Metapsychology and clinical practice: Lessons from Freud's ´The Unconscious´

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Some observations on the genesis of the 1915 essay 'The unconscious'

Freud's essay 'The unconscious' was as written the third of twelve on psychoanalytic meta-theory planned in 1915. We know from the correspondences that the papers had to be written in a timescale of a few days or weeks. At the beginning of April 1915, Freud reported to Ferenczi that he had completed the second essay in the 'synthetic series' (Brabant et al., 1996, p. 55, letter (542F) of 08.04.1915) and by the end of April the third paper ('The unconscious') was also finished and lying in the 'publisher's portfolio' at the *Zeitschrift* (Brabant et al., 1996, p. 58, letter (544F) of 23.04.1915).

By 4 May 1915, two days before his 60th birthday, Freud wrote to Abraham: 'The work is now taking shape. I have five essays ready: that on *Instincts and their vicissitudes*, which may well be rather arid, but indispensable as an introduction, also finding its justification in those that follow, then *Repression*, *the Unconscious*, *Metapsychological supplement to the theory of dreams*, and *Mourning and melancholia*. The first four are to be published in the just started volume of the *Zeitschrift*, all the rest I am keeping for myself. If the war lasts long enough, I hope to get together about a dozen such papers and in quieter times to offer them to the ignorant world under the title: *Essays in Preparation of a Metapsychology*. I think that on the whole it will represent progress.' (Falzeder et al., 2002, p. 309, letter [276f] of 04.05.1915).

From the end of 1914, Freud seems to have been more closely occupied with this proposal, writing to Lou Andreas-Salomé: 'I am working in private at certain matters which are wide in scope and also perhaps rich in content. After two months of inability to work my interest seems liberated again' (1914a, p. 21, letter of 25.11.1914). He also wrote to Abraham: 'In addition I have begun a larger comprehensive work which has in passing produced the Ψα solution of the problem of time and space' (Falzeder et al., 2002, letter [256F] of 25.11.1914) and then, 'The only thing that is going satisfyingly is my work, which does indeed lead from interval to interval to respectable novelties and conclusions. I recently succeeded in finding a characteristic of both systems, Cs. and Ucs...' (Falzeder et al., 2002, p. 291, letter [260F] of 21.12.1914).

Until recently only five of Freud's essays in the series had been published, namely 'Instincts and their vicissitudes' (1915a), 'Repression' (1915b), 'The unconscious' (1915c), 'A metapsychological supplement to the theory of dreams' (1917a) and *Mourning and Melancholia*(1917b). The whereabouts of the other papers remained unclear. Freud probably wrote them all, but rejected or even destroyed some of them. It so happened that in 1983 in London Ilse Grubrich-Simitis discovered one of the missing essays: 'Übersicht über Übertragungsneurosen. Ein bisher unbekanntes Manuskript' [Overview of transference neuroses. A

previously unknown manuscript] (Freud, 1987). On the genesis of the metapsychological essays and their scientific contexts, see also Grubrich-Simitis in Freud, 1987.

The International Psychoanalytical Association had been founded only a few years earlier in 1910 (cf. Wegner, 2011) and Freud had already completed a substantial period of full-time psychoanalytic practice (about 10 analytic patients daily). In 1914, as well as some other important clinical papers (e.g. 'Remembering, repeating and working-through' [1914b] and 'Observations on transference love' [1915d) and, he was able to publish the key work *On Narcissism: An Introduction* (1914c). Freud wrote to Andreas-Salomé: 'I would like to observe that my account of narcissism is in the first place what I shall one day describe as "metapsychological", i.e., purely conditioned by 'topographical-dynamic' factors without relation to the conscious processes' (1915e, p. 27, letter of 31.01.1915).

