THE PAPER

Part I

INTRODUCTION

Psychoanalysis within the framework of the International Psychoanalytic Association is at a relative standstill in terms of developing a capability for scientifically testing its central hypotheses and advancing beyond them.[1] The discipline's communal and even individual will is lacking when it comes to making a large-scale assessment of its theories and entering a revolutionary period that would usher it into the world of the true sciences. As a result of this situation, the profession is having considerable difficulty in convincing a still-interested but cynical public, and an ever-nearing and embracing scientific community, of the validity of its many premises.

Waiting in the wings, and ready to begin a drama to behold, is a considerable cast of validatable, psychoanalytic hypotheses ready to remonstrate against being lumped with an equally large array of pretenders. They want their logic acknowledged and their predictive powers demonstrated and displayed. They would like to end the fruitless and insubstantial debates that the profession carries on with its more-often, more-credible scientific critics. They also want respect for what they already are, and can be much more of, sound components of a partially-developed, wondrous and powerful instrument for understanding and enabling change in those world ills that are the consequences of unfortunate psychological developments.

This paper describes and discusses the more prominent factors that are keeping the analytic discipline from entering a new scientific era in its evolution. It then proposes a radical restructuring of the traditional Societal approaches to research, education and clinical training, a reorganization designed to make the psychoanalytic enterprise more permeable to multidisciplinary, intellectual influence and the principles of logic and the scientific method. Finally, the paper provides an example of what is scientifically possible in the form of a description and illustration of a new clinical theory of formulation that concretely defines concepts, is capable of testing principles by prediction, and is impervious to subjective intrusions.

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[1] The same state of affairs may exist beyond the confines of the I.P.A., but the observations and opinions to follow will be limited to those that have been derived from the author's lengthy, direct and intimate experience within that organization.

PSYCHOANALYTIC OPPOSITION TO SCIENCE AND ITS CONSEQUENCES

Close observers of psychoanalytic habit note an antagonism to the scientific method and an attraction to the so-called psychoanalytic "art". In a manner peculiar for a profession with scientific ambitions, the discipline has opposed available possibilities for developing its endeavours along common scientific lines and by scientific approaches. While it has a body of "Basic Theory", Metapsychology, it shows little interest in defining its concepts and validating its principles. And unlike the other sciences, it does not make its Basic Theory the foundation of its "Applied" Theory. When it turns to developing clinical applications of its hypotheses, it proposes to discard its metapsychology and create a separate so-called "Clinical Theory".

This situation has posed serious problems for practitioners and clinical researchers, and stalled the profession's growth. Without a scientific approach to the development of its Basic and Technical theories, it has been impossible to create a nucleus of tested, standardized theory that can be taught, learned, practised, recorded, and examined for process and outcome based upon skill levels alone. It has also been impossible for researchers to delineate the limits of existing theory and define the unknowns of symptomatic phenomena in and out of the clinical situation. And there are many phenomena in the psychoanalytic "domain" that cannot yet be explained by current theories.

While corrective efforts have long been underway among the related fields that employ psychoanalytic theory, namely the analytic psychotherapies, psychotherapy researchers and their scientific methods have not influenced psychoanalysis proper. Psychoanalysis continues to feed itself with straggly staples that are grown unscientifically on barren soils. It takes little or no critical nourishment from other hands.

THE LITERATURE BEARING ON THIS PROBLEM

1. Critical Psychoanalysts and Academics

Several psychoanalyst and academic critics have attested to one or another of these circumstances. Holzman and Aronson (1992, p.74-75) have pointed out that psychoanalytic hypotheses have largely never been examined for their truth value and that the profession relies too much on the untested conceptions of Freud and his successors. They have also (p.84) called for a *change* in metapsychological theory, not a replacement of it. Kernberg (1993, p.47-48) has spoken of the limitations that psychoanalytic institutional structures place upon scientific exploration. He has also said (p.49) that too few analysts understand

anything about empirical research and that (p.48) it is generally accepted that psychoanalytic research had not produced impressive results. Holzman (Grünbaum, 1993, p.xxi) has expressed the opinion that future advances in psychoanalysis will come from probing studies of its basic hypotheses. He has also remarked that it will be essential for the discipline to examine its logic, scrutinize its evidence, and discover methods for testing its premises. Grünbaum (1993, p.xi), although critical of the current state of scientific affairs in the discipline, has accepted the idea that some key Freudian ideas might stand up to newly-developed, scientific, *extra*clinical, investigative methods. He has also expressed the opinion that the future validation of analytic hypotheses might even come from as-yet unconceived *clinical* research designs. Holt (1989, p.323) has described metapsychology as "dying" from lack of definition and inconsistency. He has (p.325) listed the theory's many problems and asked for its rebirth as a science. He has also pointed out that very few analysts have grounding in scientific methods, and that the analytic profession's interest in defining and codifying concepts and formulating hypotheses is near-completely absent.

2. Psychotherapy Research and Some Formulative Facts

The works of researchers in the fields of the analytically-derived psychotherapies have also borne witness to this state of affairs. Horowitz and Rosenberg (1994), two prominent investigators operating in collaboration with a large and thriving group of international scientific researchers[2], have highlighted a major scientific problem in the key area of theory of formulation. They have pointed (p.222) to the fact that, in spite of such designed studies as a 1983 effort by DeWitt, Kaltreider, Weiss and Horowitz, showing that formulations developed by two different teams of clinicians resulted in two very dissimilar creations, researchers still *had no method for generating a psychodynamic formulation that was valid, reliable and standardizable.*[3]

3. "Hard" Analytic Research Carried Out But Neglected

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[2] This is a reference to the members of the Society for Psychotherapy Research (or "SPR"), none of whom (in terms of their current interests and researches) appear to have much, or any, direct or indirect, influential connections with psychoanalysis proper.

[3] That the same formulative deficiency exists in psychotherapy's parent field is not a difficult thing to establish. If a psychoanalytic Society's clinical meetings were likened to the "grand rounds" of a surgical department, on hearing the abdominal symptoms, five psychoanalytic surgeons could be expected to recommend that the knife be taken to five different organs.

The fates of two psychoanalyst researchers (both members of the International Psychoanalytic Association) have further illustrated the above-cited problems in the so-called psychoanalytic science. Hartvig Dahl, who has published "hard" scientific research for psychoanalysts for several years, has been virtually ignored by his own institution. Interesting as his work has been, little if any attempt has been made to adapt his concepts to practice. And Lester Luborsky, another analytic research pioneer, now appears to direct his efforts to the study of short-term psychotherapies that do not, like psychoanalysis, oppose the development of standardized theory. And while Dahl and Luborsky sometimes present their work at psychoanalytic meetings and in psychoanalytic publications, (e.g. Dahl, 1993, Shapiro and Emde, 1995), their respective "FRAMES" and "CCRT" theories show no signs of affecting the course of the profession's research, training and practice activities. The impression created is one of an institutional lip-service respect being paid to the idea of a "psychoanalytic science".

4. Critiques of Analytic Training

Analytic writings directed to critiquing analytic training have also pointed up the above problems. At intervals, papers containing what, to this author, are stupendously shocking criticisms by esteemed teachers, are published in the major journals, but they do not arouse the scientifically-somnolent analytic profession and stimulate it to change. The discipline's back, like that of the proverbial duck's, appears to shed critiques rapidly and fly off on its predetermined way with dry and unruffled feathers. Indictments of habit and practice that could well be presumed to result in official inquiries if made within other institutions, get not much more than a tired "mmm hmm" from analysts at large. And traditional institutional life goes on. Five examples of such articles follow.

