of respectful treatment. You had no way to know the horror of what happened to you because you were treated as worthless or bad." Witnessing is also part of the validation that makes possible the child's trust in her or his own experience and sense of the real. This thoroughly intersubjective conception assumes the need for the other as a condition for the very possibility of experience. According to Stolorow and Atwood (1992), "the child's conscious experience becomes progressively articulated through the validating responsiveness of the early surround" (p. 31). Both the appreciative responsiveness of mirroring and the confirming responsiveness of validation are involved in witnessing. The specificity of witnessing is the recognition of the horror, of the mistreatment, of the pain that otherwise cannot become fully conscious experience. The pain is brutally given, relatively unorganized experience. It needs the responsive emotionality of the intersubjective field or potential space (Winnicott, 1971) to allow it to become real and meaningful experience. The patient, in other words, can experience raw pain but needs the responsive other to construe it, to understand its enormity and meaning. Analyst and patient make sense of it together.

To recapitulate, witnessing means the presence of a responsive person who makes it possible for the child, or a patient who was the child, to recognize the horror of whatever happened to him or her and to feel the appropriate pain. Witnessing allows the child to experience and the patient to remember. It thus undoes dissociation and allows a person to establish the continuity of a self-possessed life. It undoes shame and restores the positive valuation of the self. It establishes and maintains self-experience, and it clearly deserves designation as a "selfobject" function. In cases of post-traumatic stress, witnessing is one form the emotional availability of the analyst must take.

Emotional availability is an essential practical condition for making sense together and for the possibility of a developmental second chance in psychoanalysis. With good theory held lightly, and emotional availability offered generously, a clinician has the fundamentals for psychoanalytic understanding.

CHAPTER 10

Misunderstanding:
A Collaborative-Pragmatist View

I am the master of this college, and what I know not, is not knowledge.
Attributed to William Whewell,
of Oxford

Pragmatism unstiffens all our theories.
—William James, Pragmatism

Misunderstanding is not the logical opposite to understanding. Instead, misunderstanding is inherent in the process of understanding, and it is often the normal condition of psychoanalytic work. Infant research has shown that attunement requires continual mutual readjustment between mother and infant (Daniel Stern, 1985; Beebe & Lachmann, 1994). Self psychology has highlighted the constructive potential of empathic disjunctions or ruptures. Misunderstanding and lack of understanding in the clinical situation can lead to deeper and fuller understanding, including more intimate mutual attachment. In Kohut's (1994) words, "The long not-being-able-to-understand is often the necessary precondition for a deeper understanding" (p. 264). Such a view, however, requires a rethinking of ordinary either-or views of truth and
reality, and it implies a pragmatist's commitment to a thoroughgoing philosophical fallibilism. Unnecessary misunderstanding can result from theoretical inflexibility and dogma. The collaborative pragmatist, on the contrary, works with the patient to make sense of emotional experience.

TRUTH AND REALITY IN PSYCHOANALYSIS

Psychoanalytic understanding clearly has something to do with truth and reality. The nature of truth and reality, however, is not so clear. One approach is to shrug our shoulders and concede that philosophers have been struggling to find adequate conceptions of truth and reality for millennia now. Surely we psychoanalysts ought not to expect to find an easy resolution to this quandary. But we cannot ignore the issue of the nature of truth and reality because it has practical bearings on psychoanalytic theory (according to James, 1907, there is nothing so practical as a good theory) and on our clinical work.

Let us address theory first. If we view understanding as intentional (in the phenomenological sense, that is, as understanding of something), then we immediately confront the twin issues of epistemology and ontology. Epistemology focuses on the question of the adequacy (or truth) of our understanding; ontology addresses the status (real or imaginary?) of whatever we seek to understand—a thing, a text, a person, an idea, or logical statement. Psychoanalytic epistemology raises these same questions. We ask both how well we understand (epistemology), and also what level of reality we are meeting ("I'd like to wring her neck" vs. "I plan to shoot her tonight"). If we fail to reflect on these philosophical issues, we doom ourselves to the psychoanalytic unexamined life. Those who eschew metaphysics, goes the old philosophical saw, will be controlled by unconscious metaphysics. I do not attempt a Kleinian (G. Klein, 1976) "theorectomy" or, what is similar, a Husserlian cleansing of presuppositions. Instead, I suggest that we psychoanalytic theoreticians make our unconscious philosophical presuppositions—about knowing, reality, and human nature and motivation, for example—as conscious as we can. Only then can these intellectual organizing principles leave the closed Cartesian study for the open smoke-free rooms of dialogue.

