient's truth, who determines what the patient's truth is? How do we evaluate what the patient's truth is at any given moment? We are facing here with the problem of the *validation of truth* in psychoanalytic work.[2] This is where the greatest concentration of divergent opinions and the greatest consequences for practice are produced. In the answer to these questions, I identify two basic conceptions. On the one hand, a monadic conception that positions the analyst as an expert who knows best how the patient's mind and its unconscious roots function, and on the other, a dyadic conception considering that truth is coconstructed in the interpersonal and intersubjective interaction between patient and analyst. In my opinion, these two conceptions of psychoanalysis define a watershed between classical psychoanalysis and postmodern psychoanalysis.

A careful examination of practice in psychoanalysis does not support the monadic conception. Furthermore, I think that in this conception, criteria to evaluate the "functioning of the mind and its unconscious roots" tend to come from theories in the analyst's mind more than from the patient's mind. The dyadic conception predisposes the analyst to listen more carefully to what the patient is seeking in the treatment: in general to feel better, even though many patients are assuredly seeking to do it by expanding their knowledge of themselves. Symptomatic relief thus becomes a guide in searching for the patient's truth. For Renik, "many of the decisions which an analyst makes—what to investigate, how to intervene—should be determined by whether the patient is experiencing therapeutic benefit" (Renik, 2006, p. 26). For Thomä and Kächele (2007, p. 662), "the *junktim* is only satisfied if the 'beneficent effect' is proved." For these authors, treatment reports, that is to say presentations of clinical material, need to focus on showing changes in the patient.

Even though the idea that the objective of psychoanalysis is to search for the truth of the unconscious did prevail for a long time, in recent decades "a redefinition of the object of its study [is observed]; that is, the particular intersubjective figure constituted by the analyst-patient relationship" (Canestri, 1994, p. 1079). In the latter sense, it is not possible to continue to separate exploration of the unconscious from what patient and analyst are attempting with this search, which goes beyond contemplation of the conjectured truth of the unconscious. To paraphrase Sandler and Dreher (1996), we cannot continue to ignore what analysts and patients want. The search for the patient's truth does not happen in a void, but in the midst of a relation between two persons.

In the perspective of validation of psychoanalytic work during the session, the classical criteria of truth, coherence, correspondence, and usefulness of knowledge may be considered abstractions of a broad and unique process of validation, which includes *observation, conversation*, and *interaction* (Kvale, 1995). If we want it to be applicable to psychoanalytic reality, we need to replace the classical idea of knowledge as a reflection of reality with a conception in which knowledge is a social and linguistic co-construction of intersubjective reality between patient and analyst. In the analytic situation, analyst and patient are continuously interpreting and negotiating the meaning of the relation, which becomes material for communication between them. Conversation becomes the ultimate context in which knowing must be understood (Rorty, 2000). Truth is constituted through dialogue and valid knowledge emerges as a

[2] From an epistemological point of view, *validity* refers to the fact that a proposition is accepted as true. For validation, I understand the process by which the validity of a proposition is established.

result of interpretations and alternative and conflicting possibilities of action, which are discussed, negotiated, and discerned in line with the rules of the psychoanalytic method.

In the clinical context, we are interested in the relation between meanings and acts, between interpretation and action. If we drop the dichotomy between facts and values, the issue of truth connects with aesthetics and ethics. In the case of a social construction, the beauty and use-related value of constructed knowledge move into the foreground. This turns us away from a psychoanalytic model based on archaeology, the object of which is to discover a hidden truth, and toward an *architectural model*, for which it is construction of a new house that matters. Emphasis is thereby placed on pragmatic proof through action. The subject of the value of knowledge is no longer placed in a category separate from scientific knowledge, but is intrinsically joined to its creation and application. Peter Fonagy (2006) has expressed a similar view:

> Psychoanalytic theory, like any other theory, unconsciously serves to organize action. The truth of a theory is thus no longer seen as something absolutely entailed within the relation to an external reality. Rather, validity of a theory rests in its capacity to enable action. Knowledge is not an awareness of absolute facts, but the capacity to attain a goal within a specific context or setting. [p. 83]

Validation in the analytic session is therefore a constant process of hypothesis- and conjecture-checking, of questioning and comparing them with theories and models available to the analyst at the time. In this process, the coherence of the analyst's own discourse becomes a criterion of validation. However, validation also means checking knowledge with the patient. Through dialogue, analyst and patient reach a consensus or limit their differences regarding what they observe and what they consider "clinical facts" and their meaning.

However, consensus on knowledge regarding observations and their meanings is only one part of validation in the clinical context. Pragmatic validation of interpretations transcends communicative validation. The interest guiding practical reasons for helping patients to make the desired change is intrinsic to the therapeutic enterprise. For Freud, one of the distinctions of psychoanalysis is precisely that investigation and cure go hand in hand. Although communicative validation includes an aesthetic aspect, pragmatic validation involves the ethical dimension. For Freud, communicative validation was not enough; for him, a patient's *yes* or *no* to the therapist's intervention was never sufficient confirmation or invalidation. He recommended more indirect types of validation, through observation of changes in the patient's behavior following the interpretation, such as changes in associations or dreams, emergence of memories or an alteration of symptoms. Even for Ricoeur, champion of hermeneuticism in psychoanalysis, "the therapeutic success … constitutes … an autonomous criterion of validation" (1977, p. 868). Narrative truth constructed in the therapeutic encounter, bearing the conviction of a good history, needs to be judged as much for its aesthetic value as for the curative effect of its rhetorical force (Spence, 1982).

THE POSTMODERN CHALLENGE TO THE CLASSICAL THEORY OF THERAPEUTIC CHANGE

The classical psychoanalytic view associates therapeutic change with the search of the patient's unconscious truth: "In essence, psychoanalysis may be regarded as a theory of truth and of the

power of truth to cure" (Blass, 2006, p. 253). However, the so called *Junktim* idea that in psychoanalytic treatment "knowledge brings success and it is not possible to treat a patient without discovering something new, nor is fresh insight gained without the perception of its beneficent effect" (Freud, 1927, p. 256), can no longer be supported as a universal truth. I am convinced that the *Junktim* idea does not do justice to the reality of the practice of psychoanalysts nor to current knowledge of mechanisms of therapeutic change.

To my knowledge, the first person who explicitly restricted the scope of the idea of inseparable union between gain of knowledge and the cure was a Latin American psychoanalyst. José Bleger, in his posthumous paper of 1971 "Criteria of the cure and objectives of psychoanalysis," (Bleger, 1973), observed that not infrequently:

> Patients benefit from psychoanalytic treatment without having been cured of what they wanted to cure. … In other cases, he says, it is considered good progress and a good end of treatment (when nothing else can be achieved) if patients recognize and accept their symptoms, errors, limitations and difficulties. That is, they attain … objectives or effects of self-knowledge rather than curative ones. [p. 79]

Naturally, clinicians are also familiar with the opposite case: patients in whom the amount of self-knowledge acquired in the process does not do justice to the range of symptomatic and structural changes achieved. The Boston study group on the process of change (PCSG, 1998; Stern, 2004) offered an explanation for this clinical fact. They proposed a model of change in psychoanalytic therapy that considers that the therapeutic effect of the analyst–patient relationship resides in intersubjective and interactive processes leading to what they call *implicit relational knowledge*. The mutative locus in therapy is produced when the movement of intersubjective negotiation leads to *moments of encounter* with shared understanding of the implicit mutual relationship, producing, in turn, a recontextualization of the patient's implicit relational knowledge. These are moments between patient and analyst of reciprocal recognition of what is in the other's mind concerning the actual nature and state of the mutual relationship. This mutual recognition leads patient and analyst into a domain transcending this professional relationship without cancelling it, and in so doing, frees them partially from tonalities of the transference-countertransference relation.