Otto Kernberg[4]

In a 1986 article, Kernberg expressed the opinion (p.799) that psychoanalytic education was suffering the equivalent of a serious, psychologically-determined illness, one that affected the training structures of its Institutes and Societies. He suggested that its roots lay in the unconscious motivations of a training-analyst elite. He spoke of training personnel obtaining power and gratifying narcissistic needs by using the idealizations that are part of training experience. He also spoke (p.829) of personal and political determinants in the process of selecting training analysts, saying that they carried as much weight as professional abilities when selections were made. As a solution, he proposed (p.827-828) the adoption of an educational administrative structure modelled on the university

[4] The President-Elect of the International Psychoanalytic Association at the time of this writing (i.e. August, 1995).

college and art school, expressing the view that such a structure would help to control conflicts (and their resulting disturbances) that were less in hand in the field of psychoanalysis than in other human institutions.

Andre Lussier[5]

In a 1991 presentation at a conference of training analysts, Lussier was reported (Wallerstein, 1993, p.174) to have described a series of problematic institutional phenomena too long to be listed here. Prominent among them were **rigidity of atmosphere, indoctrination of ideas, and the idealization of training analysts**. This author, like Kernberg, proposed the adoption of an academic-university system as a solution to the problems that he cited.

Kenneth Eisold

In a 1994 article entitled *"The Intolerance of Diversity in Psychoanalytic Institutes"*, Eisold spoke (p.787) of **a lack of intellectual freedom in existing training institutions**, (p.787) **the use of theories for dealing with uncertainties and stress**, (p.790) **the dangers of openly deviating from accepted beliefs**, and (p.795) (in agreement with an impression that this author earlier expressed) **the profession's lip-service respect to true scientific goals**.

Cecilio Paniagua

In a 1995 paper, Paniagua criticized (p.359) what this writer regards to be one of the foremost, politically-motivated myths in the psychoanalytic profession, the belief that analysts of different theoretical leanings all do comparable work and facilitate the same orders of clinical change. He also pointed out (p.367) that theoreticians can make the "simple" mysterious, personality cults can rival scientific ideals in analytic groups, and theoretical conclusions are often assumed instead of being demonstrated.

Marshal Edelson

Edelson, like Kernberg, spoke (1984, p.xiv) of psychoanalysis as suffering from a deep sickness. In describing it, he referred to *a stagnant scientific situation*, and he asked for *a new generation of researchers who would be pleased to rebuild psychoanalytic theory into something sound from the ground up, doing so a piece at a time and by scientific methods*.

WHY THE LACK OF A TRUE PSYCHOANALYTIC SCIENCE?

[5] A former Vice President of the IPA.

The following circumstances of past and current analytic life are proposed as the main reasons for the above-discussed arrest in the development of an actual science of psychoanalysis. The causal situations to be set forth are grouped into two general categories, those that *push away* from an analytic science, and those that *pull towards* a psychoanalytic "art".

OBSTACLES OF THE "PUSH-AWAY" VARIETY

1. Clinical Mind-Sets and Educations

Many, or most, who train in the helping humanities and then in psychoanalysis, are preparing for primary lives of service and treatment, and they bring mental sets and educational experiences that are different from those whose callings are to the traditional sciences. When they address clinical phenomena, it is not part of their interested "second nature" to think scientifically, and when faced with unexplained phenomena, they are driven away from undertaking scientific researches because they have not developed the conceptual tools with which to conduct them. Holzman and Aronson spoke to this point in their previously-cited 1992 paper. They said (p.74) that because training was largely limited to people who would only practise, few analysts possessed the interest, knowledge, ability and time to contribute to the development of science.

2. Action and Understanding

Analyst clinicians also take care of suffering people who press them for action, and, responding to interpersonal and social forces, they are led towards instrumental behaviours and *away from* the painstaking processes of clinical scientific investigation that could usefully include experimentation (in collaboration with analysands who have been suitably informed and are agreeable).

3. Inadequate Theory and Unsolved Symptoms

Another factor that drives the clinician-researcher away from science, is one that derives from a general inadequacy of technical theories. Current theories do not allow candidates in training to reach the bedrocks of their own symptoms and eradicate the deepest roots of their personal conflicts for good, and the personal problems that remain tend to drive would-be clinical researchers away from scientific methods. I will elaborate.

Many symptoms persist in analysts after training analysis, a situation that can readily be confirmed by observation of everyday events in analytic Societies, interactions with analyst colleagues, and critical scrutiny of the published papers

in psychoanalytic journals. Symptoms, by definition (i.e. as compromise formations of drive and defense - a theory that can be tested and demonstrated to be valid), imply the operative presences of uncontrollable, intrapsychic, defense operations, processes that must, of necessity, intrude into the cognitive functions of the analyst's work ego. Although his(or her) self may appear quiet at the surface, a still-roiling unconscious, with its *needs, frustrations and aggressions, and its defenses to contain them*, continues to issue derivatives in the form of character and neurotic symptoms. His(her) outer self is required to process them without having access to their roots, and some therefore inevitably become integrated into his professional-drive systems.

4. Opportunity Knocking and Reluctant Homeowners

This situation, in itself, need not be regarded as posing an unbreakable barrier to scientific clinical research. In fact it actually *provides* a new investigative opportunity of the first order. But another *push-away* factor of enormous proportions stands in the way of responding to opportunity's visit.

Upon identifying the presence of previously undetected or still-active symptoms in themselves, clinicians *could* undertake to make new forays into deeper layers of their own developments. Individual analysts could exploit the situation to confirm and disconfirm existing theories, then use the surviving conceptions to travel to the discipline's theoretical frontiers and explore beyond them. And moving about in those virgin territories, they could spawn new general hypotheses directed to understanding a host of mysteries such as the dreaded "fragmentation" state. Unfortunately, however, few, if any, analysts are led by their curiosities to pioneer the development and application of depth self-analytic methods and practices. Instead, most clinician/researchers champion the idea that "no analysis is ever complete". They are content to leave countertransference phenomena (which, by definition, are the products of unsolved conflict between original caretakers and self) at the "recognize and control" level of understanding and technique. More than a few analysts even carry on romances of sorts with their own transference responses to patient material. They repeatedly explore and re-discover what this author regards to be the same symptomatic elements of self while attempting to tie their "discoveries" to the transference structures of their analysands. It is rare to find them mincing no thoughts when it comes to identifying their own symptoms for what they are, and scientifically discovering technical theories intended for disciplined use on themselves.

This avoidance of depth self analysis is to a degree understandable. Extremely tenacious defense systems lie at the heart of any and all persisting symptoms, even those that appear to be innocuous. Such systems protect still-unintegrated and beleaguered early-infant selves from infant terrors that include "coming apart" experiences, and phenomena of that kind are hard to confront (as this author described in his own self-analytic experience in 1987 and 1992).

Bedevilling rationalizations lead clinician-researchers to develop favourite theories that unwittingly cloak and serve defense needs, and self explorations stop well before symptoms are dismantled and fragmentation states are approached. Subjective revivals of the so-called "coming unglued" type are not reached, let alone entered into and understood. Pearl King, in the King and Steiner (1991) review of the British "Controversial Discussions", indirectly referred to **the "favourite theory" and "opposition to change" phenomena** when she (p.2) wondered aloud why professionals became abundantly unhappy and "nasty" when new findings required them to change their theoretical beliefs.