While Freud was writing these papers, the political situation was growing increasingly tumultuous. On 23 July 1914, Austria-Hungary issued Serbia with an ultimatum that ultimately caused the First World War. In 1914-1918, this unrest spread not only across the whole of Europe but also over the oceans to the Middle East, Africa and East Asia. Approximately 17 million people died. The wartime conditions and recruitments where applicable not only forced many psychoanalysts (including Abraham and Ferenczi) to restrict or temporarily close their practices, but also prevented many patients from continuing their analyses. Two of Freud's sons were also conscripted into the army and were quickly embroiled in wartime activities. Early in 1915, Freud reported that wartime conditions had made it impossible for him to see more than two to three patients daily and he wrote: 'My productivity probably has to do with the great improvement in my intestinal activity. Now, whether I owe this to a mechanical factor, the hardness of the war bread, or to a psychic one, my of necessity altered relationship to money, I will leave open to question. In any case the war has already cost me a loss of about 40,000 crowns. If I have bought health in compensation for it, I can only quote the cadger [*Schnorrer*] who tells the baron: "I consider nothing too expensive for my health"' (Brabant et al., 1996, p. 55, letter (542F) of 08.04.1915). Freud not only had more time because of the cancelled treatment sessions, but he also incurred substantial financial losses. To Andreas-Salomé, he wrote: 'Fruit of the present time will probably take the form of a book consisting of twelve essays beginning with one on instincts and their vicissitudes ... The book is finished except for the necessary revision caused by the arranging and fitting in of the individual essays' (1915e, p. 32, letter of 30.07.1915).

In 'The unconscious' (1915c), the focus here, 'topographical or systematic viewpoint ... is the central point that Freud had already touched on in his essay on the unconscious in 1912, in which he distinguished between the descriptive, the dynamic and the systematic unconscious' (Holder, 1992, p. 18). The unconscious is not identical with what is repressed in any systematic respect. The repressed is only one part of the unconscious. Other parts consist of the wishes and fantasies that are not obstructed from realisation into preconscious or conscious representations (cf. Holder, 1992, p. 19). Having already postulated a 'censorship' between the unconscious and conscious systems in the seventh chapter of *The Interpretation of Dreams*(1900), Freud then amplified this idea with a further 'censorship' between the preconscious and conscious systems. The movements and restrictions of drive-representatives, thoughts and affects between the conscious, preconscious and unconscious systems are described from topographical perspectives. Finally a highly complex structure of functioning is delineated between conscious and unconscious. This is illustrated with an example that demonstrates the vast scale of Freud's intellectual achievement in theorising these connections: 'We now seem to know all at once what the difference is between a conscious and an unconscious presentation. The two are not, as we supposed, different registrations of the same content in different psychical localities, nor yet different functional states of cathexis in the same locality; but the conscious presentation comprises the presentation of the thing plus the presentation of the word belonging to it, while the unconscious presentation is the presentation of the thing alone. The system *Ucs.* contains the thing-cathexes of the objects, the first and true object-cathexes; the system *Pcs.* comes about by this thing-presentation being hypercathected through being linked with the word-presentations corresponding to it. It is these hypercathexes, we may suppose, that bring about a higher psychical

organization and make it possible for the primary process to be succeeded by the secondary process which is dominant in the Pcs. Now, too, we are in a position to state precisely what it is that repression denies to the rejected presentation in the transference neuroses: what it denies to the presentation is translation into words which shall remain attached to the object. A presentation which is not put into words, or a psychical act which is not hypercathected, remains thereafter in the *Ucs.* in a state of repression' (Freud, 1915c, pp. 201-2).

Some observations on the development of a 'metapsychology'