In any case, the ideas of the Boston group go beyond the core of psychoanalytic theory of change and aim at the role of the quality of the intersubjective relationship as an independent curative factor in therapy. The fact is that the value of the patient's experience of the analyst as a prognostic element and curative factor has been recognized since Ferenczi's time. However, its position in the theory of change has never been comparable to the status of interpretation and insight and it continues to be a controversial issue in contemporary psychoanalysis. The following quote, from a paper by Hannah Segal (2006), proves it:

> The Middle Group … established a new model of the mind, deriving from Ferenczi and developed by Balint, Winnicott, and, later in the United States, by Kohut. The fundamental difference between this model and those of Freud, Klein, and their followers lay not in the fact that it took into account new clinical evidence, but rather in the kinds of uses it made of clinical evidence. A new concern emerged which focused on various notions of cure and change that did not rest on attaining truth and that considered the personal influences of the analyst … to be integral to the analytic process. Here the changes in technique were of a kind that made them essentially nonanalytic. They went against the psychoanalytic effort to bring about change through the search for truth. [p. 288s]

Although the quality of the relationship as a factor of therapeutic change certainly does not pertain to the core of the theory of cure, the findings of over fifty years of empirical research on process and outcome of psychotherapy support the idea that the quality of the therapeutic relation is the most powerful factor of change in any type of therapy, including the psychoanalytic. Specific interventions, in this case interpretation and gain of insight, explain the smallest part of variance of treatment results (Wampold, 2001; Jiménez, 2007). From the clinical perspective, this means that techniques and interventions are not effective in themselves or by themselves. The weight of evidence endorses the idea that therapy is a professional relation in which the quality of the personal relation between patient and analyst is a key factor for increasing (or limiting) the impact of therapeutic procedures (Orlinsky and Ronnestad, 2005). Of course, this also means that the range of techniques applied by successful analysts is much broader than what official theory of technique prescribes. In relation to this, Carlo Stenger (1991) is emphatic:

> The consequence of these facts for the question of the link between reconstructive truth and therapeutic effect seems to be the following. The relation between these two properties of interpretation is certainly not as clear-cut as Freud took it to be. *Reconstructive truth is neither a necessary nor a sufficient condition for therapeutic efficiency.* [p. 140; italics added]

Specificity of psychoanalysis in the real practice of psychoanalysts has also been questioned by comparative psychotherapeutic research. Ablon and Jones (1998) have demonstrated that psychoanalytic treatments include diverse sets of interventions in which therapists, aside from applying strategies characterized as psychodynamic, to a significant extent also apply technical interventions usually associated with a behavioral cognitive approach. In other words, the manner in which therapists with different orientations handle treatments includes significant superposition of theoretical models assumed to correspond to different intervention strategies. These investigations are consistent with others (Goldfried, Raue, and Castonguay, 1998; Jones and Pulos, 1993) that found a broad superposition of psychoanalytic, interpersonal, and cognitive behavioral therapies.

In any case, new findings of systematic research in mind-related disciplines and in psychotherapy process and outcome validate a spectrum of technical interventions that, although they do not fall within the official psychoanalytic theory of change, seem to be applied privately by many analysts in their everyday work. Gabbard and Westen (2003) suggested:

> Deferring the question of whether these principles or techniques are analytic and focusing instead on whether they are *therapeutic*. If the answer to that question is affirmative, the next question is how to integrate them [officially] into psychoanalytic or psychotherapeutic practice in a way that is most helpful to the patient. [p. 826; italics in the original]

For these authors, a modern theory of therapeutic action needs to describe both changes (treatment goals) and strategies that are probably useful for promoting these changes (techniques). We have come to a point, they added, where single-mechanism theories of therapeutic action, no matter how complex, are unlikely to prove useful. This is due to the variety of targets of change and the diversity of methods useful in effecting change in those targets, as well as the variety of techniques aimed at altering different kinds of conscious and unconscious processes.