5. Institutional Sanction and Sleeping Dogs That Lie

But early-infant-originated anxieties such as fragmentation states are not the sole reasons for the avoidance of depth self analysis as a clinical research tool by individual analysts. The entire profession, at the formal and institutional level, unwittingly and unfortunately supports retreat from the "investigative self-analysis" concept by accepting the idea that a multiplicity of often-contradictory theories can all be valid. The belief in, and use of, a nonscientifically-validated alternative theory is not the same thing as the creation and testing of a hypothesis that is in competition with a generally-held belief. And in supporting the habit, psychoanalytic officialdom encourages clinicians to operate for years with what could later prove to be mistaken concepts. It also encourages them to establish and live within theoretically-narrow Societal subgroups that continually reinforce their excessively circumscribed ranges of thought.

Analysts of particular persuasions rarely, if ever, seriously listen to developments beyond the boundaries of their preferred ideational systems. They also eschew the creation of scientific research methods that can expose flaws in their ideas, and they ignore the offerings of those who do create them. They sit for ages under theoretical trees with wormy fruits that do not inspire scientific investigations when they drop and hit the head. And this is especially true of the members of the different "schools" when it comes to their being struck by the illogical aspects of their particularly favoured theories of formulative technique.

6. Blind Eyes and Problematic Formulation Methods

Each of the analytic schools employs one or another formulative technique that actually *blocks* entry into the world of science and puts a halt to development of the type of unified theory that is characteristic of the sciences in general. There are seven formulative approaches in current usage, and all of them rest upon processes that are outside the control of conscious cognition and depth self-observation. Such methods (which will be listed later) preclude the possibility of distinctly separating *symptomatic formulative process elements* (that derive from unsolved conflicts in the analyst/researcher) from the *essential elements of a predictably-effective formulative method*. They also guarantee that

those who apply them will forever be unknowingly subject to theoretical biases, "suggestive" influences, and defense operations that they can neither identify nor prevent. But members of the profession remain satisfied with their situation, thus the logical and scientific difficulties that are inherent in their formulative methods are never picked up and addressed. And in the discipline's apparently-acceptable blindness to such a state of affairs, there lies a major rub that would explain a great deal of the analytic profession's notable opposition[6] to the introduction of "hard" (or even "soft") scientific approaches into its many diverse endeavours.

7. Avoided Science and Undisturbed Depths

Science undoes logical fallacy and leads the scientist into the fallacy's origins. But in the case of the psychoanalyst, the problem is not a faulty electrical circuit, the cause is not a mistaken idea about which pole should receive the red wire, and the solution is not a *simple* change in the hookup. The *problem* is the analyst's incomplete analysis (at the root of which is a vastly incomplete and inadequate general theory), the *cause* is his (or her) unwitting, defensive fear and avoidance of his earliest psychological origins, and the *solution* is a complicated and protracted change in the hookup that, once initiated, will send more than a few volts of violently-charged anxiety through the technician's own psyche (and continue to do so for years). His once-released distress (the word is too mild by far) will stay with him as he begins to unravel and rearrange an extensive network of circuits for which existent theory has no diagrams. And facing such a prospect (that a part of the self dimly senses, from ancient memories that drift around, but beyond the reach of, conscious experience), it is not surprising to find that a potential "practitioner-convert-to-science" unintendedly refuses the supplications of its logical methods, turns a blind eye to the makeup of his flawed method of formulation, and continues to satisfy defense needs by its use.

8. Deficiencies of Logic and Uncheckable Retreats

A still further obstacle to science of the push-away type, is the obvious lack of experience that most, or all, analytic theoreticians have had with the principles of formal logic. **Logical fallacies abound in analytic writings where they largely remain unrecognized and unchallenged by authors themselves, as well as by the journal editors, conference-program committee members, and immediate colleagues who read their papers**. And **unsupportable categorical statements that offend reason and the facts of experience are too often the**

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[6] As an example of such notoriety, I will explain that when the International Psychoanalytic Association first attempted (three or four years ago) to explore the idea of a program of formal research, one first topic that was suggested was The Resistance to Research.

result. Four illustrations of this barrier to science will be provided. They will be taken from an area of the analytic domain with which this author is particularly and extensively familiar.

Didier Anzieu

This noted psychoanalyst scholar, in his book, "Freud's Self Analysis" (1986), arrived at a number of generalizations regarding self analysis that the present author's experience[7] completely contradicted. Anzieu said, (p.569), that in order for a self analysis to take place, it *had* to be communicated to someone else. He also claimed (p.570) that self analysis could not be carried out unless the subject's development had progressed to the point of the so-called Oedipal phase. In proceeding to establish his views on these matters, however, the author did not take what the scientist would have thought to be at least one obvious step in data collection. He did not survey the members of the International Psychoanalytic Association for their experiences. Had he done so at the time of writing (1986), this reporter's self-analytic experience would have cast considerable doubt on his claims. And had he further surveyed the I.P.A. in 1992 (after the present reporter's self analysis was finished), his beliefs would have been completely exploded by new facts.

Harold Blum

This author, a former editor of the Journal of the American Psychoanalytic Association, used statements made by Freud in 1900[8] to support the idea that (1989, p.278-279) self analysis had limitations because the self did not leave itself and therefore there was no process of termination (i.e. one involving the leaving of a corporeal figure, a leave-taking apparently believed by Blum - and many others - to be essential to analytic repair). But the optimal, fundamental aim of any type of analysis is threefold - to permanently remove the analysand's symptoms, to do so by dismantling the underlying conflicts that are responsible for them, and to permit him(her) to be therapeutically finished with the analyst and the analytic process for good. Someone, or something, must be left in the end, but it is neither the *analyst* nor the *self* from whom the analysand must part. It is the pathological grip of the internalized original objects that must be ruptured and abandoned.

The personal analyst is (or ought to be) a caring, empathic, effective assistant, a stable self, free of inappropriate defensive and expressive needs and armed with

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[7] To be discussed later in this paper.

[8] The willingness to generalize principles from statements made by Freud at the very start of his career is an unfortunate aspect of psychoanalytic tradition, besides being illogical. Freud could not have provided final answers regarding self analysis in 1900. Such a practice blunts the enthusiasms and curiosities of newcomers to the field who have not yet come to realize that many beliefs in psychoanalysis rest on flimsy foundations.

a state-of-the-art understanding of the analytic process, beyond the limits of which he/she does not unwittingly roam (without being aware that he is in the realm of the unknown, and offering the analysand a choice to participate or otherwise). He should primarily supply pertinent and timely information to a self that is involved in exploring and remaking its own structure-processes. And when the task is completed (to an identifiable point that the defined limits of existent theory permit) the self's leave-taking from the real analyst should not be a major issue. If symptoms are revived after analysis, it can be assumed that they were never taken to their roots and undone in the first place. `

And with regards to the idea of the self leaving itself, no analysand would want that to happen even if it were possible. Selves come to analysis to acquire *more* of what they are, more of what has been nullified from their experience and expression by their developments.

The so-called "termination" process has become an issue in traditional theories because analysands *move out of*, or are *moved out of*, analyses while their internal problems (and the symptoms that they give rise to) are still manifest at the transference level of representation. Follow-up studies commonly indicate that undissolved transferences quickly mobilize and display themselves when post-analytic interviews are undertaken. And observations of ex-analysands readily reveal that no analysands leave their analysts with all (or even any) symptoms dispelled for good. This means that, to date, the so-called "termination phase" of personal analysis is a period of *voluntary withdrawal from*, or *involuntary severing of*, a therapeutically-connected self that has not finished its work. It is not a stage in the bedrock removal of symptom-producing conflicts. And because leaving the analyst more often involves *not* leaving the internal objects than the reverse, the process of ending, as it is currently conceived and implemented, does not become the essential element of effective analytic process that Blum and others would have it be. It is, instead, something to be further studied and changed.