The arguments concerning whether or not a metapsychology is intrinsically justified or necessary has been the subject of fierce dispute over the last hundred years. Freud himself had no doubt that the 'psychology of the unconscious' required a theoretical conceptualisation in order to oppose the common roots of 'superstition' and the 'mythological view of the world' with a scientifically based psychology that 'leads behind consciousness' (Freud, 1901, p. 258f). He first used the concept of metapsychology in a letter to Fliess (Masson, 1985, p. 301; cf. Loch, 1980, p. 1298). In 'The unconscious', he then defined the necessary components of a meta-theory: 'I propose that when we have succeeded in describing a psychical process in its dynamic, topographical and economic aspects, we should speak of it as a metapsychological presentation. We must say at once that in the present state of our knowledge there are only a few points at which we shall succeed in this' (1915c, p. 181). The topographical perspective finally paved the way to the 'structural' one (cf. Freud, 1920, 1923). Later Hartmann (1958) and Hartmann and Kris (1945) added the *genetic* and Rapaport and Gill (1959) the *adaptive* perspectives as an amplification and necessary extension of a *metapsychology* (cf. Laplanche and Pontalis, 1973, p. 249; Loch, 1980, p. 1298; Akhtar, p. 171). Rapaport and Gill thereby unwittingly referred to Edward Glover, who had long ago drawn the same conclusions: 'No mental event can be described in terms of instinct alone, of ego-structure alone, or of functional mechanism alone. Even together these three angles [dynamic, structural and economic-P.W.] of approach are insufficient. Each event should be estimated also in terms of its *developmental* [genetic-P.W.] or regressional significance, and in the last resort should be assessed in relation to environmental factors past and present. The list of these criteria, namely *the relation of the total ego to its environment*, is the most promising of all. It suggests that the most practical (clinical) criterion of weakness or strength should be in terms of *adaptation*' (Glover, 1943, p. 8).

On a preliminary basis, the following five perspectives provide an adequate description for the foundations of a psychoanalytic meta-theory and to some extent actualise an approach to Freud's legacy, namely: 'the *dynamic* (referring to forces), the *economic* (referring to how these forces interact and conflict, which can be expressed as an equilibrium of energy), the *structural* (referring to the shaping and development of constant reaction forms in the personality), the *genetic* (referring to specific successive maturational stages) and the *adaptive* (everything happens within a psychosocial environment)' (Loch, 1999, p. 25). These perspectives together describe a *three-person-metapsychology*, in which the third person, in addition to the child-mother (ego-environment, conscious-unconscious, analyst-analysand) symbolises not only the father but also the group (conscious-preconscious-unconscious [body-] ego- id-superego, father-mother-child, analysand-analyst-environment). Development is intrinsically inconceivable without the premise of a triangular structure.

The destiny of the theoretical and clinical adoption of this fundamental Freudian approach has been assessed in extremely different ways. Over the last few decades the meta-theory has been differentiated by new individual findings, insights, simplifications and amplifications, but almost all the endeavours conclude by suggesting that a continuation or integration is yet to come. We only have to consider the works of Melanie Klein and her successors, Bion, Hartmann, Winnicott, Kohut, Balint and the French school, including the new approaches to psychosomatics, to realise that psychoanalytic knowledge is being differentiated and diversified in a way that makes any efforts at integration seem impossible. Earlier, Martin Bergmann (1993) had tried at least to describe the form of more recent approaches in their tendencies by referring to 'heretics, modifiers, and extenders' of Freud's meta-theory. The recently

published, ´*The Unconscious. Further Reflections*´(Calich and Hinz, 2007), aims to represent, comment on and assess more contemporary trends. This volume also demonstrate the difficulties with which contemporary psychoanalysis now has to deal in seeking to approach a universally recognised metapsychology. Integration of the various approaches does not seems possible, for the time being. It is therefore no coincidence that psychoanalytic treatment technique has been main focus of psychoanalytic research for the last few decades (cf. i.e. Etchegoyen, 1991).

In German psychoanalysis, Wolfgang Loch has constantly striven to connect and integrate Freud's legacy with more recent metapsychological insights as well (cf. Eickhoff, 1995, p. 176). Loch`s last major work, posthumously published in the *Jahrbuch der Psychoanalyse* in 1995, with which he 'purposely concluded' his scientific work (Loch, 1995, p. 103, note by F.-W. Eickhoff), was intended as a lecture for the 39th International Psychoanalytical Association Congress in 1995 in San Francisco ('Psychic reality: its influence on the analyst and the patient today´). He succinctly emphasises *construction* as the actual psychoanalytic tool of treatment technique. In attempting to discover a criterion for differentiating between material and psychic reality he takes into consideration time, the development of dreaming, defence mechanisms, perceiving, thinking and actions in a series of amplifications, transcriptions (e.g. primary process and secondary process) and transformations (e.g. from the primary dual union to the three-person relationship). Loch finally reaches the conclusion that 'psychic reality is conditioned by the denial of material reality and vice versa'... for 'material reality is concrete, while psychic reality is abstract´ (2010 [1995], p. 256). Furthermore, '*the psychic world, the inner, private* world through the perception of the external world' is constructed by *experiences, sensory perceptions* and *non-sensory ideas* (Loch, 2010 [1995], p. 275, p. 285). Accordingly, *external reality* is also a product of our *constructions*. As Freud himself stated: 'If the analysis is carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory' (1937, pp. 265-6).