On the practical and clinical side, unexamined conceptions of truth and reality can wreak havoc. They contribute to many serious instances of misunderstanding. Most therapists are likely to have worked with patients who have lost trust in themselves or in the possibility of therapeutic help because, in the name of truth or reality, previous therapists have undermined or invalidated the patients' sense of things. Clinical use of conceptions like transference as distortion, can mean to the patient that the analyst possesses truth or reality, and that the patient does not. Of course, therapists hope that patients do not lose faith in themselves as a result of having been in therapy. Such misunderstandings—often the result of our theoretical and practical choice of position—are unproductive and should occur infrequently in a psychoanalysis conducted in a collaborative (making sense together) and fallibilist spirit.

I propose, therefore, to review some major conceptions of truth and reality in modern philosophy and in the history of psychoanalysis. I will then articulate some conceptions of truth and reality most consistent with an intersubjective view of psychoanalytic understanding.

The venerable philosophical question of the nature of truth has become a major issue in psychoanalysis today, probably to the advantage of both disciplines. Philosophy may clarify its old questions by seeing them worked out in a newer venue. Psychoanalysis stands to gain a clearer understanding of its own premises, especially of its devotion to reflective awareness.

Correspondence Theories of Truth

Most psychoanalysts discuss the nature of truth as if two, and only two, options existed. The first is the common sense theory, also known as the correspondence theory of truth. In philosophy the precursors of this approach are Locke and Hume, and its ordinary guise is the ontology of naive realism. According to correspondence theories, ideas in the mind are more or less accurate copies of things, facts, realities, or states of affairs that exist; the existence of these is not dependent on whether humans have any knowledge
or awareness of them (Potter, 1994). Truth exists when ideas match, or correspond to, external realities, when language accurately pictures the world (Wittgenstein, 1921). The conceptual problems with this point of view appear when we consider how to test the match between ideas and those external realities. In a sense we need to introduce another mind (an outside authority), to judge, and the accuracy of this judge in turn requires checking, and so on to infinite regress. The ideas we are trying to match to external reality we arrive at by necessarily subjective means (“To me, my father was a giant”). The requirement by correspondence theories that subjectively derived ideas be “objectively” verified ends up reducing subjectivity’s usefulness to that of a more or less competent copy machine. This reduction eliminates the only matter of interest to psychoanalysis or accessible to psychoanalytic inquiry—the experience of the subject.

Nevertheless, correspondence theories were much in vogue when psychoanalysis was born in the late 19th and early 20th centuries. Logical positivism—the intellectual offspring of the successes of modern science—produced the verification criterion for evaluating scientific theories. According to logical positivists, a theory is only as good as the quantifiable experimental evidence that supports or verifies it. In a weaker form, positivism views theoretical statements as bearing meaning or cognitive significance only to the extent that their proponents can specify what experimental evidence would count as falsifying the theory. Either way, for the logical positivist truth is the match between theory and experimental evidence.

In psychoanalysis, correspondence theorists are most identifiable by their devotion to the idea of transference as distortion, the mismatch between a patient’s sense of things and the analyst’s “reality.” Correspondence theorists also tend to object strenuously to the narrative-truth views of Spence and Schafer. Charles Hanly (1992), a psychoanalyst who calls his view “scientific realism,” recently endorsed a correspondence theory. Likewise, interpersonalist Zucker (1993), in “Reality: Can It Be Only Yours or Mine?” asserts:

* Positivists consider it easier to falsify a theory than to verify it. One good counterexample, in this view, disproves a theory.