In the case of self analysis, however, if the method employed is up to the task, the optimal goal of analysis as described can be reached after personal analysis has partially (and sometimes completely) failed. Internal conflicts always find expression in transferences, whether the subject be in analysis and developing transferences to an analyst, or outside the clinical situation and attaching the internal objects to the figures of everyday life. And it is possible for the self to explore those transferences completely on its own, with no communication involving an external figure being required (Anderson, 1992). In fact, armed with an effective method, the analyst in self analysis can go farther than current personal analytic techniques allow. He can become his own laboratory and grant himself full experimental licence, something that he cannot do with his patient/clients. He can then let himself be led into and beyond the transferences that remained when his analysis ended. He can generate and test new hypotheses, proceed to new levels of depth-genesis discovery, and solve his own

problems while advancing the scientific development of analytic theory for application in analyst-conducted treatments.

Heinz Kohut

Kohut claimed (1984, p.154-155) that the need for self analysis after personal analysis was an indication that the "working through" process of the (self psychology type) personal analysis had not been completed. His claim, however, was rooted in an illogical assumption, one that I am certain he himself would have rejected had he recognized it or had it pointed out to him. For his point of view to have been supportable, all of the analytic theory needed to complete an analysis would have had to have been discovered, and the complete resolution of all symptoms would have had to have become possible by the working through process alone - an obviously incredible idea[9] in 1984 and to this day.

Grinberg de Ekboir and Lichtmann

The last of my examples, is taken from an article by Grinberg de Ekboir and Lichtmann, two authors who went far out on a more than dubiously supporting limb in their 1982 paper entitled, "*Genuine Self Analysis is Impossible*". They said (p.81) (without qualification or suggestion of tentativeness) that **self analysis could never generate new insights because unconscious processes could only be undone in an analysis with an analyst other than the self**. At the time of their writing, however, *this* author was developing a new scientific method of formulation that he was applying systematically to himself, and his concrete findings were in the process of entirely contradicting the claim that has been cited.

THE PULL-TO OBSTACLES

"Analyst as Artist", an Idea that Attracts

Prominent in the *second* category of "pull-towards" barriers to scientific development, is the attraction that the "artistic" conception of clinical practice holds for most analysts. Arnold Cooper (Shapiro and Emde, 1995), for example,

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[9] This is a reference to the earlier-stated, demonstrable (if necessary) fact that there are thousands of phenomena in the analytic domain that have not been identified, let alone researched to the point of sound understanding. It is also a reference to the oft-claimed, generally-accepted belief that "no analysis is ever complete", and to the evidence from ended personal analyses that would support the truth of that belief. It follows, then, that if theory development is far from complete, the working through process that depends on a *complete* theory would be entirely incapable of taking the analysand to his(her) deepest roots and eradicating them, even if he/she were determined to reach them.

acknowledged this fact in an article in the book, "Research in Psychoanalysis: Process, Development, Outcome". He said (p.389) that the majority of analysts probably liked to regard themselves more as artists than practitioners of a standardized type of treatment. He also said that most analysts would be quite averse to replacing their favoured "freely-hovering attention" formulation method with one that drew primarily upon the analyst's cognitive processes.

The Reasons for the "Pull" of Art

This oft-proclaimed "art of psychoanalysis" has much in common with the "art" of the "artistic creative process", and both processes have major properties in common with the "neurotic symptom". Like the symptom, the artist's creations are derivatives of unconscious mental operations. They are therefore, by definition, "compromise formations" of defensive and expressive elements. But in the case of the *artistic* creation, the formation that emerges is *a desirable and desired release of expression and communication through defenses from the creator's depths (*as this author discovered when his depth self analysis reached the root processes and substances of his own art - 1986).

Reaching up to the self that lives at the artist's surface, deeper self parts persuasively solicit the pursuit of an artistic career. An expressive unconscious self that wants out, but not by way of the long and terribly frightening route by which defenses are undone, trumpets and champions the artistic way and seduces the surface self to its thinking. As a result, the professional artist becomes willing to endure severe symptoms while opposing psychoanalytic treatment. If his(or her) art is well-received, he prefers suffering and creating over unravelling and undoing the unconscious origins of his artistic products, and it is reasonable to presume that the "artist analyst" is similarly inclined.

[Comment, 2014: The formal discussion of my second paper on Vertigo in the above collection of papers, illustrated what happens to a presentation when the discussant operates without discipline that requires objective reading. His input was delivered in all seriousness but it did not relate to anything I wrote.**]**

Freud, His "Movement", and the Seduction of an Exclusive Club

Another major problem in the "pull-to" category of difficulty, is something that is part of the legacy of Freud's "psychoanalytic movement" mentality. With his "them and us" "shibboleth" talk of 1920 (p.226), Freud offered prospective analysts "exclusive membership" in psychoanalytic Societies. Those to whom such status appealed had their activities sealed from the world at large, and an aura of mystical superiority developed in and around them. Then the external world became essentially excluded as a source of critical influence. It was prevented from being able to force the discipline's excessive self-estimations down

to earth, and it was stopped from helping it redirect its efforts and re-establish any degree of real scientific development it had achieved.

Although psychoanalysis has accomplished much, its self-designated reputation as the "pure gold" of psychotherapies is most certainly not deserved, and the relative "silence" of many analytic Societies, in the broader thinking forums of the populace, is definitely not "golden". Even *within* analytic Societies, silence is hardly a pure and precious thing. Lussier (Wallerstein, 1993, p.174), has commented on **the proclivity of training analysts to be silent about their doubts and their areas of ignorance**. He has also spoken of "**silence**" **making training analysts "unsurpassable"**. If he is right, it can be assumed that the self-investiture of such power by such means is attractive to those who seek and obtain it. And mental configurations of such an order do not dispose their hosts to pursuing scientific *self and other* discoveries.

A PROPOSED SOLUTION

As an answer to these problems, it is recommended that the isolation of the psychoanalytic profession, and its relative impermeability to reasoned scientific critique and assistance from the external world, be undone. It is proposed that psychoanalytic research, education and training be shifted from analytic Societies and Institutes to the universities, where such vital aspects of the discipline can benefit from exposure to the inspired criticisms of an interdisciplinary body of thinkers *skilled in logic, versed in the scientific method*, and *familiar with the methodologies of experimental design*. It is particularly recommended that future psychoanalytic development take place in close collaboration with such academic departments (and sub-departments) as Psychology, Philosophy, Logic, English Literature, Computer Science and other departments (such as Maths and Physics) that use "hard" scientific methods. It is also recommended that analytic hypotheses, past and future, be regularly subjected to rigorous intellectual assessment and scholarly research.

In this advocated schema, psychoanalysis would become an academic, teaching and training department on its own, or a sub-department of an existing discipline. It could be patterned on the medical-faculty model, by the terms of which students take particular courses before being admitted to formal clinical medical training that leads to licensure. It would be more logical, however, for it to be patterned on the organizations employed by at least some departments of psychology.

In such organizations, students do not stream from the start towards clinical careers. In the beginning, they are self-directed to exposing themselves to a broad range of subjects that are essential to stimulating, maintaining and governing a future interest in critical thought and scientific method. The situation is unlike that of medical students who commonly tolerate their required premedical training in order to enter the clinical careers that they plan from the

onset of their undergraduate years. In this author's experience, those who initially seek academic educations and obtain them, are less prone to subsequently miss or tolerate logical fallacies and unsupportable conclusions than those who directly pursue clinical training.

