The Search for Integration or How to Work as a Pluralist Psychoanalyst

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In my professional path, I strove for the integration of my identity as a psychiatrist and as a psychoanalyst, in the frame of pluralism, which exists in modern psychoanalysis. Having been trained in a Kleinian approach, I will explore the painful breach experienced during my parallel trainings as a psychoanalyst and as a dynamic psychiatrist. I worked for five years as a psychoanalyst and a researcher in Germany and was involved to a large extent with the psychoanalytic world, which increased my self-definition as a pluralist. On my return to Chile, I discovered the need for political changes in the psychoanalytic society and curricular modifications in my training institute to recover psychoanalysis from its academic isolation. Finally, I will analyze the extant connections between the ideology of pluralism in psychoanalysis and its application in clinics. I will show that the exploration of the inference processes of the psychoanalyst inside a session—the psychoanalyst's mind at work—demonstrates that the analyst in fact functions as an artisan thinker. This means that pluralism—that is, the use of more than one theoretical frame and of different levels of abstraction and explicitness—is the way the majority of psychoanalysts "naturally" work. What probably differs is the self-consciousness, scope, and rank of pluralism.

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IN TIMES WHEN DIVERSITY IS THE NORM IN THE ANALYTIC MOVEMENT, sharing professional narratives can foster integration. By the beginning of the 21st century, we are witnesses of the uneasiness regarding the ever increasing fragmentation of psychoanalytic knowledge (Fonagy and Target, 2003) and of the chaotic aspect of modern psychoanalysis (Thomä, 2000). In this context, efforts toward integration are highly regarded. As a matter of fact, my own personal and professional experiences are valuable as far as they clarify general problems of the development of psychoanalytic theory and praxis. The heading of this article summarizes in a nutshell the perspective I have taken to consider my professional itinerary.

Synopsis of a Career

Since I became a candidate at the institute of the Chilean Psychoanalytic Association 25 years ago, I have never given up being an active participant and a passionate observer of the development of psychoanalysis. During these years I have acquired an experience that is the product of the interaction of both the analyst working in his private practice and the faculty member involved in research and teaching. As a professional identity has thus developed, I have been constantly challenged by the permanent need to reflect on and integrate the differences and controversies that plague the relationship between psychoanalysis and psychiatry and the academic environment. As a faculty psychiatrist, currently the director of a university department, I must constantly integrate knowledge of different and sometimes conflicting areas, especially in my role as a professor of future psychiatrists and psychologists. From my regular philosophy studies, which I completed before starting to study medicine, I inherited the need to clarify the epistemological points of view involved in discussions. At that time I discovered that new ideas in social sciences usually sprout as a response to questions posed in the frontiers between disciplines. It has occurred to me that my never exhausted fascination with psychoanalysis has to do, precisely, with its borderline character, in Carlo Strenger's (1991) words, with a psychoanalysis located "between hermeneutics and science."

The particular historical and social conditions, plus certain personal peculiarities in which my professional development has unfolded,

have made the task of integration even harder. The last 40 years of the 20th century in Chile were particularly convulsed. In spite of its distance from the world metropolis, Chile has been permanently exposed to the fluctuations of economic, social, and political changes determined by world tendencies. We also suffered an agitated 1960s, which crystallized in a university reform and actively mobilized our youth at the time. I was personally very involved in this movement as a political leader. In the frame of socialist ideology and stimulated by an influential Catholic Church that had renewed its commitment to social justice after Vatican Council II, those of us belonging to the generation of the 1960s dreamed of solidarity and a poverty-less society. The medicine school prepared us for service in the public system, to assist the most needy. We would certainly have felt represented by the words pronounced by Freud in Budapest in 1919:

> It is possible to foresee that at some time or other the conscience of the society will awake and remind it that the poor man should have just as much right to assistance for his mind as he now has to the lifesaving help offered by surgery; and that the neuroses threaten public health no less than tuberculosis, and can be left as little as the alter to the impotent care of individual members of the community [p. 167].

However, with the installation of a brutal military dictatorship in 1973, Chile changed its orientation. We should trim our ideals and turn into obedient students once more to concentrate on the study of the official science, culture, and technology—frightened and feeling guilty for not having been able to stop the collapse of democracy. At that time, I was trained as a psychiatrist and a psychoanalyst. Together with my companions we published an article that we suggestively named "Regression and Persecution in Analytic Training" (Bruzzone et al., 1985) without a clear awareness of the displacement from the social reality. The abyss that I perceived between psychoanalytic training and the professional reality became even more painful, as part of my daily activity was spent as a psychiatrist in a ward of chronic patients in an old state hospital.

By the time I had finished my training, I had the opportunity to work for the next five years at a research center in psychotherapy and

psychoanalysis at the University of Ulm, Germany. There I discovered a psychoanalysis that was active and stirring, with high levels of self-criticism, embedded in the world of culture and socially respected. I was astonished by clinical and empirical research, by the epistemological criticism of psychoanalytic ideologies. I managed to articulate my studies of philosophy with the theory and practice of psychoanalysis. I dove into the controversy of psychoanalysis as an empirical science and as profound hermeneutics. I found a diverse psychoanalytic movement with outstanding personalities. I learned to appreciate those who intended to build a flexible and adaptive psychoanalytic technique—eluding strong resistances—more centered on the needs of the patient than on the idealization of the analyst and her work. There I came to grips with the notion that the problems of psychoanalysis are rather methodological than epistemological—that it is possible to address clinical reality posing questions differently, with a more explicit theory and a more transparent and less ideologically oriented reflection. I learned to value the consensual search for observable referents of theoretical assertions. Finally, I came to the conclusion that we can count with a corpus of theory of technique that spouts not only from the minds of some clear-minded clinical leaders, but also from the systematic study of *real* psychoanalytic practice.

After returning to my country in 1990, I have been engaged with institutional psychoanalytic work, concerned with the selection and the analysis of candidates, supervision and conduction of seminars, and, lately, collaborating with a needed curricular reform. During the 1990s I actively participated in psychoanalytic politics, becoming the president of my society and a member of the Executive Council of the International Psychoanalytic Association (IPA) as a representative of Latin America. In my work at the university, I have been especially concerned with the dialogue between psychoanalysis and psychiatry and the training of future psychiatrists and psychologists, introducing them in the art of psychoanalytic therapy.

Against this biographical background I shall trace the main stages of my psychoanalytic development, emphasizing general subjects that concern the theory and practice of psychoanalysis. I will finish by presenting a model—the analyst as artisan thinker—that intends to shed light on how a pluralist's mind works.