The childhood experiences constructed or remembered in the psychoanalytic process can with Freud be regarded as right or wrong but mainly as 'compounded of truth and falsehood' (Freud, 1917c, p. 367, quoted by Eickhoff, 1995, p. 176). Eickhoff finally writes: 'Loch relativises Freud's distinction [between *right* and *wrong*, P.W.] in a different way, by-I think to his own surprise-denying the psychic nature of unconscious phenomena as timeless, since these have to be connected with temporal reference-points, and classifying them as external and localisable, adding that psychoanalytic therapy can succeed when interpretations are experienced as concrete, external reality: concretely experienced constructions lay a new foundation for the analysand's actions and thinking. From this viewpoint, the partners in the psychoanalytic dialogue construct their psychic reality in the interpretive process within the transference and countertransference dynamics-two aspects of the same phenomenon-in the here-and-now in the hope of achieving a better foundation for the inner mental state and for future action' (1995, p. 176).

Clinical illustration

However, what preconditions have to be fulfilled on the patient's part for him to be able to experience the psychoanalyst's interpretations and attitude as concrete, external reality? He needs to be able to feel and think about himself and experience himself as a person in time. He has to be able to recognise the other and himself as separate from each other. He must be able to distinguish concrete material reality from abstract psychic reality. If all these preconditions are fulfilled only to a limited extent or partly submerged, the psychoanalytic work requires a great deal of patience because they will have to be recovered or newly created. This was the case with Mrs E, although she tried to conceal this catastrophe in front of me. From no other patient have I learnt so much about what a disastrous experience it can be not to feel. The development and perception of a real feeling and its transformation into language meant a new form of existence for Mrs E and she reached this point only after a very long analysis.

Mrs E reported in the initial interviews (Wegner, 2012b) that she had had a 'happy childhood' and that it

was only during puberty that she had felt ‘so different from other people'. She came to me because of her neurodermatitis. She had always felt ‘lonely' and felt a strong urge to form relationships on a ‘two-in-one' model, which meant completely adapting to the other person and leading a ‘life for two' (cf. McDougall, 1989), losing any sense of her own body, which violently rebelled against this.

Internally she was not separated from a maternal-paternal object that could hardly be differentiated. She always experienced her sexuality as ‘difficult' and she could not tolerate her husband penetrating her. The rejection of sexual arousal ensued unconsciously through the skin treatments and later through many visits to doctors, to whom she presented her various bodily orifices. The analysis was dominated by actual physical illnesses that developed further and kept changing: neurodermatitis (which disappeared after three years of analysis), allergies, eating disorders, nausea, anxiety about bodily noises, ear and eye problems, blister inflammations, irritable bladder, anal thromboses and finally a hernia.

The psychological dimension of our work led to her feeling ‘completely open' and the anxiety that I could ‘reach into her' at any time. This defencelessness experienced in the transference represented the counterpart to her wish to be ‘two-in-one' with the other-an irresoluble inner conflict. It was only by establishing and understanding this transference conflict that any change became possible. However, she then felt as if she had been buried alive. She was frightened of going to sleep, and of death.

Mrs E then developed a compulsive obsessional system on an extraordinary scale. She transformed the shared flat into a fortress against invasive external dangers. Later it seemed to her that she might dangerously contaminate others. The ‘exchange of bodily fluids' became an actual danger. She was afraid of contaminating my floor, my door-frame or my hand and always ‘had' to ask me whether everything was all right with me. Finally she managed to communicate the thought that she would also like me to ‘waste away' as she had done for so long.

The following session comes from near the end of her analysis.

E: I'm just thinking ... well ... I'm realising ... that all the time I ... hm ... that it's all about *contamination* ... *transference of something ... to somewhere* ... that I'm getting so worried about it! All the same, I'm fairly unconcerned about actual dangers! As if they were two different things ... that's actually really strange, isn't it? *Pause*.