> But whatever particular institutional pattern were to be decided, courses in a newly-validated version of psychoanalytic theory and experience would be made available to a broad range of arts and science students, after the manner of developments that have already begun to take place in universities (e.g. the University of Toronto's "Psychoanalytic Thought" program). That is, a sensible and logically-supportable version of analytic theory and practice, once created by a new academic department of psychoanalysis, would be offered to university students at large as one element of their broad education. And naturally following from that development, information of value could be expected to flow to a wanting public, the people who are living beyond the clinic at the front lines of daily human adversity without having a serviceable, analytic theoretical framework for comprehending their struggles. **[2014: See Abstract 2013, to follow in this section: *A Uniquely Scientific Theory of the Symptoms of the Psychoanalytic Domain Fills a Gap in Applicable Social Theory Beyond the Clinic***

In this restructured state of affairs, some students would opt for *graduate* educations in psychoanalysis. And beyond that development, a smaller number would decide to seek training in clinical psychoanalysis. The training would be offered by the department (or sub-department) of psychoanalysis. A degree and a form of qualification to practice would be an outcome. Then graduates would be eligible to join reorganized analytic Societies (or Associations) designed for sharing mutual interests, obtaining and maintaining social conditions that support practice, and upholding the decided standards and ethics of the profession.

At some point, and preferably well before any decision for a clinical psychoanalytic career were to be considered, a personal analysis would begin. Under the educational structure described, it would be spontaneously initiated by the student out of a freshly-whetted, personal curiosity and for personal reasons. It would be conducted by any qualified graduate of the department's clinical program, and the treating analyst would be selected by the student. The therapy would be of a standardized, scientifically-validated variety. It would not sacrifice the pleasures of individual interactions derived from particular patient and analyst personal qualities, but the style elements and the pleasurable interactive experiences of the engagement would become background features and secondary in importance to a proven and effectively-applied technique.

Personal therapy would not, in itself, determine acceptance into clinical training. Admission to training would require students to have suffered from symptoms to a sufficient (and perhaps even severe) degree. It would also ask that they had been enough interested in the eradication of their symptoms by analytic means to have pursued an analysis that, at the point of application, was well underway and demonstrably dismantling their difficulties in their roots.

Admission would also be guided by newly-discovered objective criteria that indicated possession of the basic personal resources needed at the time of application, and determined students would not be turned down indefinitely. Those with objectively-discernible liabilities that were certain to bring grief to their clinical careers if started too soon, would have their concretely-identified problems explicitly described and be offered whatever assistance was necessary for their removal.

Psychoanalytic departments thus formed would also offer a variety of trainings in addition to, and separate from, that of clinical treatment. Among the former group would be *clinical research conducted by the clinician him/ herself in parallel with his treatment endeavours*. Among the latter collection would be: *extraclinical experimental psychoanalytic research*; the *philosophy of (the new) psychoanalytic science*; and adaptations of basic and technical theories to the treatment of *problems of infant-child development*, the *dysfunctional family*, *psychologically-derived societal ills*, and *international afflictions of the same nature.*

As was earlier pointed out, two prominent psychoanalyst practitioners and educators, Otto Kernberg (1986) and Andre Lussier (Wallerstein, 1995) **have advocated the development of training institutes modelled on university or college lines as a cure for some of the ills of present analytic educational practice**. **This paper, however, takes the position that there is no better way to model analytic organizational structures on university lines than to take them right into the universities**. It is the author's opinion that suggestions for the *reorganization of present institutional structures* along lines of the Kernberg-Lussier type will never break the status-quo strangleholds that the existing I.P.A. psychoanalytic Societies and Institutes have upon research, education and training. Too many strong desires for the present structures have been invested by too many members for too long a time to permit such advocacies to make real contributions to change. What has been suggested will soon be forgotten, gobbled by the monolithic institutions that are, at present, in many respects, the main avenues to a career in psychoanalysis and to the development and distribution of psychoanalytic thought. **Proposals and actions of a more radical nature will be necessary to break the choking grip of an outmoded tradition that does not allow the analytic profession to breathe its way into a desirable new period of its development**. And the creation of new university loci for all of the analytic endeavours except practice, is this author's considered recommendation for a shakeup that would break the discipline loose and inspire it to take new scientific directions.

In this proposal, current IPA members could become involved in making such changes or be left to continue in their present and preferred institutional structures, as they chose. If the latter situation were to ensue, the separate setting up of university departments of the order described would introduce a more than useful circumstance of competition that would stimulate existing institutions to reach heights to which they have never been pushed. And with the

establishment of new structures that were independent of (because of not needing) the existing psychoanalytic political organizations (with their power-brokerings and group censurings), the traditional institutions would be faced with a novel experience to which they would have to adapt. And for them to be required to make an adjustment of this order could only do them good.

Part II

A NEW SCIENTIFIC METHOD OF PRACTICE AND RESEARCH: THE *"METAPSYCHOLOGICAL FORMULATION METHOD"*

INTRODUCTION

In support of the above-proposed movement to create a true science of psychoanalysis, an overview description and illustration of a progressive, twenty-six year study is offered. It describes how metapsychological *concepts* were defined in concrete terms, *principles* were tested by prediction, and a *new, teachable, scientific, rapid, predictably-accurate, conscious, cognitive method of formulation* was developed, for use with *all varieties of symptomatic clinical and extraclinical material*. The development of the method is outlined and a concrete illustration of the approach in operation is provided. A complete description of the method, along with several new theories[10] that it produced, will be provided in a forthcoming two-volume book. **[Note:** that book was condensed into half its size - 580 pages - and published as *From an Art to a Science of Psychoanalysis: The Metapsychological Formulation Method,* 2011**]**

Some of the overall study's first researches (to be described in the next section) pointed to the technical importance of identifying and working with transferences from the start of consultation. They also indicated that the "start" of the consultation was at the time of the first phone call to arrange the first meeting. Thus to illustrate the method, an example of such a "beginning" has been selected. It is an example from the forthcoming book in which the method is continuously illustrated as consultations progress to therapies and the therapies deepen and eventually close.

In all that follows, it should be kept in mind that the author's purpose is illustrative only. It is his intention to show that large numbers of already-existent (and some new) analytic metapsychological concepts and principles can be

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[10] This is a reference to new theories of *Surfaces and Layers, The Aggressive Drive, Genesis, Transference Layering, And Curative Factors*.

applied to the development of extensive, specified, concrete, recordable formulations that can be tested by prediction. He also wishes to show how such formulations are created by the use of cognitive processes, and the range of the inferences that they can encompass. The details of the material to be presented are more complicated than a first reading would allow one to absorb, and concentration on the specifics of the following example is not recommended.

EVOLUTION OF THE METHOD

THE CONVENTIONAL FORMULATIVE TECHNIQUES AND SOME DOUBTS

At the start of this research, the investigator was using the formulative techniques that he had been taught. He:

- *allowed his formulations to emerge from his unconscious* (Freud, 1912, p.112, 115);
- *gave "evenly-suspended attention"* (Freud, 1912, p.111) (commonly referred to as *"free-floating attention"*;
- *provided "evenly-hovering attention"* (Hollender, 1965, p.71);
- *remained equidistant from id, ego and superego*, (uncertain origin)
- *used his counter-transference to assess the transference* (Racker, 1968, p.127-173);
- *studied his empathic responses as indicators of the subjective experiences of his analysands* (Kohut, 1971, p.300-307);
- *used symptoms appearing in himself during sessions as signs of communicative processes in patients* (Jacobs, 1973).