The Breach Between the Training as a Dynamic Psychiatrist and as a Psychoanalyst

After attending a psychiatry course presented by psychoanalysts (who years later became my colleagues at the Chilean Psychoanalytic Association) at the School of Medicine, I became a patient during three years in a psychoanalytically oriented group therapy that helped me to solve some conflicts that lingered since my adolescence. My interest in psychoanalysis and my decision to specialize in psychiatry were then well settled. However, my first two years of residency were spent in a university group very much influenced by German psychiatry in its phenomenological version, as mainly developed by the Heidelberg school. The atmosphere in this group was relatively hostile to psychoanalysis. Most of its members were aged disciples of Ignacio Matte-Blanco, founder of the Chilean Psychoanalytic Association who introduced the dynamic orientation to psychiatry in Chile. The relationship of those ex-disciples with the founder had been very conflictive, and, as a result, they had withdrawn from psychoanalysis, becoming its harsh critics. This was immediately polarizing, and it was difficult to find bridges that satisfied my need for integration. On the whole, from that period I preserve the valuable contribution of the phenomenological method to psychoanalysis. I learned a way of observing and approaching clinical phenomena with a certain aloofness from theories, which guides me up to the present. The influence of this initial experience recently crystallized in my work "A Psychoanalytic Phenomenology of Perversion" (Jiménez, 2004a).

I ended my training as a psychiatrist with the group that had taught me dynamic psychiatry at the School of Medicine, but I never quite abandoned the point of view of classical psychiatry. Further, my work as a liaison psychiatrist at a general hospital, especially in internal medicine and neurology, awakened in me a great interest in the study of the articulation of the different models applied in psychiatry and the subject of multicausality in dynamic psychiatry (Jiménez, 1979).

Crossing the Border to Neurology

My work as a liaison consultant at the Neurology Division lead me to become interested in the psychotherapeutic treatment of focal epilepsy

patients resistant to anticonvulsive treatment. In many cases I found that unconscious conflicts and peculiar family dynamics constituted a hindering factor for the anticonvulsive action of medication (Jiménez, 1984). In those cases, the adding of psychotherapy to medication decreased the frequency of seizures or simply extinguished them. It would certainly be inadequate here to speak of a psychogenesis of convulsive seizures. However, psychotherapy acts by the interpretation and elaboration of unconscious conflicts that are part of the triggering situation, thus preventing the repetition of seizures. This finding produced a great impact in my way of conceiving the therapeutic action of psychoanalysis by highlighting the importance of the analysis of triggering factors and of the interpretative labor in the (unconscious) present, inside and outside of transference. Years later I developed a model of focal psychoanalytic therapy of limited targets in which the emphasis lays precisely in the interpretive work of the unconscious dynamics of the triggering situation and on the factors that maintain the symptoms (Jiménez, 1995). At that time, however, I ignored that I was getting close to the interpersonal tradition in psychoanalysis.

However, my work with epileptics did not last long. Going through the literature, I verified that the early psychoanalytic interest in the study of epilepsy—in which Freud, Stekel, Pierce Clark, Kardiner, Greenson, and Pichon Rivière in Latin America stood out—was rapidly abandoned. This interest was mainly theoretical, in search of a confirmation of the economical aspects of the libido theory. Impressed by the energy discharge in epilepsy crises and in the attempt to understand the emotional discharge crises, the tendency to act out, the compulsion for repetition, and so forth, these authors may have considered epilepsy an adequate example. The progressive abandonment of the libido theory, the lack of effectiveness of purely psychotherapeutic treatment, as well as the appearance of the EEG, produced an enormous decay in the psychoanalytic study of epilepsy during the 1940s. When I realized that neither psychoanalysts nor neurologists were interested in the psychodynamic study of epilepsy I also gave up that field of clinical investigation. Currently, I believe that the breach between psychoanalysis and neurosciences is too wide, a situation that has been reversing in the past few years (Kandel, 1999; Solms, 2004). I am sure that this reencounter will make the psychoanalytic study of neurological conditions a newly interesting area.

Anyway, I was very concerned about the integration of different perspectives in those days. In the introduction to the psychiatry text that we edited with my professor at that time (Gomberoff and Jiménez, 1982) and that assembled 40 specialists of different orientations in psychiatry, I wrote something that is most relevant to the current situation in psychoanalysis:

> A very important risk, which a book like this faces, lays in the *diversity of perspectives* from which the different subjects here included are developed. It is fair to ask oneself if in psychiatry it is at all possible to find one point of view, one model of thought, which is common, basic, and fundamental and which is shared by the different psychiatric tendencies and approaches. The immediate answer seems to be negative. At present, our field lacks a sufficiently coherent and comprehensive theory-based and practical corpus, which may leave behind the frequently passionate scholastic disputes. Nevertheless, the question appears: Why do we psychiatrists of different orientations still view ourselves as psychiatrists in spite of the theoretical and practical differences? What is it that we share and which is responsible in the end for the identity of our specialty? Is there a common psychiatric point of view? The answers to these questions are complex and still partial [p. 13, italics added].

In that text, the mere replacement of the word *psychiatry* with *psychoanalysis* would suffice to prove the standing of the affirmation. But there is also a further thought in the same text, which is at present totally valid for our discipline.

> We cannot respond [to these questions] only from a theoretical perspective. We must reflect on the *praxis,* on that which psychiatrists *really* do. It is not easy, because what a specialist says he does, most of the time corresponds to that which he ideally would like to do [p. 13].

After an overview of the conditions that must be met to work with different models from different causal series (biological, psychological,

and social), I reach the end of this introduction with the following words:

> In our specialty, theoretical dogmatisms are not at the service of the progress of knowledge, since all models are open, that is, have points of contact. This does not mean that it is easy to shift from one model to another; on the contrary, this is problematic even though we do not visualize a different way of making psychiatry for the moment [p. 22].

This antidogmatic posture, imposed by the force of a diverse reality, had already driven me to define myself as a pluralist. Hence I am not only someone who accepts the inescapable diversity of theoretical and practical models in psychiatry and psychoanalysis, but essentially someone who intends to work with different models, maintaining a coherence that maximizes synergy while avoiding iatrogeny. This is not to be understood as an illegitimate, atheoretical eclecticism. During the time when I was in charge of a ward of inpatients at the Psychiatric Hospital in Santiago, I was able to apply this pluralist conception in the constitution of the professional team and in the planning of activities, which included administrative, biological, behavioral, and psychosocial measures taken in the patient's care. The dynamic comprehension of the whole, a true metamodel, inspired in psychoanalytic social psychology and in systems theory admitted the articulation of decisions stemming from different approaches and perspectives (Jiménez and Riquelme, 1983). During the time in which the experience lasted, an external psychologist conducted a weekly group session with the staff. The aim was to understand the difficulties, such as anxieties or collective fantasies, that refrained from the attainment of the main task of the team.