E: I'm just wondering why I'm actually so calm ... hm ... it seems to me it's feeling ... *in the eye of the storm*! There it's completely calm ... *right in the middle* ... which somehow would make sense because since yesterday I've been thinking ... hm ... as we were talking yesterday about the article on *celibacy* ... so the *exchange of bodily fluids* ... isn't it the point at which various things come together ... or separate ... hm ... the *concrete* ... and ... the *symbolic* ... the *dangerous* ... and ... the *wish*? *Pause*. A: Yes. Go on.

E: Well all the time I'm looking for the place where everything coincides. I know ... there's still a missing connection. Yesterday when I left here and looked around me again ... to see whether I had everything ... whether I had a jacket there, an umbrella or something else ... then I noticed, or how should I put it ... I wished *I could leave something here*. On the one hand, I'm afraid of forgetting something and, on the other hand, I feel the need to leave something here or I hope ... something of mine will stay here. A: Yes.

E: It's actually very simple ... I must just *translate* what is *concrete* for me, but I can't make it out. *Pause*. A: Categorise the present feeling correctly?

E: Yes, I think that's what I mean by my confusion. Then I'm confused and can't distinguish anything. I can't keep apart what's *concrete* and what's *not concrete*. *Silence*.

E: And that means, what's *real* and what's *not real*. Pause. If it's *not concrete*, it's *not real*either. A: Only

what's *concrete* is *real*! E: Yes, exactly.

A: ... Because then you can't perceive your wish for something of yours to stay here with me ... as if in my memory ... because that's *not concrete*? And no feeling emerges because it's not concrete.

E: And no idea ... how that could happen! But you recently said my persistent mistrust was hurtful and ... I thought ... but I wouldn't even know that! I already see the possibility ... but it's not so easy because I can't imagine it! Of course I can theoretically have this idea or know something about it ... but I can't *imagine it as felt.* A: You can't feel it.

E: Exactly. I think, it's no wonder ... no wonder if I can't feel it myself ... when I find something hurtful. How then could I feel that something is hurtful to other people? When I can feel something I can suddenly imagine everything possible ... but then it makes me *anxious*because then others may also feel something ... that comes from me. I'm just thinking it's mad how all my behaviour or experience has totally changed. Before I mainly had problems when I got home ... because of all the *contamination* ... and now I have more problems when I'm leaving the house or ... say, going to see you. Pause. Before when my husband was away, I would start the great clean-up ... disinfecting everything and so on ... and now I get worried when he's coming home. *Long silence*.

A: The calm in the eye of the storm ... E: I meant the feeling ... *of cowering in the middle of it*! So just *not running away*, despite the feeling of panic and disturbance. Sometimes I manage to have this feeling: *I'm cowering in the middle*! *Long silence*.

E: I've hardly said it ... and it starts up again! No ... Pause ... something occurs to me ...

... It's the indecent words that start up again ... as with ‘f' [she means *fucking*]. I wanted to say something like ... perhaps I just don't know what it means [she groans]. I say it quite simply ... it feels as if I wished ... I could take something away from here and something of mine could stay here. Hm ... after I somehow have a feeling that one thing might work ... I hope it also works the other way round. But the question is why ... is that so very dangerous? *Silence*. A: Do you have an idea?

E: Hm ... perhaps it's just dangerous because I want it? Hm ... the theme of neediness. But do I really know what it means? *Silence*. E: I don't believe I really know! *Pause*.

A: You don't have an idea ... such as an idea about me, when you have these wishes?

E: Hm ... yes. *Silence*. E: Yes... or ... what you'll do with it! *Long silence*.

E: I think that's right. My idea is that for now it's going *into the void*.

A: You can't imagine your wish being received by me ... without it being threatening or dangerous for me? *Silence*. E: Or ... whether you'll immediately want to get rid of it again...

A: That something of you can stay! Could it be that you can't imagine that the wish to receive something from me or leave something behind with me might be wonderful feelings that you could share with me and enjoy? An enriching experience that could make your life worthwhile and satisfying? *Long silence*.