These approaches posed problems in logic. For example, Freud's advice to formulate using the *"unconscious"* became a contradiction in terms. It claimed that *what could not (by definition) be known could be used to know*. Interest in these problems then led the researcher into a series of investigations that produced unexpected results.

META CONCEPTS DEFINED, A NEW INVESTIGATIVE METHOD CREATED, NEW RESEARCHES CARRIED OUT

A: Testing of Metapsychological Concepts

The researches began with the examination of clinical material *in process* for the metapsychological *concepts* that could be identified and defined in concrete

terms (for example, "ego", "resistance", "defense"), and those that "held water" were retained.

B: The Minimalist Intervention (M.I.) Research Method and Testing by Prediction

This method was developed for *predictively testing* meta *principles* (e.g. the "compromise formation" of symptoms, slips of the tongue as involuntary emergences of repressed material). By its terms, the clinician made the least possible use of the most basic technical principles (such as giving instruction in free association) and did not use poorly defined theoretical concepts or scientifically untested principles.

He particularly avoided use of "data-distant" theories, untested theories that make large, inferential leaps from the hard data of phenomenological observations. Freud's Oedipus Theory is an example. Applying it, for example, upon observing signs of rivalry in a triadic relationship system, the practitioner infers the nature of his subject's drives without their being required to appear in the patient's releasing associations. His subsequent interpretation, combined with a lack of monitoring of the operative transference of the moment, leaves the situation open to confirmation by suggestion. By contrast, the M.I. method did not assume the nature of drives until they were released by work with defense systems and appeared directly in the patient's associative material.

Using this method, hypotheses were tested by prediction. A formulation employing the hypothesis was created, explicitly recorded, and not provided. Criteria for its validation or otherwise were determined and the test result was decided on the basis of the subsequent, spontaneously-emerging, patient material.

C: Testing the Jacobs Formulation Hypothesis (Above)

In this test (Anderson, 1979), the formulative method suggested by Jacobs was examined. The analyst observed his own *symptomatic acts* in sessions and analysed them. The self-analytic material led away from patients and onto personal conflict issues.

Example

The self analysis of a near mispronunciation of a patient's name led the analyst to a recent social situation in which he had presented an important and well-documented brief to a volunteer organization. At the end of his presentation the work had been unreasonably and aggressively attacked, and his self analysis revealed that, in his efforts at self defense, he had been handicapped by

unconscious restrictions in the range of his aggressive capabilities. It further revealed that he had unwittingly continued to be rankled by his experience, and that aggression inhibited from expression at the time had been seeking outlet since. It had then found it in the sheer phonetic similarity that his patient's name shared with his particular aggressive drive form (namely, "hate").

A retrospective meta-structure comparison of the analyst's self-analytic material and the (recorded) material of his analysand at the moment of his internally-observed parapraxis was then carried out. It showed *no evidence of specific connection to suggest that observation of the derivatives of the analyst's own unconscious activity could be put to use in the formulation of his analysand's free-associative efforts.*

D: A Research into Symptomatic Behaviours in Assessment

Thirty-seven (37) assessments for psychotherapy/psychoanalysis were examined as they took place over a period of three years (Anderson, 1982). In all instances, operative ego-syntonic transferences deriving from character symptoms had attached to, and negatively transformed, perceptions of the actual consultant and the consultative process at the start. The mistaken perceptions were then taken back in to form mental representations of the consultant with essential properties of the original problem internal objects. This situation then nullified the expressed assessment intentions and efforts of consultant and consultee until it was concretely identified and effectively addressed.

Out of this research, a new name for this "projection-reinternalization" phenomenon was created. It was called the "Glover Effect" (after Edward Glover - see Anderson 1982), and it became something much to be prevented.

E: A Study of the Theories of Intersubjective Influence

An on-going, less formal attempt was then made to take the mystery out of Intersubjectivity Theory.

The analyst-investigator posited that:

> one mind's unconscious influenced another by way of the *concrete, behavioral-expressive effects of its "derivatives"* upon a *perceptual apparatus of the other that was particularly primed to apprehend them.*

Patient material that *had stirred* the analyst was then held up against the elements that *had been stirred in* him, and it was discovered that, out of the analyst's awareness, his mind was acutely observant because it was unconsciously directed to:

- defend from traumata that it had never learned to master;
- seek indicators that offered possibility for satisfying inappropriate needs.

It was also noted that his mind:

- frequently projected its *feared traumata* and *wishful need-satisfying opportunities* into patient material that did not objectively contain such things.

F: Recording Techniques Introduced

Recording techniques were gradually introduced and included:

written process notes (in small, effortless, automatic pen-hand, and covering near-verbatim patient material and analyst formulative processes, symptoms, subjective experiences and self-analytic material)

notations (of important research material)

audio and *video* recordings

codification system.

An Example of Codification

[An operative "transference-of-defense" (as indicated by such a statement as,]

" ... I know you think I'm stupid, so I won't burden you with .. ",

[was codified, in its context, in the following terms,]

R/ <*In the left-hand margin of the process note, and*
T/ *paralleling the pertinent material to the right*>
OT/
TD/
SEEI/ *(particular features of standard-setting activity cited)*
TI(agg.)/ (*particular drive form cited)*
TF/ *(details of object expression - content and form)*
MSD/ *(effects of object threat upon self)*
SD/ *(particular defenses listed)*
G *(object origin of the transference-of-defense)*

- R: a resistance is present;
- T: of the transference type;
- OT: of the "operative transference" type, (i.e. affecting an element of the patient's use of process elements);

- SEEI: from an object in the superego-ego ideal structure that is imposing the *"standard"* --X--- and forcing compliance with the object's *"judgements"* – -Y--- and *"repercussions"* --Z---;
- TI(agg): directed against the --A--- form of the aggressive drive;
- TF: resulting in the transference-determined fantasy of the analyst --B--- ;
- MSD: motivating the self to defend by the effects of --C---;
- SD: forcing the implementation of the following self defenses -- D+--- ;
- G: genesis being the original object --E--- (the object is named).

G: A Self Analysis Is Started and Becomes Unusually Systematic, Thorough and Complete

Although the analyst's training analysis had been considered "highly successful", the M.I. and M.F. methods, when applied to self, identified recurring symptoms that had not been touched by that prior experience. Using the methods in self analysis, then, he was led into a surprising and astounding ten-year analysis that systematically went to bedrocks, produced extremely impressive and lasting results, and eventually undid predilections to countertransference responses. (The approximately 5000 closely-written pages of on-the-spot, unmodified process notes from the analysis were preserved and could be made available for third-party examination.) (See Anderson, Free Associations, 1992, for a published account describing the self work to the point of its half-way mark in 1986).

THE METAPSYCHOGICAL FORMULATION THEORY EMERGES FROM THE RESEARCHES

A Reliable Body of Theory is Secured and its Application is Practised

Over time, the above investigations came together in a mix of complementary, interactive influences, and the M.F. Method took increasing shape. Then, after building a body of definable concepts and validated principles, the analyst practised its application in patient sessions. There, he formulated thousands of symptoms and tested thousands of predictions, and in the process acquired the ability to formulate material correctly and at once.

The Self Analysis Enters the Situation and Contributes to its Development

The clinician-researcher then began to use his developing method on himself, initially applying it to minor-appearing symptoms. The method soon proved effective and systematic, and the self analysis became a secondary arena for the

testing of hypotheses developed from patient analyses and the creation of new ones. There then followed a long period of discovery, during which several new concepts and principles arose from the parallel and interrelating processes of the “other” and “self” work.