An Isolating Psychoanalytic Training

During my training as a psychiatrist I started my personal analysis, which soon became didactic, after being accepted as a candidate for psychoanalytic training. Of my personal and training analysis—which lasted 10 years in all—I may say that it constituted one of the most important enterprises in my life, given that it simply changed

my way of relating with myself and the world, apart from its healing effect. However, from the perspective gained with time, I cannot avoid to verify that, together with the rest of the psychoanalytic training, the training analysis made the integration task with activities besides my labor as a psychoanalyst even more difficult and painful. As was then probably the case everywhere, training analysis and clinical and theoretical seminars were infiltrated, sometimes not too subtly, by the aim to attain the so-called psychoanalytic identity. To do so, it was necessary to differentiate unmistakably between psychiatry and psychoanalysis and between psychoanalysis and psychotherapy. In simple terms, this favored the "splendid isolation." On the other hand, I believe that a monist conception prevailed in the training group, that is, the assumption of the existence of a "unique" psychoanalytic truth. The monist illusion can only be supported from a dogmatic stance with either of two meanings: (1) *absolute confidence* (which leaves no place for reasonable doubt) in the knowledge gained by means of the psychoanalytic method and in the *effectiveness* of such knowledge while dealing daily and directly with patients and (2) *total submission* (without a personal examination) to certain principles or to the authority that imposes them. In our case, we had to submit to the Kleinian way of doing psychoanalysis. The rest of the orientations were practically left out or subtly disqualified as non-psychoanalytic. Happily, the situation has changed and nowadays the curriculum of our institute may be distinguished by its pluralism.

In this context it seems clear why, in the first paragraphs of the article written with our training companions (Bruzzone et al., 1985), we highlighted the "presence of a constant feeling of treading a particularly painful road" (p. 12). The regressive and persecuting situations, induced by training, interfered significantly with an adequate personal and pedagogical experience for they disqualified the professional accomplishments, which we had attained earlier. Much has been written about the need to provoke an "epistemological rupture" in psychoanalytic training to achieve the psychoanalytic identity. As a whole, I still believe that some of the vicissitudes may be part of a necessary and inevitable stage of training. However, the training system has structural characteristics that intensify the difficulties and—even worse—have been responsible for the increasing isolation of psychoanalysts during the second half of the 20th century. I now believe that the main source of difficulties lies in the special site of

didactic analysis inside the training. I believe that personal analysis should be, precisely, a personal matter of the candidate, irrespective of the rest of the training. In the training of psychoanalytic therapists that we carry out at the university department over which I preside, we strongly recommend—not obligate—psychotherapy or personal analysis as an imperative instance of self-knowledge for those who want to work psychoanalytically with human beings. Nevertheless, we believe that the psychotherapeutic abilities proper are learned at the seminars and supervisions, not in personal therapies. The argument is obvious: on one hand, there are many well-analyzed persons who are not therapists or who even get to be bad psychoanalysts; on the other, there are talented psychoanalysts who have been through little or lousy personal analyses. I tend to believe that behind the hypertrophy of the training analysis there is an enormous idealization of the method, which has greatly damaged psychoanalysis as a whole (Jiménez, 2001a). In any case, this is a very valid controversy inside the psychoanalytic movement at present.

The pressure on me, created by the breach between the academic psychiatrist working in a public hospital and the psychoanalyst in private practice, pushed me to find a way out. The epistemological reflection, based on my previous philosophy studies, cultivated in my mind an ever growing dissatisfaction with the clinical method as the sole source of knowledge attainment in psychoanalysis and drove me to get interested in the incipient empirical research in psychoanalysis. In this way, in 1985, having finished my analytic training and as fellow of the Alexander von Humboldt Foundation, I moved with my family to Ulm, Germany. The aim was to develop a research project on the psychoanalytic process with an empirical methodology, by professors Helmut Thomä and Horst Kächele. On my way to Europe I did not know that a yearlong trip would last for five.

Working in a Foreign Culture and a Foreign Language, or the Discovery of the Wide Scope of the Psychoanalytic World

The Impact of Empirical Research

The empirical process research, which I performed in the case of Amalia, stored in the Ulm data bank, produced such an impact on my

way of conceiving theory and practice in psychoanalysis that it still remains significant after 20 years. In the preparatory phase of my research on Amalia, I spent months listening to the audiotapes of the analysis sessions conducted by Thomä. I got familiar with Thomä's colloquial style, his peculiar mode of intervention, his hesitations and toddling, his scarcely authoritarian way of proposing interpretations. It was an instructive experience. Many times I asked myself how it could be possible that someone should analyze in a way so different from what I thought was the rule. Frequently I asked myself: Why doesn't he interpret this or that? Where did he get this idea from? My training had been markedly Kleinian and I thought, as Etchegoyen (1986), that the "task of the analyst consists, to a large extent, in detecting, analyzing, and solving the separation anxiety and that interpretations which tend to resolve these conflicts are crucial to the progress of the analysis" (p. 528). But Thomä seemed not to assign too much importance to such interventions. In my research project, I was trying to probe empirically the hypothesis that the evolution of the transferential reaction of Amalia to the breaks in treatment was an indicator of structural change attained by the patient along the process. Instead, I was surprised that the reaction to the breaks had been scarcely interpreted—at least not systematically—but that in spite of it, this transferential reaction had evolved as the "loss-separation" model predicts in its different psychoanalytic formulations (Jiménez, 2000).

This experience showed me, convincingly, that simple and monocausal theories about how and why change occurs in psychoanalysis may be intellectually very appealing, but are probably inaccurate and don't fit with the complexity of clinical phenomena. Struggling with feelings of betraying my analyst, I definitely abandoned the illusion of being a "Kleinian" and I gave in to the complexities conveyed by calling myself a pluralist psychoanalyst.

Psychoanalytic Translator

Finding myself in a group with a different psychoanalytic tradition made me reconsider the concepts learned during my training in Chile. The translation into Spanish, together with my wife, of the book in two volumes on psychoanalytic technique, by Thomä and Kächele

(1989, 1990) allowed me to dive into the contemporary psychoanalytic controversies. This notably critical work forced me to a reflective reading that disputed much of my previously acquired knowledge. In it, the authors develop a theory on technique, based on object relations theory, according to what has been called the "relational turn" in psychoanalysis starting from the work of Greenberg and Mitchell (1983). The standpoint from which the treatment technique is reviewed is precisely that of the "contribution of the analyst." In several articles, I developed my own intersubjective and relational turn (Jiménez, 1988, 1989, 1990, 1992, 1993). Going over these writings, I found myself with the guiding thread of this presentation, that is, with the search for integration among the different psychoanalytic schools and between psychoanalysis and neighboring disciplines, especially empirical research on psychoanalytic process and outcome, and research on the early mother–infant relationship.