The problem of establishing well-grounded knowledge in our field is exceedingly difficult, but this is no warrant for surrendering to the lures of subjectivity. Our field has hardly addressed itself to developing methodologies equal to the difficulty and complexity of our material. It has done little, if anything, on such problems as what constitutes data, what is the potential of different kinds of data for activating experience, it commonly mistakes abstractions for raw data, it has not worked on, let alone developed rules of evidence in relation to data, and, in my opinion, has not required and trained for a high standard of reasoning and logic in its thinking. (p. 485)

Zucker apparently believes that psychoanalytic data can be evaluated on other than subjective grounds. Although psychoanalysis surely involves some quantifiable aspects appropriate for empirical research, I believe with Kohut (1959) that only the study of data obtained by introspection and empathy is truly psychoanalytic. To know anything thoroughly is to surrender to its lure, and to know anyone psychoanalytically we must surrender to the lure of subjectivity. Zucker’s experience-distant logic, the logic of empiricism and positivism, tests theoretical ideas against “the facts”—which positivism believes to be independent of observer bias—and checks to see whether theory and fact match up. On the contrary, clinical and theoretical reasoning in psychoanalysis, like the scientific logic of discovery, must remain close to experience. In the logic of discovery, the important work is the collaborative framing of plausible hypotheses or surmises (making sense together) to account for surprises or anomalies. We do need this kind of logic in psychoanalysis. It will allow us to take subjective experience seriously, and still do justice to the common sense embedded in correspondence theories.

**Coherence Theories of Truth**

While correspondence theories define truth as factual accuracy, coherence theories—the second approach to the nature of truth—define truth as what "rings true," a reference to subjectivity. Coherence theories, emphasizing the unavoidable contribution of the human mind to all knowing, highlight the limits of knowledge. Proponents of coherence theories claim, modestly and accurately in their opin-
ion, that truth exists to the extent to which ideas hang together, or cohere. To decide truth and falsehood, they consider logical criteria such as consistency, elegance (i.e., parsimony), and the absence of internal contradiction. Coherence theorists count Kant and Hegel among their philosophical ancestors. In this century, the hermeneutics of Gadamer and the postempiricist philosophies of science of Kuhn and Feyerabend are well-known representatives of the coherence theory of truth. Prominent psychoanalytic advocates of this point of view include Spence (1982), Schafer (1983), Hoffman (1991), and, in self psychology, Goldberg (1988).

The correspondence and coherence theories of truth are more or less practical methods for evaluating the worth of ideas. Yet we can also see that they bear on our modes of relating. Empiricist theories fit most naturally with critical and competitive modes of relating. Coherence theories usually assume that we find truth through collaboration and thus bear a closer resemblance to the pragmatist ideas to be considered next.

**The Pragmatist Shift to Meaning**

In ordinary life, the kind we live when we are less aware of being philosophers or psychoanalysts, we use both theories. I use an almost automatic correspondence theory to check whether my idea that I turned off the stove matches the dials and lights on the stove itself. Analogously, if I sit on a jury in a trial where physical evidence is scarce, I use a coherence theory of truth to evaluate the stories I hear. Both approaches to evaluating ideas function in our everyday thinking. Further, each method has yielded a theory of truth that its adherents claim is the ultimate truth about truth. Nevertheless, neither theory alone is a good-enough theory to account for daily experience. We need to seek a more adequate or comprehensive theory of truth.

Fortunately, we have a third opinion, which has sources in American philosophy and deeper roots in Aristotle and Kant. This view is the pragmatist shift from truth to meaning. William James (1907) described this shift with his usual charm:

I am happy to say that it is the English-speaking philosophers who first introduced the custom of interpreting the meaning of concep-

itions by asking what difference they make for life. Mr. Peirce has only expressed in the form of an explicit maxim what their sense for reality led them all instinctively to do. The great English way of investigating a conception is to ask yourself right off, "What is it known as?" In what facts does it result? What is its *cash-value*, in terms of particular experience? And what special difference would come into the world according as it were true or false? (p. 268)

Peirce (1877) provided the more precise maxim to which James referred:

Consider what effects, that might conceivably have practical bearings, we conceive the object of our conception to have. Then, our conception of these effects is the whole of our conception of the object. (vol. 5, p. 258)