The new findings were initially tested in sessions with patients. In time, however, it became apparent that the M.F. self-analytic situation created an excellent adjunctive "test" circumstance in its own right, in that it protected the researcher from the intrusion of unwitting defense operations into his validation procedures. By activating severe symptoms that had lain dormant in his depths (and eluded his efforts during the training analysis) it demanded that the interventive hypotheses he applied to them be adequate for their removal.

The depth to which the self analysis proceeded also brought new benefits to the clinician-researcher's efforts at theory-making. It increased his freedom from early-infant conflicts, removed previously-undetected anxieties that had limited his ability to accompany his patients into new and untravelled areas, expanded the range of his serviceable empathy, and widened his observational range for the detection of new symptomatic phenomena.

The Theory of Formulation Becomes the Basis of a Metapsychological Theory of Intervention

Next came an extension of the formulative method to the creation of a theory of intervention. This development was a logical one, and an event that was in keeping with the pattern of theory development in the other sciences. It also took place naturally and without specific planning. Interventive hypotheses, logically derived from reliable formulations, were devised, offered, and assessed for correctness in the light of the patient's subsequent, unintruded material and newly established criteria of proof. Then eventually a total (to the point of its development at the time) clinical theory of technique evolved into operational effect.

The Aims and Limitations of this Initial Presentation of the M.F. Method

The chief aim of this paper is to provide a description and illustration of the Metapsychological Formulation Method. It is not part of the author's intention to demonstrate the processes of *prediction* used in the theory's development, or the *M.F. Theory of Intervention*. In an "Outcome" part of the illustrative section to follow, brief mention of the described formulation's results will be provided, but only for the purpose of providing the reader with a vision of the M.F. concept in its overall clinical context. The subject of *"prediction by the treating analyst in the clinical situation"* will be extensively described and illustrated in the forthcoming

book. And the M.F. Theory of Intervention is a vast subject in its own right, one that will be dealt with in subsequent writings.

It is the author's wish, in all that he reports at this time and in the future, to avoid the common trend towards describing opinion-derived "how-to-do-it" techniques[11] that have evolved by way of hunches and inadequately-supported speculations. His intention, instead, is to describe the scientific methods that went into the creation of his theories and to demonstrate the thought processes that underpin them. **By approaching the description of his researches in this manner, he hopes to inspire others to investigate the idea of introducing scientific methods into psychoanalytic research.** He also hopes to invite them to replicate his own research designs and to interest them in testing his conclusions.

Such a goal, of course, is an ambitious one, and its achievement is something much more than can be accomplished in this understatedly slim explication of the "M.F." method. Until the time, then, that he can present his work in full detail, he offers the above summary and the following clinical example as a simple "taste" of the "Metapsychological Formulation" idea.

ILLUSTRATION OF THE METHOD IN OPERATION

INTRODUCTION

A TELEPHONE CALL

In January, 1985, Dr. B-------, a psychologist colleague in a nearby town, referred a thirty-year-old college professor (Prof. A) for consultation with a view to his entering a form of analytic therapy, possibly analysis itself. The patient (a man) phoned, identified himself, and said:

> **"Yes, Dr. Anderson, Dr. B------- spoke to you about my seeing you. I'll give you an idea of the situation.**
>
> **I have been living with C-------, my lover, for four years. We have made some plans to marry, but I recently had an affair with R------- and fell in love with her. R------- was visiting the family of a friend of mine and stayed for several months. She left for home in the States in March, and since then I have been torn between staying with C------- and moving to --------- *(a small midwestern city in the U.S.)* to be with R-------. I ruminate about the issue and get nowhere, and my work is suffering. I**

[11] e.g. "I said *'XYZ'* to my patient and it *seemed* to be effective."

guess you would recommend meeting separately with me and then with C-------, not that I want to keep secrets. ... (pause) ... I sound awful, don't I?."

THE IDENTIFICATION OF SYMPTOMATIC BEHAVIOURS

*"**I guess you would recommend meeting separately with me and then with C**"*,

This is a statement made within seconds to a new object (the consultant). No *opinion as to what the consultant would recommend* has been formed in the analyst's mind, let alone expressed or suggested. The behaviour is thus *symptomatic.*[12]

DEVELOPING A METAPSYCHOLOGICAL FORMULATION

A *self* (comprised of *ego* and *drive*) has contacted a consultant to obtain an opinion regarding treatment, and this context of contact has become a *reference point* against which the patient's behaviour can be assessed.

The ego of that self has developed a *fantasy* of the new *object* by way of a *transference* .

No *observing self* is monitoring the *self-in-contact* with the consultant. The *transference-determined ("analyst") fantasy* is *ego-syntonic* to the ego of the observing self and the self *acts out* its response to what is actually an *internal object*.

The properties of an internal object, in a *mental representation* determined from the *internalization* of perceptions of an earlier, "real" object, have been *projected* to become parts of the newly-forming mental representation of the consultant.

The *symptoms* that have resulted are of the *character* type.

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[12] The term draws upon the medical concept by the same name. In Medicine, a "symptom" is the patient's reported experience of distress. An underlying problem is implied by the presence of the symptom, but nothing can at first be known of what that problem is. Thus a "pain" felt in the abdominal area would be called a "symptom", and its existence would indicate a pathological process of some kind at work internally, but further investigation would be needed in order to discover the nature of the underlying process itself.

THE METAPSYCHOLOGY OF CHARACTER

Character symptoms are expressed in *character transferences*. Transferences from original objects unwittingly attach to a succession of new objects, including previous consultants/therapists, throughout the lifespan. Their elements mingle with real perceptions, and the resulting fantasy is taken back in by the mechanism earlier termed "Glover Effect". Analysis of the first transference elements in consultation leads to the *most recent object* in a *transference chain* of objects that progresses backwards to the original figure.

In this case, the most immediately-recent object will have been Dr. B -------. If he did not engage the patient in a process of transference identification and systematic transference analysis, then he (Dr. B) will be found to be the most immediate source of the first transference. He will also be found to be endowed with the negative properties of the patient's original caretaker objects. Because the transference has formed from the transference-transformed Dr. B, it will be of a type that the M.F. method has termed an *intermediate transference*.

THE TELEPHONE CALL, CONTINUED

" ... not that I want to keep secrets."

This statement is an example of *negation*. The negation has the following meta structure:

The self has a transference-of-defense fantasy of the consultant in which the latter is critical of it should it wish to keep secrets. It defends by anticipation and denial.

When the above two parts of the patient's first symptomatic statement are examined together, the simplest of two hypotheses says that the self is defendedly expressing a desire by *suggestion*. The behaviour is a "*manipulation*" and an expression of a *manipulation transference,* by the terms of which, the consultant is believed to have a character structure that disposes him to be nudgeable to action by suggestion, but not by direct expression.

In this segment, the presence of an internal object in one of the *suprastructures*, the *superego* or the *ego ideal*, has also been established.

THE TELEPHONE CALL, CONTINUED

"I sound awful, don't I?"

This expression begins to confirm the presence of an *operative transference-of-*

defense from an *object* in one of the *suprastructures*. It is incorporating the consultative process and is a *transference resistance*.

In this segment, *multiple selves* (not a reference to MPD) are in operation. A *social self (*or *protective* or *defense self)* that is engaging the consultant, is monitoring the expressions from another self part. It is anticipating and protecting from a judgement and an affective response akin to revulsion.

This type of response points to the object's being in the ego ideal.