Psychoanalysis and Politics

From the many studies published at that time, however, two had a major influence on my psychoanalytic development. The first one was motivated by the cultural and political clash with the German psychoanalytic environment. My German colleagues were unable to understand how it was possible to work in a country ruled by a military dictatorship like the one in Chile at the time. Apropos the many questions and arguments posed to me, I gradually realized that the German psychoanalysts identified Pinochet with Hitler, thus projecting on me all doubts and reproaches against those psychoanalysts who did not emigrate from Nazi Germany. Having left my country and finding myself in a psychoanalytic environment where political questions were so important, I had to reflect systematically on my work as a psychotherapist and psychoanalyst in Chile (Jiménez, 1989). These questions were certainly unthinkable in the Chilean Psychoanalytic Association at the time, although the subject had been widely discussed in the Latin American psychoanalytic environment. On my way to responding to the question of how the psychoanalyst–patient dyad reacts in such an adverse political environment as that of a right-wing repressive dictatorship, I psychoanalytically defined "social reality" as a consciously or unconsciously shared judgment

between the analyst and the patient on external reality. I thus arrived at a definition of *intersubjective reality* as the psychic reality shared by patient and analyst, which rides between the external reality, and the internal idiosyncratic and unshared reality proper.

It was this very dyadic conception that allowed me to reinterpret the Kleinian concept of projective identification as a primarily interactive and intersubjective process (Jiménez, 1992). The fate of a particular interaction between patient and psychoanalyst, which may finally end in the clinical phenomenon described as projective identification, not only depends on the patient and his or her psychopathology. The capacity of the analyst to understand and incorporate it inside a context of wider meaning, thus depriving it from its intrusive nature, is also crucial. By resorting to the conceptual and epistemological critique and to clinical illustrations, I showed how the projective identifications lose force along a successful psychoanalytic process. In other words, they stop being recognized as such by the analyst, in virtue of his capacity to incorporate them to the shared psychic reality, that is, to intersubjective reality.

Between the Confusion of Tongues and The Gift of Tongues

On the whole, it was simply the fact of working as a psychoanalyst in Germany—that is, in a foreign country and language—which finally disputed the psychoanalytic convictions learned during my training. In a recent article (Jiménez, 2004b), I intend to answer the following question: How was it possible that, in spite of my imperfect knowledge of the German language—which undoubtedly increased over time—I was able to treat so many patients successfully? The conclusion, once more, was that the differences in origin, culture, and mother tongue with the patients were overcome by the reciprocal identifications established; in the end, by the similarities of the shared affective states, which define the match between analyst and patient. In accordance with the findings of research in early mother–infant relationship, my experience of working psychoanalytically in a foreign language disputes the privileged site in which psychoanalysis has traditionally situated verbal exchange. The establishment of a nonverbal and implicit bond with my patients—which I believe led to

therapeutic success—had scarce relation to the degree of understanding each other in German. I evaluate this experience as a natural experiment, which confirms the theory of change currently proposed by many authors (Stern et al., 1998; Fonagy, 1999).

There Is No Integration of Psychoanalytic Knowledge Without Democratization and Open-Mindedness in the Psychoanalytic Institution

After five years of productive work in Germany, and after the return of democracy to my country, I decided to go back to Chile. A little while before my departure, Helmut Thomä predicted that my moratorium would end with my return to Chile, because I ought to dedicate myself to work at the psychoanalytic institution. This turned out to be true; initially I was secretary of the Chilean Psychoanalytic Association for two years and later the president for four years. I was one of the founding members of the House of Delegates of the IPA and its representative at the Executive Council. My political and leadership activities culminated with the organization of the 41st International Psychoanalytic Congress held in Santiago de Chile in 1999.

However, reassimilating into the Chilean and Latin American psychoanalytic environment was not easy. I was preceded by my fame as an "empirical researcher." As such, I was asked to represent my society at the Latin American psychoanalytic congress held in Río de Janeiro in August 1990, just a few days after my return to Chile. I participated on a panel on process research. My presentation was concise, following the rules of "cognitive ascetics" exposed by Wittgenstein (in his *Tractatus*), who holds that what can be said must be said clearly, and, when we cannot say anything, we must be silent. I spoke about the conditions that must be satisfied to investigate the psychoanalytic process. I said that we ought to make decisions on the matter of the definition of relevant data, on the gathering of the latter, and on further elaboration and analysis. I had never been confronted with an audience that reacted so aggressively. They were irritated and vociferous; I was told that I had abandoned psychoanalysis, that I was a worn-out positivist who was certainly closer to Wundt than Freud, that I was killing the poetry in therapy, that I was a Fascist. In summary, I was massively identified with Pinochet. I could sense the

enormous breach that existed between the different psychoanalytic cultures and sensitivities, especially regarding the appraisal of empirical research. I learned that I should be cautious and patient; the Latin American environment had a long way to go to abandon academic isolation. I also understood that I had to work to create the conditions that would favor such development.

Opening the Psychoanalytic Institution to the Outer World

Consequently, before tackling reforms to democratize the psychoanalytic institution or introducing changes in the training curriculum toward a pluralist approach, it was necessary to sensitize psychoanalysts, especially the younger ones, about the need of changes. We held the Anglo Latin American symposium of psychoanalysis in Santiago in 1994 knowing that the distance from the world centers favored idealization. Representatives of the three groups in the British society attended, and we got a close look at the agreements and discrepancies inside British psychoanalysis. The same idea of opening up to the international psychoanalytic community led us to accept the proposal of Horacio Etchegoyen—who at that time was the president of the IPA—to hold the 41st International Psychoanalytic Congress in Santiago. The congress was open to mental health professionals and students; a significant number of participants were young psychology and psychiatry students.

Psychoanalysis and Psychotherapy Research

With the encouragement of Ken Howard (Chicago) and Horst Kächele (Ulm), a small group of psychoanalysts from Argentina, Uruguay, and Chile got together in 1992 to create the South American chapter of the Society for Psychotherapy Research. Nowadays this chapter unites psychotherapists from different orientations and has been an important forum for dialogue between psychoanalysis and other therapeutic orientations. Stemming from that initial gathering, and in less than 10 years, a small but significant group of psychoanalysts formed the Research Committee of the Latin American Psychoanalytic Federation

(FEPAL). During those years, we also created the Psychotherapy Committee of the Chilean Psychiatry Society along with other psychiatrists and psychotherapists. In face of the boom of biological treatments, this was an important step in recognizing psychotherapy as an unavoidable therapeutic tool in psychiatry. Although we had different therapeutic orientations, we jointly began to discuss research papers.