Thus practical bearings and intellectual conceptions were, for Peirce, inextricably linked, perhaps differing only as foreground and background do in Gestalt studies. Both James and Peirce made the shift in theory, so natural in practice for psychoanalysts, to a pragmatic, or meaning-based, view of the nature of truth. Both were asking not for truth itself but for the difference it makes in the conduct of life to think one way or another. Peirce (1877) elaborated:

The whole function of thought is to produce habits of action; and . . . whatever there is connected with a thought, but irrelevant to its purpose, is an accretion to it, but no part of it. If there be a unity among our sensations which has no reference to how we shall act on a given occasion, as when we listen to a piece of music, why we do not call that thinking. To develop its meaning, we have, therefore, simply to determine what habits it produces, for what a thing means is simply what habits it involves. Now, the identity of a habit depends on how it might lead us to act, not merely under such circumstances as are likely to arise, but under such as might possibly occur, no matter how improbable they may be. What the habit is depends on *when* and *how* it causes us to act. . . . Thus, we come down to what is tangible and conceivably practical, as the root of every real distinction of thought, no matter how subtle it may be; and there is no distinction of meaning so fine as to consist in anything but a possible difference of practice. (vol. 5, pp. 256–257)
MEANING AND PSYCHOANALYTIC UNDERSTANDING

A shift to a focus on meaning has many logical corollaries, equivalent for a pragmatist to practical consequences. The remainder of this chapter will address those practical consequences for understanding and misunderstanding in psychoanalysis.

The first of the corollaries is that both popular theories of truth—the correspondence and coherence theories—are inadequate. To assess the truth of our ideas, we need the reference to the external world, the point of reference central to the correspondence theories. We also require the reference to conceptual unity, which is basic to the coherence theories. Nevertheless, the two approaches do not add up to the whole truth; taken separately or together, they reduce truth to a sort of solution to a puzzle. They remove truth from the realm of human experience and of temporal and historical process. Only a shift to a pragmatic, or meaning-based, conception of truth can overcome these problems.

In psychoanalysis, similarly, we can see that each traditional theory of truth is a partial truth. A psychoanalyst announces to her patients a planned week of vacation. One patient says the analyst is selfish and thinks only of herself. If the analyst really understood, and took seriously, the patient's suffering, she would not leave. A second patient envies the analyst, seeing her as rich, privileged, and free to pursue her pleasures. Another believes the analyst must be ill or on the verge of burnout. A fourth says, well, everybody takes vacations—have a good time. The next is convinced that either patient or analyst will die or come to harm during the vacation. Neither a correspondence view ("No, you're wrong"), nor a coherence response ("Well, does that fit with what else you know about me?" or "I guess this fits with what we know about you") will help here.

Such a common clinical situation illustrates the need for a pragmatic, or meaning-oriented theory of truth. The correctness or falsehood of patient beliefs about the vacation is trivial compared with the immense importance of their meaning, or practical bearing, for the patient. These meanings are distinct exactly insofar as they affect the patient's habits of action and interpretation, the analyst's response to the patient's interpretations, and thus the intersubjective field of the analysis. The shift to meaning does not imply that we gain access to "the whole truth," but rather improves the likelihood that we are considering some kind of truth that matters.

The second corollary of a pragmatic theory is that our psychoanalytic theories differ in meaning only to the extent that they lead us to different habitual responses to patients. Believers in the principle of distortion—most Freudian and Kleinian analysts—will pursue some line of interpretation designed to convince the patient that instinctual wishes and fantasies determine and distort his or her responses. Self psychologists may say that each patient response expresses the real state of the self-object experience, and the therapist will respond with that specific understanding. A collaborative pragmatist may, depending on the situation, simply accept the patient's view. Then she or he will work collaboratively with the patient to figure out the meanings of the vacation, of the way it was announced, of the patient's response, and of its effect on the joint psychoanalytic experience.

Our theories of truth also bear on the question of theory-choice (see Chapter 3). We choose theories (engage in theory-choice) neither for their correspondence properties, which we can never adequately check, nor simply for their elegant wholeness. Instead, in a fallibilist and pragmatist spirit, we embrace them for the help they provide in elucidating meanings in practical ways and for shaping our responses to situations we have not yet envisioned. We can now see more clearly that a psychoanalytic theory is more than a conceptual scheme. It is a way of being with people, a way of life.