This line of argument leads to the suggestion that it is time to liberate practice from theory, so that we can study it in its own merits. "If theory were decoupled from practice, technique might

progress on purely pragmatic grounds, on the basis of what is seen to work. Psychoanalytic theory of mental function could then follow practice, integrating what is newly discovered through innovative methods of clinical work" (Fonagy, 2006, p. 70). Of course, this proposal is methodological rather than epistemological, because a total separation between theory and practice is impossible. The idea is to give legitimacy to implicit minitheories, to give them a chance to surface and be expressed so that they can be studied in their own merits.

FROM CLINICAL PRACTICE TO THEORY BUILDING

I have attempted to prove that the origin of diversity in psychoanalysis and the difficulties underlying the construction of a unified discipline are to be sought in the nature of psychoanalytic practice. For over a century, psychoanalysts have intended to accumulate knowledge to build a coherent discipline and theoretical framework, a task we now consider unattainable in principle.

In this sense, it is not correct to say that postmodernism fragments psychoanalytic knowledge; it is more accurate to say that in these postmodern times we have become aware of a trend toward fragmentation lying at the root of the psychoanalytic method. According to Zygmunt Bauman (1990), "Postmodernity is no more (but not less either) than the modern mind taking a long, attentive, and sober look at itself, at its condition and its past works, not fully liking what it sees and sensing the need to change" (p. 272).

According to Fonagy (2002), issues related to inductive reasoning would explain the overabundant theorization and the fragmentation of psychoanalytic knowledge. The basic strategy behind theory building in psychoanalysis fits into the so-called *enumerative induction* (that is, the accumulation of samples consistent with a given premise). When treating a patient, we gain access to a number of observations arising from the assessment and evolution of the therapeutic process. Taking this sample as a starting point, we record certain observations as *selected facts*, and draw conclusions on our patient's usual behavior, as well as on the reasons why he behaves in that particular way. The analyst will then be predisposed to note those aspects of the patient's behavior and of his relationship with him that make sense in terms of his own privileged theoretical constructs. The latter have, in turn, arisen as a product of observations formulated in other analysts' clinical theories, built in relation to other clinical cases.

CURRENT CHALLENGES: THE BUILDING OF A PSYCHOANALYTIC PLURALISM

I have stated in this article that practical and theoretical diversity constitutes an inevitable fact in psychoanalysis. For a century, this diversity was repressed by resorting to authoritarian definitions meant only to place the inherent tendency to diversification into a straightjacket. However, the question remains: What to do? Is psychoanalysis doomed to disappear as a discipline? Can a constructive dialogue between psychoanalysts adhering to different orientations and traditions take place so that the boundaries between theoretical and practical divergence may be outlined? This would make it possible to describe a field within which we could still be called psychoanalysts. What are the tasks involved in the construction of psychoanalytic pluralism?

From my perspective, these open questions constitute the current and future challenges: in summary, to assume and overcome the postmodern criticism to classical psychoanalysis. There are hints pointing in that direction (see, for example, Frie and Orange, 2009). Possibly, the essential postmodern criticism lies in considering psychoanalysis as a much more complex field than we thought it was, that is, as a field where there is no room for linear or simple understandings. Complex thought has been developed outside psychoanalysis and is just starting to be used in our field as a building tool for epistemological theory (Leffert, 2008; Coburn, 2009). One of the basic assumptions of complex systems is that their study should be interdisciplinary in nature. A criticism to postmodern psychoanalysts, or even to some moderate ones, is in line here. Postmodern literature evidences an extended trend to reject empirical research as a legitimate source of psychoanalytic knowledge. Along this line, two articles called my attention. The first is an article by Jeremy Safran (2003), which opens with the question: "The relational turn, … and psychotherapy research: Strange bedfellows or postmodern marriage?" (p. 449). The other is a chapter by Judith Guss Teicholz (2009) titled "A strange convergence: postmodern theory, infant research, and psychoanalysis." Both authors make explicit use of extraclinical knowledge borrowed from psychotherapy process research in one case, and from mother–infant research in the other to construct theories in psychoanalysis. Nevertheless, both highlight the foreign character of this use. Along with this article, I have also made use of arguments originating in extraclinical research to sustain my criticism to the classical psychoanalytic point of view (see Jiménez, 2007). By the way, some postmodern authors, such as Philip Bromberg (2006, 2008a, 2008b), see no problem to integrate the findings of research and of cognitive sciences in their psychoanalytic theorization.