In the first year, for example, we explored the therapeutic alliance and its impact on psychotherapy outcome. The concept of therapeutic alliance, originally psychoanalytic, has proved to be a tremendously fruitful construct in all forms of psychotherapy. The impact of therapeutic alliance on outcome has been studied not only in dynamic but also in behavioral, cognitive, and humanistic therapies as well as in pharmacotherapy. May this be an indicator not only of the generic and transversal character of the alliance concept, but also of the progress in the dialogue between psychoanalysis and other psychotherapeutic orientations, which has been made possible by the bridges laid down by empirical research. For the past six years, the Psychotherapy Committee of the Psychiatry Society and the local chapter of the Society for Psychotherapy Research have conducted a Psychotherapeutic meeting near Santiago, with the assistance of more than 200 psychotherapists, mainly young ones. The idea is to discuss subjects in common from the research and clinical points of view.

Psychoanalysis and Religion

While I was the president of my society, I organized, in conjunction with the Faculty of Theology of the Universidad Católica de Chile, a symposium on faith in God and religion from a psychoanalytic perspective. At the opening of the event, I pointed out that we were meeting to "start a reflection on the subject, maybe only to recognize some of the differences between us: language—different and specific for religious and psychological sciences—the specific intellectual perspectives, the cultural references" (Jiménez, 1996, p. 5). I stated that we were facing secular prejudices soundly founded on real experiences of discordance. The journal of the Faculty of Theology dedicated a complete issue to this symposium, which brought together psychoanalysts and theologians from Chile, the United States, and Spain. It is noteworthy that Jordán (1996) mentioned in his final summary that theologians

most radically received the psychoanalytic critique of religion, vis-à-vis more moderate positions on the side of psychoanalysts. Exchange continued sometime later, when I was invited to give a lecture to the professors of the Faculty of Theology on the dialogue between psychoanalysis and theology, with an emphasis on the subjects of determinism, liberty, and moral responsibility (Jiménez, 1999). I am convinced that the subject of the sense of life and the psychological function of beliefs and hope, which have been neglected in psychoanalysis under the influence of positivism, should be incorporated into theoretical and clinical discussions.

Coming Closer to Psychiatry or How to Train Young Psychiatrists and Psychologists

During the 1990s, paralleling psychoanalytic institutional activities, I worked at the Psychiatry Unit of the university psychiatry department to which I belong. With a group of 10 younger psychoanalysts, I developed focal and brief models of psychoanalytic psychotherapeutic intervention. Our group supervises professional practices of graduating psychologists as well as the psychodynamic training of psychiatry residents (Jiménez, 2001b). Four hours per week, we interview patients and carry out complete psychotherapy behind the unidirectional looking glass. Subsequent discussions with our pupils have turned highly sophisticated. We all agree that this has modified our way of conceiving our psychoanalytic work proper, slowly but surely, adding flexibility and openness, but above all, fostering the ability to psychoanalytically ground the technical interventions.

My election as head of a university department of psychiatry has allowed me to intensify the psychodynamic training of our residents, with special emphasis on the relationship between psychoanalysis and the neurosciences. In my department, psychiatrists of different orientations coexist and share a basic dynamic point of view. Other professionals, such as psychologists and sociologists, are also part of the academic staff; therefore, the interdisciplinary dialogue must go beyond clinics. This permanent academic exchange has shown us that, despite a prolonged period of schism between psychological and biological orientations in psychiatry, the

time has come for integration. Renewed psychoanalysis should play an important role (Kandel, 1998, 1999).

A New Psychoanalytic Curriculum

Culminating a process that began in the late 1980s and was further developed during the 1990s with the introduction of reforms that democratized the psychoanalytic institution, the board of directors of our society recently introduced important curricular changes that paved the road to pluralism. After the International Congress in 1999, I decided that my cycle as member of the board of the Psychoanalytic Association had ended. For the past couple of years, I have conducted two important seminars. The first one concerned the problems and challenges faced by current psychoanalysis and possible solutions. The second seminar explored emerging concepts and theories in contemporary psychoanalysis. In the latter, we reviewed the impact of empirical research on process and outcome in psychoanalysis and psychotherapy, research in the early mother–infant relationship, developments in attachment theory, mentalization and developmental psychopathology, and the so-called relational turn.

The Babel in Psychoanalysis and the Search for Common Ground

Two papers by Wallerstein (1988, 1990) marked the official birth of a period of discussion and open institutional debate in international psychoanalysis. In his study "One Psychoanalysis or Many?" Wallerstein (1988) acknowledged "our increasing psychoanalytic diversity . . . a pluralism of theoretical perspectives, of linguistic and thought conventions, of distinctive regional, cultural, and language emphases." In the light of this evidence, Wallerstein asks us "what it is, in view of this increasing diversity, that still holds us together as common adherents of a shared psychoanalytic science and profession" (p. 5).

As was to be expected, the discussion centered on common ground unveiling the depth of the crisis affecting such basic consensus in psychoanalysis. Different authors, starting from a diversity of

theoretical and practical stances, tried to answer the million dollar question, namely, what is it beyond all our differences that still holds us together?

The origin of this "psychoanalytic Babel" term, used to depict the fragmentation of psychoanalytic knowledge, may be threefold: (1) the same words are used to refer to different concepts; (2) identical concepts have been given different names; and (3) there are a number of words that can be validated only within the context of a given theoretical framework. In his quest for common ground, Wallerstein (1990) suggests that it is to be found "in our clinical enterprise" (p. 7). According to him, despite personal and theoretical differences, what we psychoanalysts may have in common, particularly in our consulting rooms, is a comparable way to relate to our patients in the here and now of the interplay of transference and countertransference. In any case, Wallerstein's statement advocates a change in focus from theory (metapsychology) to practice and, what is more, to the privacy of the actual psychoanalytic consulting room.[1]

It is highly likely that, apart from causes to be found in the epistemology (Fonagy and Target, 2003) and sociology of knowledge, this "Babelization" of psychoanalysis may originate in the lack of concern for the complex psychological processes that unfold in the analyst's mind, as one of the main sources of diversity and pluralism in

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[1]The reference to the tower-of-Babel construction myth appears even better aimed if we consider for a moment the exegesis of this passage from the book of Genesis (chap. 11, pp. 1–9). The core of the common exegetic interpretation may be synthesized in three points: (1) the basic motivation of human history is the search for unity, above the differences of geographical placements and tongues; (2) the reason for the dissolution of the union of humanity is the loss of reference to a Father in common, God; (3) dialectics is thus established between the deification of humanity and its atomization in a chaotic multitude of individuals who lack mutual understanding (Drewermann, 1982). The parallelism between the exegetic interpretation of the Babel myth and the historical interpretation offered by Wallerstein (1988) on the development of current psychoanalytic pluralism is striking. According to Wallerstein, the decisive event, which clearly separates the present phase of pluralism from the initial period of intolerance and strict adherence to the "official truth" of psychoanalysis, was Freud's death, the loss of the "founding father." Each psychoanalytic school considers itself as the true and genuine heir of Freud's thought. In any relevant discussion, the resource to Freud is inevitable. Thus, Freud is a father who never dies.

psychoanalysis. To clarify the conditions under which pluralism operates is a very urgent challenge, considering that, "although many psychoanalysts agree that pluralism is here to stay, it is not easy to spell out the connections between the ideology of pluralism and its application in clinical practice" (Hamilton, 1996, p. 24).