A third corollary of the shift to a focus on meaning is fallibilism, the systematic and persistent recognition that one can always be mistaken. Fallibilism acknowledges the inevitable limits on any individual's, or any finite number of individuals', ability to know. It replaces the search for certainty and distortion-correction with a dialogic search for reasonableness or meaning in a community of inquirers. In the psychoanalytic situation, fallibilism means the assumption that understanding is always partial, incomplete, and capable of improvement. Fallibilism is an intrinsic facet of a pragmatic approach to the search for truth and meaning, and of the perspectival realism (see Chapter 4) that matches it in ontology.
In the psychoanalytic situation, the analyst’s fallibilism can produce, or at least make possible, greater patient self-reflectiveness. The analysis becomes a safe place to come to know and remember who one is and what makes one tick. Theoretical fallibilism can engender a collaborative “let’s figure this out together” atmosphere, one in which it feels safer to wonder, to do thought experiments and feeling experiments in the transference with a trusted guide and companion. Some sorts of defensiveness and resistance may never appear in such an analysis (Brandchaft, 1983), and other forms of self-protectiveness may become superfluous over time. Hoffman (1987) describes some of the advantages of adopting an attitude of theoretical fallibilism in his article “The Value of Uncertainty in Psychoanalytic Practice.”

To read, however, recent discussions of what analysts’ authority and expertise should be is to wonder whether we truly see ourselves as collaborators and participants on the side of the patient’s emerging selfhood in a struggle for meaning and truth. Perhaps instead we still seek some correspondence- or coherence-based certainty. Tansey (1992), for example, has compared conceptions of analytic expertise in what Mitchell (1988) calls the drive-conflict, developmental arrest, and relational-conflict models. Tansey prefers the relational-conflict model, which “calls upon the analyst to be expert at generating collaborative inquiry with the patient into repetitive patterns of interaction as they unfold within the treatment relationship in one form or another” (p. 314). In addition to questioning the original classification (I believe that one can be a developmentalist without allegiance to a simplistic developmental arrest model), as a fallibilist I have additional questions. Why is it so important to assert our expertise, even if its nature is as benign as the sort Tansey attributes to the relational-conflict theorist? If his aim is the reduction of the extreme relational asymmetry he finds in the other models, then why concentrate on expertise at all? What are we afraid of losing?

Similarly, Hoffman’s (1993) treatment of “the intimate authority of the psychoanalyst’s presence” presents a collaborative picture of the analytic relationship. Still, if authority and power are so important, isn’t the patient an authority and an expert on her or his own life? Why are our authority and expertise so important to us? Usually when people feel adequately confident—even if that confidence includes appropriate uncertainty about what they are doing—they feel no need to emphasize their authority, power, and expertise. When analysts can live with uncertainty, they provide a space for the process of understanding and avoid the rigidity that contributes to unnecessary misunderstandings.

**CLINICAL THEORY AS A SOURCE OF MISUNDERSTANDING**

The search for certainty, however, is not the only source of misunderstanding in psychoanalysis. Analysts’ attachment to metapsychologies and their associated clinical theories can contribute to many an impasse. Momentarily bypassing other sources of analysts’ cotransference, this section will provide an example of the influence of our clinical theories on misunderstanding in analytic work. We can no longer regard the patient as the sole source of trouble; misunderstanding is a thoroughly intersubjective phenomenon (Brandchaft, 1985). Patients bring to the field of the psychoanalytic encounter their emotional history, their dreads and longings, and their patterned ways of responding and of organizing emotional experience. We analysts and therapists bring all these same influences, plus general and clinical theories. The illustration to follow is one of many possible examples. Other influences would include clinical theories based on mechanistic metapsychologies, ethnocentrism, sexist assumptions, homophobia, and the equation of schizophrenic autistic states with normal infancy.

The misunderstanding I will focus on results, I believe, from an overreliance on the traditional psychoanalytic conception of object constancy. I will briefly present some recent history of the concept of object constancy and then elaborate my concern about both its theoretical underpinnings and its application in clinical situations.