A SUMMARY FORMULATION

Problematic character elements, as expectable in those who consult therapists, have been immediately stimulated by the consultation process that has been set in motion.

A **character transference** is in operation.

It is from an object in one of the **suprastructures**. The **ego ideal** is the indicated structure.

It is **ego-syntonic** to the **observing ego** of the **social self** that is **in contact** with the consultant.

It is an operative transference and it is functioning as a resistance.

The **transference fantasy** of the analyst may or may not be **unconscious**.

It is causing the **self-in-contact** to monitor the analyst's responses and the expressions from its own inner parts in order to prevent a fantasied **trauma**.

The trauma involves an object with a **standard**, that is issuing a negative **judgement**.

It is one that results in **loss of esteem**.

The self's susceptibility to the trauma was formed in an original situation with an original object, and, out of it, a **protective self** has developed.

Nothing is known yet about the specific object and specific situation that were involved in the **genesis** of these **symptomatic** mental activities and behaviours.

Drive material is not directly present. Character developmental theory points to the **aggressive drive** layered above the **libidinal**.

The **manipulative** means by which the self approaches having its wishes met, points to the **assertive** form of the aggressive drive behind defenses.

An **intermediate transference** from the referring consultant is most likely to be the immediate source of the first operative transference.

The surface of that transference is an ego syntonic (and possibly unconscious) ego ideal type fantasy of the analyst in which he *opposes assertive forms of aggression*. He *forces inhibition of direct expressions of "wants"* and *nullifies the right to "keep secrets"*. The threat that he exerts upon the self is the withdrawal of esteem.

The self has no ***effective*** **defenses** that would *stop* the fantasied analyst's unreasonable demands and *reverse* his inhibiting behaviours. It cannot act to *obtain its reasonable privileges*. It cannot **demand** ***(assert)*** *(and back its demand, by force) its rights to "direct expression of wants" and "confidentiality"*. It can only **comply** outwardly with the object's standards, while using manipulation to get its needs met, along with **anticipation** and **prevention** by **denial**, in order to protect its privacy.

THE OUTCOME

This formulation was developed in seconds on the phone. Because the consultation was carried out after several years of M.F. theory testing and development, in addition to his theory of formulation, the analyst was in possession of a theory of intervention[13]. Two interventions that were adapted to the particular (not-yet-clinical) conditions were thus created immediately and provided at once. They were very well received and the patient responded with material that concretely revealed that:

- an undetected transference to Dr. B----- had been carried into the present consult;
- it had operated ego-syntonically to produce the character symptoms that were earlier identified;
- it was derived from a transference-transformed Dr. B. mental representation located in the ego ideal part of the "SEEI" structure;
- and it had been undone by the present consultant's input.

A consultation and therapy then followed, and the formulation that had been developed continued to hold up to its predictive capability in increasing detail.

The interventions will be described in a later account of the M.F. Theory of Intervention. At that time, the *stratification of the elements in the above material (its surfaces and layers)* will also be discussed in detail.

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[13] The author does not like the term "intervention" as it incorrectly connotes what is actually done when the M.F. therapist makes his inputs into ongoing "stuck" situations during clinical sessions. A term that refers more to the idea of the "provision of information" would be better, but the analytic profession does not yet have one.

REFERENCES

Anderson, H.

1979. Theory of technique: the metapsychology of the analyst's working mind - it's place in psychoanalytic science and potential contribution to theory of technique. Recipient of the Canadian Psychoanalytic Society's National Essay Prize for Members, 1979. Presentation to the Toronto, Montreal and Ottawa Psychoanalytic Societies, 1980.

1982. A research into symptomatic behaviours occurring in assessments for psychoanalysis and the psychoanalytic psychotherapies. Presentation to the Canadian Psychiatric Association Annual Meeting,

1987. *In search of a window into the artistic creative process: methodological considerations and a contribution to method.* Presentation to the Fourth International Conference on Literature and Psychology; Kent State University

1992. *The self analysis of an experienced analyst: development and application of an uncommonly effective technique.* Free Associations, Vol. 3, Part 1 (Number 25), 111-135.

1995. *Metapsychological formulation: a new scientific method of* psychoanalytic clinical research and practice. Presentation to the Ontario Psychiatric Association Annual General Meeting, Toronto, 1995.

Anzieu, D. 1986. Freud's Self Analysis. International Universities Press, Inc., Madison Connecticut.

Blum, H. 1989. *The concept of termination and the evolution of psychoanalytic thought*. Journal Of the American Psychoanalytic Association, Vol. 37, No. 2.

Cooper, A. 1995. Research in Psychoanalysis: Process, Development, Outcome, p.381-392. International Universities Press,, Inc., Madison, Connecticut.

Dahl, H. 1993. *The discovery of FRAMES: fundamental repetitive and maladaptive emotion structures*. Charles Fisher Memorial Lecture. New York Psychoanalytic Society.

Edelson, M. 1988. Psychoanalysis: A Theory in Crisis. University of Chicago Press, Chicago and London.

Eisold, K. 1994. *The intolerance of diversity in psychoanalytic institutes.* International Journal of Psycho-Analysis, p.785-800.

Freud, S.

1905. Three essays on the theory of sexuality. S.E. VII., p.125-245.

1912. Recommendations to Physicians Practising Psycho-analysis. S.E.12, p.111-120.

Grinberg de Ekboir and Lichtmann 1982 *Genuine self analysis is impossible.* The International Review of Psycho-Analysis, Vol. 9, Part 1, p. 75-84.

Grünbaum, A. 1993 Validation in the Clinical Theory of Psychoanalysis.

International Universities Press, Inc., Madison Connecticut.

Hollender, M. H. 1965 The Practice of Psychoanalytic Psychotherapy. Grune and Stratton, Inc.

Holzman, P. and Aronson, G. 1992. *Psychoanalysis and its neighbouring sciences: paradigms and opportunities.* Journal of the American Psychoanalytic Association, Vol. 40, Number 1, p.63-88.

Holt, R., 1989. Freud Reappraised: a fresh look at psychoanalytic theory. The Guilford Press, New York, London.

Horowitz, L., and Rosenberg, S. 1994. *The consensual response - psychodynamic formulation: part 1, method and research results.* Psychotherapy Research, *Journal of the Society for Psychotherapy Research*, Vol. 4, Numbers 3&4, Fall/Winter.

Kernberg, O.

1986. Institutional problems of psychoanalytic education. J. Amer. Psychoanal. Assn., 34: 799-834.

1993. The current status of psychoanalysis. Journal of the American Psychoanalytic Association, Vol. 41, Number 1, p.45-62.

King, P. and Steiner, R. 1991 The Freud-Klein Controversies 1941-45. Routledge, London and New York

Kohut, H.

1971. The Analysis of the Self. International Universities Press, Inc. New York.

1984. How Does Analysis Cure? The University of Chicago Press, Chicago and London.

Paniagua, C. 1995. *Common Ground, uncommon methods.* International Journal of Psycho-Analysis, Vol. 76. Part 2., p.357-372.

Racker, H. 1968. Transference and Countertransference. International Universities Press, Inc.

Shapiro T. and Emde R. (Editors), 1995. Research in Psychoanalysis: Process, Development, Outcome. (Article by Luborsky L. and Luborsky E: The era of measures of transference: The CCRT and other measures, p.329-351) International Universities Press, Inc.

Wallerstein, R. 1993 *Between chaos and petrification: a summary of the Fifth IPA Conference of Training Analysts*. International Journal of Psycho-Analysis p.165-178.