In psychoanalytic discussions, doubts are often voiced about whether the different theories may not have also emerged from the analysis of different types of patients. If this is the case, then the interpretive differences could be attributed to descriptions of different realities with obviously different results, thus implying that there exists only one possible interpretation (monism). This might be partially true; however, there are signs that point out that pluralism is much deeper, since in the past decades it has been confirmed that even in the case of material from one patient, interpretations vary considerably (Pulver, 1987a, b; Bernardi, 1989). This naturally makes us wonder whether in principle it is possible to reach a minimal clinical consensus. Of course, this state of things makes pluralism a difficult task. Nevertheless, "pluralism, today's saving grace, can easily evolve into tomorrow's nightmare, unless some guiding principles chart an ever evolving integrative course" (Wilson, 2000, p. 412). In any case, the practical problem is how to work with different theoretical models because, as Strenger (1991) put forward,

> pluralism is *not* identical with relativism. . . . The relativist says that the same proposition can be both true and false, depending on how to look at it. The pluralist shows that the interest and standards of rightness associated with different versions can neither be reduced to each other nor meaningfully be taken to compete. The pluralist does not believe that the same proposition can be true or false; he assumes that certain theories are incommensurable, i.e., not comparable with each other [p. 160].

Jordán (2004) suggests that the capacity to reach correlations, and through this to work with common sense with the patient in session, is enhanced if the analyst entertains more than one theoretical system in his or her mind. But Gabbard (1994) reminds us, "For some clinicians . . . shifting from one theoretical perspective to another, depending on the patient's needs, is too cumbersome and unwieldy" (p. 58). On the other hand, Wallerstein (1988) advises that it is possible for clinicians

to pay attention to the clinical phenomena described by each theoretical perspective without embracing the entire theoretical model. As a matter of fact, many psychoanalysts think that different patients with different psychopathological structures need different theoretical approaches. In this sense, Gabbard (1994) advocates a rather pragmatic perspective:

> Each of [the] approaches to the theoretical pluralism of modern [psychoanalysis] is workable for some clinicians. Regardless of which approach is found more suitable, all clinicians should be wary of rigidly imposing theory onto clinical material. The patient must be allowed to lead the clinician into whatever theoretical realm is the best match for the clinical material. . . . Finding the theoretical framework that best fits a particular patient entails a good deal of exploratory trial and error, but as we stumble through the cave, we may eventually find the path and may be far better off than other travelers with a map of an altogether different cave [p. 58].[2]

What Does the Analyst "Have in Mind" During Psychoanalysis?

Needless to say, if some common ground is to be found in actual clinical practice, the study of what the analyst "has in mind" will run into trouble from the very outset for the simple reason that what the analyst may *actually* have in mind during analysis is by no means

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[2]Pluralism does not rule out *realism* since the a priori condition of possibility for any theory in psychoanalysis and for any dialogue between psychoanalysts is that a reality transcending the observer exists, even when it may be apprehended only in a partial and fragmentary way (Strenger, 1991; Cavell, 1993). On the other hand, to assume an intersubjective point of view does not in any case eliminate the concept of an objective world with which we are in contact and regarding which we strive to be more or less objective. As Cavell (1998), affirms, "both a real, shared, external world and the concept of such a world are indispensable to propositional thought, and to the capacity to know one's own thoughts as thoughts, as a subjective perspective of the world" (p. 79). An idea like this opens the door to pluralism, that is, to a middle way between a situation of total nonuniformity among theories and theoretical monism that could only be upheld from an authoritarian posture.

evident. What is really evident is what the analyst should have in mind or, better still, what the analyst should not have in mind. This was regulated by Freud himself in his technical *Recommendations* (1912). Freud's advice can be ultimately subsumed under one single precept, namely, the rule of "evenly suspended attention," which advises the analyst to behave like a detached surgeon silencing all affects, or like a mirror reflecting only what it is shown.

However, Freud's prescriptive concern met with a major obstacle: the inevitable existence of blind spots in the analyst's psychoanalytic perception. Freud had no doubt that adherence to the psychoanalytic method would be constantly jeopardized by a series of resistance factors emerging from within the analyst.

Accordingly, great store was set by "psychoanalytic purification," by the personal analysis of the fledgling analyst. Sixteen years later, Ferenczi (1928) would voice the reason for the setting up of this "second fundamental rule": "Whoever has been thoroughly analyzed . . . will inevitably arrive at the objective conclusions in the observation and treatment of the *same* psychological raw data, and will consequently adopt the *same* methods and techniques to deal with them" (p. 78, italics added). Ferenczi capped this statement by venturing a forecast that time disproved: "I am under the definite impression," he said, "that since the introduction of this second rule the differences in psycho-analytic technique have tended to disappear" (pp. 78–79).[3]

The development of the metapsychology of analytic listening also shows that its prescriptive force was so decisive and so far-reaching that it did not appear to give any significance to the fact that, apart from the concern with complying with the fundamental rule, the analyst has many other things in mind during analysis. Ferenczi (1928) himself remarked on the immense complexity of the mental work expected from the analyst: to permit the patient's free associations to act upon him or her; to unleash fantasy so that it will elaborate on the

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[3]The development of the metapsychology of analytic listening since the *Recommendations* (Freud, 1912) is well known. Each psychoanalytic school of thought provided different nuances. The evenly suspended attention popularized Reik's (1948) "third ear." This had the essential elements of the introspective empathic method of psychoanalytic observation that later on became a school of thought with Kohut (1959). A similar line of thought goes through Heimann's (1950) conception of countertransference, to Bion's (1967) listening "without memory and desire."

material associated by the patient; to compare, every now and then, new emerging linkages with previous results of analysis; and never to fail to keep a necessary watchful and critical eye on the analyst's own subjectivity. According to Ferenczi (1928), the analyst's mind constantly "oscillates between empathy, self-observation, and the task of passing judgment" (p. 84).