As the term is generally used, “object constancy” denotes the developmental achievement of the ability to retain an image or representation of the caretaker in her or his absence. Debate about when this can be accomplished usually turns on the question of when infants possess or develop particular cognitive capacities and
on how such capacities may be related to the achievement of object constancy. Those, for example, who regard Piagetian object permanence as a prerequisite for object constancy will place its achievement later than do those who do not. Whenever object constancy is achieved, what is ordinarily thought to be at stake is libidinal object constancy, the ability to regard the object as reliably existent whether it is felt as gratifying (present) or frustrating (absent). This capacity is supposed to overcome, or preclude the need for, such early defenses as splitting and denial. In the view of Mahler, Pine, and Bergman (1975), object constancy makes possible a healthy resolution of the separation-individuation process.

Proponents of this view see the absence of object constancy in adult life and in treatment as primarily attributable to an excess of constitutional aggression. Such a lack, they believe, paradoxically results in excessive expression of instinctual drives, as well as in early and sometimes unstable defensive systems, leading in treatment to chaotic transference reactions. This theory blames the failure to achieve libidinal object constancy for “borderline” behavior and personality organization.

There are theoretical problems in this formulation. It relies on a biological and drive-based, not an experience-based, conception of human motivation. In addition, it depends on an intrapsychic, or one-person, idea of development. It deemphasizes the relational context or intersubjective field, so we find little reference to parental consistency as a developmental influence on the child’s ability to experience the parent as a constant object. Similarly, this view overlooks the question of the therapist’s consistency of responsiveness in what appears to be a patient’s lack of object constancy. What we need is a thoroughly intersubjective understanding of how children develop the ability to retain a sense of connection to their caretakers and, analogously, of how this process unfolds in an analysis.

Above all, I suspect that the emphasis on the lack of libidinal object constancy often misses the importance of the reverse phenomenon, the importance to the child or patient of the sense of being held in memory by the caretaker or therapist, of existing with constancy for the other. Perhaps the capacity to feel remembered by another, or to feel continuously significant for the other, is a usually taken-for-granted prerequisite for being able to benefit from the particular selfobject process sometimes called a “holding environment” (Winnicott, 1965). This capacity, which may be a basic condition for the possibility of many selfobject experiences, allows a person to feel continuously and stably existing for another, or perhaps even significant to the other. Such a capacity is not a quality of an isolated mind (Stolorow & Atwood, 1992); its development requires the presence of a stable and attentive other. Its absence usually suggests serious disruptions in early attachment experiences. The therapist’s ability to hold the patient in memory and to express this holding—another form of emotional availability—together with the patient’s gradually attained capacity to experience, and to rely on, being held in memory, may then make possible other developmental processes.

In treatment, some patients seem to have enormous difficulty feeling remembered by their therapist or analyst. Once we bring this difficulty to the foreground of our awareness, we can notice a range of clinical phenomena. The most extreme examples, and those that have alerted me to this difficulty, involve patients who feel nonexistent and become panicky when they cannot feel existent in the mind of the other. Such patients, often labeled borderline, may require emotionally available therapists or analysts willing to extend themselves beyond the traditional confines of analytic therapy (cf. Bacal, 1985, on optimal responsiveness). A colleague has told me of a patient who asked to have her therapist telephone her at a specified time each day. After several months, this became unnecessary, as the patient became more able to feel her continued existence both in the mind of her therapist and gradually in her own experience. Another gave her therapist books to take with him on vacation to make sure that he would remember her when he was gone. A third patient gave me a refrigerator magnet that was also a Christmas decoration. Asked about the magnet in February, I said I was putting it away with my holiday things, and the patient became very dejected. It turned out that the purpose of the magnet from the patient’s point of view was to remind me of the patient, thereby keeping her in existence. Severely abused and tortured in childhood, this woman suffered severe discontinuities in her self-experience. She needed to use my memory of her from day to day in order to feel that she continued to exist as a member of the human species. A milder and more
common example of a patient's belief that he or she does not exist for the therapist includes the patient's surprise that the analyst remembers details emotionally significant to the patient. Such memory opposes the patient's sense that out of sight is out of mind and out of existence.