E: Hm ... [coughing] ... hm ... obviously that's a lovely idea [cries!!].

A: Sadness and happiness can both lead to tears ... or being *moved* by something.

E: Hm ... that's actually what I wanted to say! That's right! I've noticed I'm crying right now. That's like a

confirmation of what you've said ...

A: I've moved you in a good way. Just as it moves me that you could receive this new thought. *Long silence*.
E: What's new ... I think ... is actually the *real* idea.

A: And if that's really imaginable, then it would be a completely different feeling from being alone? Then that's *not two-in-one* but *alone and as a pair*. *Long silence*.

E: The feeling of *being alone* is actually characterised by not being able to *get anywhere*. That everything that comes from me goes into the void ... and isn't received. *Silence*.

A: And this feeling can also set in without actually being caused by the other person.

E: Logically. If you can have the idea ... then ... it can always work. *Long silence*.

E: Hm ... and then ... then nothing more can happen to the idea either? A: No! *Long silence*.

A: No ... because this idea can now be felt, as a shared idea, shared with the other and not, for example, a hope or fantasy that is kept quiet. *Silence*.

E: That's the dependence on the other ... that's also sometimes so unbearable.

A: Yes! We're coming to the end ... E: Ok.

The analysis of Mrs E proceeded only after difficult, lengthy work on her psychosomatic symptoms - transforming the previously pervasive ´pensée opératoire´ to a capacity to express feelings verbally, and, finally, working through depressive feelings by developing a strong compulsive defence. At the same time the patient always says that this also helps her ´Self-Ego´ to "defend itself". Nevertheless, she can recognize that this is only an intermediate step to oedipal autonomy.

In our sessions during this time the patient came nearer, in a narrow sense , to a transference neurosis state. Instinctual contents, aggressive as well as sexual, now were held in check only through powerful compulsive defenses, but the pressure was such as to threaten to overcome the boundaries between the ucs, pcs and cs. Mrs E had an additional problem, namely, her confusion and incredulity over her inability to distinguish concrete reality and phantasy 'reality' because for her only concrete (especially concrete bodily) reality could be remembered.

Freud designated as 'inexpedient' (Freud 1925c, p.167-168) this general objection to the existence and power of the unconscious "that is based on the equation -not, it is true, explicitly stated but taken as axiomatic - of what is conscious with what is mental". However, this is of course not a sufficient argument against a neurotic defence. For Mrs. E a sexual wish in the transference with regard to father/analyst is equated with a concrete sexual action which, naturally, is strictly forbidden by her superego. In this session, in my opinion, her wish for mutual sexual transference from "something" to "somewhere" is put into words and she thereby comes to know the existence of unrecognized wishes as part of her psychic reality independent of her strict superego, that is, her voluntary control. In this context another aspect makes her confusion more difficult, namely, the concrete sexual excitement experienced in the session connected with a sexual wish that heretofore was barely felt and had not yet been put into words. It is not only the storm of emotions that is threatening but these are accompanied by "indecent" words which put her into panic and threatens the compulsive defences. At any rate she can ask herself "why is this so dangerous?" The recognition of her dependency on others and the repressed wishes for dependency present a concrete existential threat because she would again be thrust into emptiness i.e. she would not be able to reach the Object by whom she would be rejected. The decisive progress in this session is that for a

few moments the patient was able, within the transference - countertransference process to be introduced to her wishes.

I wish to touch only one of many related technical questions. Why in this session were the now apparent relationships not concretely interpreted? One might suppose that the patient's defenses would have been threatened and her fears confirmed, etc. this might be actually part of my unconscious motivation, but, in any case, I knew that I had learned from her that, on the contrary too concrete, strengthened her defences and the above process would not have occurred. I tried to find a language sufficiently far from concrete so that the patient could develop her appropriate, true understanding. There I found myself in the territory of the uncertain! Which is the right word, what voice, what intonation? What brings the patient in a position to hear so that she can respond and what tone is acceptable so that she herself can find the connections without being forced into a "two-in-one" situation? In so far as this single session represents many sessions, in total the goal was for the patient to be able to find her own appropriate language for her feelings and thoughts and to access her own preconscious and unconscious. The recognition of the ‘here and now´ psychic reality and thereby her actual wishes and feelings is connected with the ‘hope of achieving a better internal feeling and her future interactions' (Eickhoff, 1995 p.176)

A second question could arise the latent but perceptible destructiveness of this patient which in this session was not considered. Before and afterwards this aspect was taken up but in this session a corresponding intervention would have increased confusion. Certainly in this patient's complex psychopathology the wish to destroy the primary object played an important role.