In the same sense, Racker (1960) would later state that "[evenly] suspended attention . . . is but one single (albeit fundamental) aspect of the complex process of understanding the unconscious" (p.39). He refers to the role played by *identification* in empathy, and in analytic listening or, in other words, the analyst's tendency to actively search for the patient's internal objects to "make contact" with them.

In recent years there has been a growing consensus on the inventory of what the analyst has in mind during the process of analysis. In the analyzing mind of the analyst it is possible to find, not only the rule of evenly suspended attention and countertransference, but also a personal equation, personal and school theories, and an implicit view of the human being and the world. The hard nucleus against which Freud (1912) found himself in his *Recommendations,* namely, resistance complexes or blind spots, has turned out to be cognitive/affective structures that do not give way even under the longest and most successful of training analyses. In this sense, the analyzing mind appears to be broader than the analyzed mind.

Although at present very few people deny the existence of these constituent elements of the analyzing mind, there is still no consensus on their function or, very particularly, on the type of interaction that obtains between them. In this sense, there is a growing evidence that there is much more to the analyst–patient relationship than the mere interplay of transference and countertransference. A wide-angle conception of the psychoanalytic relationship considers, apart from the transference and countertransference phenomena, the "real characteristics of the participants and an object relationship of a very primitive nature" (Infante, 1968, p. 767) to be the support and framework of the analytic situation and process. Several authors (Pulver, 1987a, b; Arlow and Brenner, 1988; Bernardi, 1989) have shown the effect of the theories that the analyst has in mind on the selective listening of the material. Sandler (1983) highlights the importance of making explicit the clinical theory implicit in the analyst's work. Meyer (1988) has presented evidence that the personal equation of the analyst also

manifests itself on idiosyncratic cognitive styles that condition the attitude of the analyst, his or her way of feeling and thinking toward the patient. Stein (1991) has suggested that the "analyst's emotional reactions in the analysis depend on the analyst's theoretical convictions of what does and does not constitute good analysis" (p. 326). In my mind, such terms as "projective identification as communication" are dyadic concepts more related to the fluctuating capability for empathy and self-analysis on the part of the analyst—to understand and place any countertransferential phenomenon within a determined sense context—than to presumed unconscious intentions on the part of the patient (Jiménez, 1992). Nobody can deny the prescriptive function of the views of the human being and the world implicit in the different theories, be they personal or school of thought. Compare, for example, the technical consequences of Kohut's tragic man, lying as a baby in its cradle, surrounded by an environment (of "selfobjects") only partially reflecting his innate narcissism, and Melanie Klein's adult, Sisyphus-like from birth, whose tragedy of guilt consists in being doomed to fail in his attempts to repair the imaginary damage caused by hatred and primary envy.

Everything seems to point that we are in the course of a change of paradigm, in Kuhn's sense, in the theory of technique. In the same way as Heimann's (1950) "On Countertransference" changed the resistance character of countertransference, promoting it to an essential element of the analyst–patient exchange, the theoretical and technical progress of psychoanalysis appears to be undergoing at present the process of adoption of an expanded interactive dyadic conception, in which each element is dynamically dependent on the others, all of them in turn conditioning the setup and course of the analytic process. In this conception, the transference–countertransference complex gets incorporated into the process as one (among others) of the aspects of the intersubjective relationship, that is, of the "mind to mind" interaction between patient and analyst.

The Analyzing Mind and "Working Models"

In the history of psychoanalysis there have been fringe developments that may eventually be integrated into the mainstream. In addition to Ramzy's (1974) study on the processes of analytic inference, some

authors influenced by the "emergence of cognitive psychology" (Holt, 1964) made important contributions to the study and description of the mental phenomena of the analyst in the session (Greenson, 1960; Bowlby, 1969; Peterfreund, 1975; Heimann, 1977). What all these authors have in common is their dissatisfaction with metapsychology as a suitable theory to describe and understand how the mind of the analyst works in sessions with the patient. According to Holt (1964), the cognitive processes of the analyst include a wide spectrum of phenomena: "perceiving, judging, forming concepts, learning (especially of a meaningful, verbal kind), imaging, fantasying, imaging, creating and solving problems" (p. 650).

Greenson (1960) in his study on the "emotional knowing" processes of the analyst, that is, the process of empathetic understanding, suggests that in the day-to-day work with the patient—particularly during interruptions or on account of empathy breakdowns—the analyst constructs a working model that combines different aspects and features, both physical and psychical, of the patient. In the course of analytic work, the analyst "listens through this model" (p. 421). "The conception of a working model of the patient implies a special kind of internal object representative. It is an internal representation which is not merged with the self and yet is not alien to the self. By cathecting the working model as a supplement to the external patient one approaches the identificatory processes" (p. 423). Empathetic listening through the working model is a function of the experiential self of the analyst. Bowlby (1969) posits that the "working model is none other than the 'internal world' of traditional psychoanalytic theory seen in a new perspective" (p. 82). The stored programs and data that constitute the different working models represent specific selections of the total data available throughout time (Peterfreund, 1975, p. 61). Thus, the working model is the result, on one hand, of all the theoretical information and practical experience that the analyst has acquired throughout time. Working models are minitheories in action and should be considered as theories in their concrete reference to the here and now.

Heimann (1977) insists that understanding on the part of the analyst is not restricted to the introjective identification with the patient's internal objects. We understand a patient beyond such processes "by forming a mental image of him, by grasping with our imaginative perception his problems, conflicts, wishes, anxieties, defenses, moods,

etc." (p. 317). The forming of this mental image is a *creative* process on the part of the analyst. The working model is constantly evolving, being adjusted and gradually approaching the patient's reality.

Working models offer the analyst strategic guidelines for therapy: for the analyst's role as participant observer, the peculiar management of analytic dialogue, the discovery of unconscious meanings, the formulation and articulation of verbal communication and interpretation, in brief, for all such activities that define the psychoanalytic method. The analyst also has a repertory of working models applicable to his or her own way of feeling, reacting, and working with different categories of patients (Peterfreund, 1975).

Within this conception, evenly suspended attention opens the analyst's mind to listen for *signals* of different kinds in the verbal and nonverbal material provided by the patient. These signals activate essentially preconscious working models, differing in nature and level of abstraction, which the analyst, by restoring to his or her creative synthesis capability, will shape into interventions suitable to the specific therapeutic purpose of each patient. The model, acting as an intervening phase, connects emotional experience and theory in the analyst's mind. The concept of model attempts to shed light on the course and the existing interaction between the experiential objects of evenly suspended attention and theoretical formulations.