Another patient, when in extreme anxiety states, often called friends and acquaintances just to see if they remembered him and could tell him his name. Once they did, he was temporarily reassured of his continuing existence. For several years he never called his analyst when in these states, on the assumption, which emerged later, that he would not be remembered, recognized, or known. Meanwhile, he remained in an unsatisfying relationship with a girlfriend, and the treatment seemed stalemated. Gradually he came to feel safe enough to call his analyst for the type of reassurance he had sought from friends. Together the patient and therapist came to understand that prior to calling the therapist he had felt that he did not exist for her. Now, with a sense of his existence for the therapist, he could exist apart from the girlfriend and live alone comfortably.

These examples illustrate difficulties people may have in feeling the self as continuing in existence without the presence or reassurance of another person. The problem, surely grounded in early experiences of physical or emotional abandonment, is an intersubjectively generated lack of the ability to use a particular kind of selfobject experience, perhaps a selfobject experience as fundamental as Kohut's mirroring and idealizing. Providing this selfobject experience might be described as holding in memory, and the patient's use of it as feeling existent for the other. In extreme forms, deficits in this capacity may cause a person to feel lost, as if she or he is disappearing, or even completely nonexistent, when there is no immediate perception of her or his existence or significance for another person. In the intersubjective context of treatment, such patients may feel extremely needy, demanding, or baffling to their therapists. We may respond by falling back on our familiar defenses—distracting by diagnosis, for example.

There are various ways in which we can work with the impasses that then occur, depending on both the patient's and our own particular patterns of experiencing, or organizing principles. Other variables include the history of the particular bond established in treatment and the therapist's degree of comfort with a range of interventions and responses. Sometimes the consistent presence and responsiveness of the therapist who has become aware of the nature of the difficulty is enough. The treatment of the man who called people to hear them say his name was helped in this way. Often all or most of the process must go on silently, though articulation sometimes helps. If I try to articulate the difficulty but nothing changes, I know I must be content to work in the nonverbal realm.

Sometimes, telephone calls or keeping Christmas magnets up all year may be necessary. Such interventions probably deserve the name of transitional phenomena, though perhaps in the opposite sense of that originally intended by Winnicott (1958). A more traditional intervention based on Winnicott's idea of transitional phenomena would be for the analyst to lend patient a small item from her office to keep while the analyst is on vacation. The reverse is illustrated by the patient who gave her analyst books to take with him on vacation. During his first vacation, she had slashed herself—not as a suicide attempt but as an effort to feel her own reality. Once she found a way to assure herself that he would remember her, she had no more major difficulties with his vacations.

A particularly evocative response by a therapist aware of a patient's severe difficulty with feeling held in memory and existent for the other is the following: The patient, who had extreme difficulty with both object constancy in the more traditional sense and with feeling continuously existent for herself and for the other, deteriorated each year as her analyst's long vacation approached. One year the analyst, who always wore a set of three bracelets, lent the patient one to wear while she was gone. Not only did the patient have something that belonged to the therapist to use as a transitional object, but the patient also knew that her therapist would frequently be aware of the missing third bracelet and would thus remember the patient—hold her in existence—during the vacation. Parenthetically, we may note that the meaning of gifts or loans, to or from analysts, may often lie in the transitional realm and may sometimes, like other transitional phenomena, be spoiled by too much analysis. In other situations, discussion may allow both participants in the analytic field to understand the meaning of the gift and in that way further the analysis.
Interventions in which an analyst takes some action to help the patient feel held in memory may seem unnecessary to analysts who believe that verbal interpretation makes up the entire realm of psychoanalytic work. We can respond to this objection in two ways. First, the trend in psychoanalysis for many years has been to expand the range of patients with whom we can work and to understand human beings as motivated primarily by relational concerns. Increasingly we are working with people whose difficulties seem to originate in preverbal interactions or lack of interactions with early caretakers. Often we find that purely verbal responses to these difficulties leave the patient feeling lost, misunderstood, or despairing. Relying solely on verbal responses may result in the impasses and treatment failures we experience from time to time.