Worth noting is the criticism on the legitimacy of extraclinical research with empirical methodology (quantitative and qualitative process and outcome psychotherapy research, infant research, neuroscience, etc.); this is shared by classical and postmodern psychoanalysts. Just as classical psychoanalysts, many so-called postmodern psychoanalysts also disagree with Wallerstein's (1993) claim that "the clinical case study method can no longer suffice as the sole avenue to the accrual of psychoanalytic knowledge. It must be supplemented by more rigorous and systematic research efforts" (p. 96). Criticized as reductionist, empiricist, positivist, etc., Wallerstein's claim states that the clinical method is not to be considered the only path to achieve knowledge. We are faced here with one of the problems underlying the construction of pluralism. Throughout this work, I showed how the analyst in his practice does work with knowledge of different nature and origin. In my view, the same happens with the building of theory.

Along this line, Fonagy (2002) proposed some construction strategies for theory in psychoanalysis. Among others, it is worth referring to one, called "strengthening the evidence base of psychoanalysis," according to which,

> Future psychoanalytic work should move away from enumerative inductivism and develop closer links with alternative data gathering methods available in modern social and biological science.—[In this way]—the convergence of evidence from several data sources (clinical, experimental, behavioral, epidemiological, biological, etc.) will provide the best support for the theories of mind proposed by psychoanalysis. [p. 25]

Fonagy and Target (2003) have reviewed the main psychoanalytic theories, systematically comparing them to the results of empirical research in developmental psychopathology. This

emerging branch of developmental psychology offers a good comparative perspective (from *the observed baby*) to outline the scope of what Daniel Stern called the "clinical infant" (p. 13). However, this is not an easy task. Carlo Strenger (1991) reminds us that, in psychoanalysis:

> The comparison between alternative theories and practices ... is ... more complicated than a non pluralist might assume. It involves different types of intellectual operations. One of them can of course be the empirical investigation of the relative therapeutic efficiency of the approaches. Even here, however, and added complexity comes into play. Given that the forms of therapy may be guided by different perspectives, it may not be possible to translate their terminology on standards of mental health into each other. Direct empirical comparison must therefore be preceded by careful conceptual investigation into the questions on which the approaches are commensurable. The pluralist position implies that the result of such an investigation can be quite frustrating, and it even possible that no common ground for comparison be found. [p.160f]

Anyhow, the extreme practical and theoretical diversity in psychoanalysis is perceived as a threat by psychoanalytic institutions. In 2009, the IPA Board approved a mandate for the newly appointed *Committee on Conceptual Integration*. The purpose of the committee was:

> To find ways and means to enable members of the IPA to contribute to such integration of psychoanalytic theory as current, reliable knowledge of psychic reality makes possible ... to substitute conceptual and clinical enquiry for chronic controversy without diminishing critical questioning and without encouraging ideological orthodoxy or authoritarianism. [IPA Board, 2009, p. 1]

Let us hope that, in the foreseeable future, this committee offers the psychoanalytic community a methodology favoring dialogue, and in that way, contributing to the building of true psychoanalytic pluralism (Bohleber et al., 2013).

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