The Analyst as Artisan

In the theory of technique there has been a tendency to restrict the mental processes of the analyst to the description of the ideal conditions of adherence to the rule of evenly suspended attention. This stance, which was first formulated by Freud (1912) himself in his *Recommendations,* assumes an ideal match between the understanding of the unconscious and therapeutic change, where the latter is seen as a consequence of insight.

However, Freud (1912) was not unaware that adherence to the rule of evenly suspended attention creates a real tension between the search for the truth of the unconscious and the usefulness of the knowledge thus gained: "one of the claims of psychoanalysis to distinction is, no doubt, that in its execution, research and treatment coincide; nevertheless, after a certain point, the technique required for

the one opposes that required for the other" (p. 114). Sterba (1940) offered a solution to this opposition when he postulated the self's capacity for the operative dissociation between an experiential self and an observer self. All analytic training—and personal analysis plays an important role in this—has the objective of developing and encouraging in the beginner analyst this capacity for operative dissociation: on one hand, it aims at developing a capacity for empathetic understanding; on the other, at developing the capacity for self-observation and thinking according to the rules of the art.

I think that there is more to be gained if we assume that the unity of insight and healing should not be considered as an a priori characteristic of the psychoanalytic method, but rather as an ongoing unity, painstakingly constructed by the analyst, in the manner of a craftsman or artisan, day by day in the sessions with the patient. Naturally, this construction may be suitable or unsuitable, or may lead to therapeutic change in ways that are better, or worse, than others.

All analysts have at the back of their minds specific models for desirable and feasible therapeutic change for each patient, that is, the strategies that will make such changes occur (Sandler and Dreher, 1996). In each transaction with a patient, the analyst decides on the best way to intervene to promote in the patient a small change on the road to cure. In this complex operation, the analyst is guided by multiple (partly) learned rules, which he or she strives to apply to the best of his or her ability. In addition, the analyst has working models that allow him or her to evaluate the effects of his or her interventions, and that make it possible to correct the eventual negative side-effects of such interventions. In short, the analyst is not only concerned with listening to the unconscious, but also with the regulation of the patient's psychical balance and with the moment-to-moment therapeutic relation so as to preserve an optimum level of regression both in him or her and in the patient. Of course, the concrete technical form that all this takes will depend on the theories of each of these variables for any particular patient at any given point of the analysis.

The figure of the craftsperson is an apt description of this conception of the analyst's work. Like an artisan, the analyst is halfway between concept and prescription. Analytic knowledge is theoreticopractical. By way of example, let us picture a well-made piece of craftsmanship, a beautiful spoon carved in the shape of a hand. To make it, the artisan or craftsperson has given form to the

fantasy of the instrument as a prolongation of the human body. There is an isomorphic relationship between hand and spoon, that is, a matching relation of form, nature, and product of different operations that the artisan's aesthetic sense has made evident. If the carving is faulty, for example, if the depth of the cavity is insufficient, the isomorphism will in that case be imperfect, the spoon will be useless and will lose its beauty. The analyst listens by means of working models evoked by signals sent off by the mind of the patient. From the working models and the patient's reality, the analyzing mind, which is also guided by an aesthetic sense, constructs equivalences capable, in one single move, of uniting understanding and healing, knowledge and usefulness. The structuring of the analytic situation provides a "scale" model of the intersubjective reality that involves patient and analyst. This "scale" or reduced model is not a mere projection of the object. The working model of the patient that the analyst constructs for himself or herself is a *real* intersubjective experience, through which it is possible to attain an immediate operative knowledge of the functioning of the patient: what matters here are the relationship between the "parts," which in a scale model are immediately intelligible. In the analytic scale model, the analyst looks for isomorphisms between models of early development, transferential models and psychopathological models: he or she communicates these isomorphisms to the patient guided by the idea that, when it is a matter of resolving psychical conflicts, knowing is better than not knowing. Any successful interpretation gives the patient a new tool.

An artisan may use limited numbers of raw material and of theoreticopractical instruments to create his or her works. Similarly, the analyst can avail himself or herself of heterogeneous information, which he or she has amassed throughout his or her training and experience and must be creatively "adapted" to each particular case. This gives analytic work the characteristics of a recycling process. In our psychoanalytic craftsmanship, as a rule, we use preexisting "materials" (working models). The evenly suspended attention-free association combination facilitates the moment-by-moment and "spontaneous" *recall* of working models in dyadic interaction. The "design" of the process is also the result of the interaction between patient and analyst. The "mortar" that joins everything together is none other than the analyst's empathy and the patient's emotional good disposition. All of this is underpinned by

the analyst's theories or metamodels of the "best way" to psychoanalyze. In short, I am describing the secondhand and constructivistic nature of the clinical work by means of which the analyst constructs a working model of the patient, starting from materials that are unconventional in origin and nature.

There remain, however, some obscure points. The scheme appears to work well in the case of patients whose analyzability is not questioned. In such cases, the aesthetic sense acquires a clear predominance as a guide to listening and interpreting. These are cases of "elegant" analyses. But what happens with serious or difficult patients? The divergence between interpretation and insight becomes critical and the analyst must bring forth all his or her capability as an artisan to introduce the technical modifications leading to the reestablishment of the conditions of operation of the psychoanalytic method. In difficult cases, the available working models may collapse in the analytic experience, and the analyst, starting from his or her "negative capacity" (John Keats in Bion, 1970), has to meet the challenge of producing an authentic artistic act: the creation of a new and original model capable of "containing" the experience with the patient.

Any research on the working models of the mind of the analyst, especially in cases where "elegant" work is not possible, will no doubt shed more light on the cognitive processes of the analyst and on the *real* conditions under which the psychoanalytic method operates. However, it is highly likely that the model I put forward applies to every analyst, since regardless of the scope or explicative strength of the theories that the analyst may use, there will always be areas of skepticism: "Nobody *really* knows. Even the more consistent thinkers practice inconsistently and in ways that are more personal and idiosyncratic. There are many uncertainties" (Hamilton, 1996, p. 317). What without doubt does vary from one analyst to another are the explicit (conscious) and implicit (preconscious) favorite theories.

A deeper study of the real conditions of operation of the psychoanalytic method and clarification of the way in which the different constitutive elements of the analyzing mind interact will help in finding some common ground and more integration in psychoanalytic knowledge. In addition, such research reveals "that pluralism in psychoanalysis is not simply a matter of divergence among analysts, but also a mode in which some individual analysts attempt to operate" (Hamilton, 1996, p. 319).

Within the wide range of analytic activities, from the privacy of the consulting room to the formulation of theories at the highest level, most of us analysts are artisan thinkers. It is up to us to form a personal opinion on who deserves the name of artist and genuine creator.

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