A second, and more important, response to those who hold that the psychoanalytic endeavor is purely verbal is my belief that our difficulties in noticing deficits in feeling held in memory, and our discomfort with interventions that could establish or restore this experience, may be based on the mistaken notion that the healthy person is self-sufficient. I believe, on the contrary, that human beings are interdependent by nature. The sense of self as cohesive, continuous, and positively valued develops and continues in an intersubjective context. I often find it necessary to remind myself and my patients that needing others is nothing to be ashamed of. In his posthumously published *How Does Analysis Cure?*, Kohut (1984) eloquently challenged the separation-individuation conception of maturity:

Self psychology holds that self-selfobject relationships form the essence of psychological life from birth to death, that a move from dependency (symbiosis) to independence (autonomy) in the psychological sphere is no more possible, let alone desirable, than a corresponding move from a life dependent on oxygen to a life independent of it in the biological sphere. The developments that

characterize normal psychological life must, in our view, be seen in the changing nature of the relationship between the self and its selfobjects, but not in the self's relinquishment of selfobjects. (p. 47)

If we accept Kohut's view of our lifelong need for others and begin to recognize the centrality of the need to feel existent for the other, we can understand some clinical and everyday phenomena. One therapist, for example, had two surgeries several years apart. He found overall that after the first operation, when he called patients from the hospital as soon as he could, his patients reported much less distress than after the second operation, when he did not call his patients as quickly. Even generally high-functioning patients felt disoriented and lost as the days went by and they heard nothing. They knew that no news was good news. The therapist's death would have been reported to them. The experience was not exactly the loss of the therapist. Instead patients lost the sense that they continued to exist in the therapist's memory, their familiar sense of the relationship within which they were coming to possess a sense of their own existence.

Similar phenomena can be found in everyday life. Anyone who has moved a long distance will have had the experience of being able to maintain some friendships but not others over time and distance. I once had a friend—a close friend, I thought—in Seattle who told me that when I moved to New York, it would be the end of our friendship. She would feel that I no longer really existed and that she would no longer exist for me. No measures I took to convince her otherwise were successful in overcoming these convictions. We might speculate that to maintain a friendship over time and distance, both friends need to have achieved both object constancy and the sense of being held in memory by the other.

To return to the clinical situation, I am suggesting that many misunderstandings and impasses result both from patient difficulties feeling held in memory, and therefore in existence, and from analysts' reluctance, or inability, to be emotionally available enough to struggle with the patient toward an understanding of this problem. The sense of existence comes from the reliable experience of existence for the other, of being known, remembered, and understood. Some stalemates can be overcome if we recognize, welcome, and support the efforts of patients to create
transitional means of reassuring themselves of their continuing existence and importance for us until this ability is firmly established. The pragmatist shift to an epistemology of meaning, and to an ontology of perspectival realism, gives us great flexibility in understanding these clinical phenomena. Our clinical theories must support and articulate such relational understanding.

Misunderstanding often seems to be the normal state of the psychoanalytic triad—the two subjectivities and the intersubjective field that includes them. If some fundamental emotional safety exists, however, analyst and patient together can attain understanding by continually working through, in a fallibilistic spirit, the small and large misunderstandings.

CHAPTER 11

How Does Psychoanalytic Understanding Heal?

To cure rarely, to relieve suffering often, and to comfort always.

—Old medical injunction

As I neared the completion of this book, a patient announced to me one day, "I don't think I care about being understood. I don't expect people to understand me. I want to feel loved and cared for whether I am understood or not." He thought that just such a feeling of being loved and cared for was what was working in his treatment. This patient thus forces me to articulate the implications of my pragmatic and intersubjective view of understanding for a theory of therapeutic action or efficacy. An honest pragmatist must, of course, acknowledge in a fallibilistic spirit that our clinical theories are never more than working hypotheses. We must also, like the ancient physicians, admit that genuine cure is a comparatively rare occurrence.

Nevertheless, the "cash value" (James, 1907) of any psychoanalytic theory lies in its account of cure. I have placed the idea of understanding in the center of the epistemology and clinical theory of psychoanalysis. Now I must explain the implications of this position for the question of therapeutic action, a question that

*Dr. Peter Lessem and I collaborated in writing early versions of some sections of this chapter.