Some observations on clinical practice

On every level of national and international dialogue, the suspicion arises that psychoanalysts increasingly, in highly individually ways, each with a small number of clinical-theoretical concepts from the most diverse psychoanalytic schools and traditions are carrying out their practical clinical work without feeling under any pressure to achieve any meta-theoretical classification. It seems that we work primarily in the so-called ‘here-and-now' and are fully stretched by it, as one can see also in my clinical material.

Interestingly, at the same time there is currently no evidence that it may not still be possible to reach understanding about matters of treatment technique even when diverging school-based thinking plays a part. However, psychoanalytic technique seems to be something that can be formulated in a systematically precise and refined way that differences can be brought out verbally, linguistically understood and discussed.

It was Joseph Sandler who first sought to deploy this phenomenon as a source of advances in psychoanalysis. Accordingly, he envisaged new concepts that are both elastically formulated and able to be flexibly introduced into the canon of existing theories: ‘Elastic concepts play a very important part in holding psychoanalytic theory together. As psychoanalysis is made up of formulations at varying levels of abstraction, and of part-theories which do not integrate well with one another, the existence of pliable, context-dependent concepts allows an overall framework of psychoanalytic theory to be assembled. Parts of this framework are rigorously spelled out, but can only articulate with similar part-theories if they are not tightly connected, if the concepts which form the joints are flexible. Above all, the value of such a loosely jointed theory is that it allows developments in psychoanalytic theory to take place without necessarily causing overt radical disruptions in the overall theoretical structure of psychoanalysis. The elastic and flexible concepts take up the strain of theoretical change, absorbing it while more organized newer theories or part-theories can develop. One of the best examples of this is Susan Isaacs' use of the concept of unconscious fantasy to absorb a view of fantasy which was radically different from Freud's' (Sandler, 1983, p. 36). In fact, the concept of ‘unconscious fantasy' in many clinical domains has replaced the meta-theory of unconscious-preconscious-conscious or ego-id-superego and can relatively easily be applied in its place.

Sandler sought to make equivalent advances by analysing domains of clinical practice that he termed ‘private' and mostly ‘unconsciously' guide different analysts in their technical behaviour:

‘The psychoanalytic theories of technique and the related higher-level psychoanalytic psychologies have, of course, been explicitly formulated in different ways by different authors, but they represent what we might call the "public face" of psychoanalytic technique. The *private* aspect of the way we work with our patients-and I am speaking here of what can be regarded as *good* psychoanalytic work-may be significantly different from the more explicit *public* formulations. Moreover, the *private face* of our technical frame of reference is only partly available to consciousness. A large part consists of unconscious conceptual organizations which are based on what the newly-trained psychoanalyst has gained from his analysis, his teachers, his reading and his clinical experience. What he will consciously have in mind are psychoanalytic ideas of various sorts that are, for the most part, the *official* or *public*ones, in accord with the particular views of his own analyst. With time, however, the analyst will create, quite unconsciously, a large number of unconscious part-theories which can be called upon when necessary. I have pointed out elsewhere (Sandler, 1983) that the fact that they may contradict one another is no problem as long as they remain unconscious. Moreover, they are probably more useful and appropriate theories than the *official* and public ones, and when they can come together in a way that is plausible and acceptable to consciousness, a new theory may emerge which may represent a development in the more public domain of theory' (1992, p. 190). These ideas were enthusiastically adopted but over time it became clear that generating theories from ‘good practice' in this way proves highly complicated and often constitutes too great a challenge.

In reality, the practitioner's experience in the clinical situation (e.g. in an initial interview) resembles the young psychoanalyst's in the challenging encounter with diverging theoretical approaches: the investigative tool is the analyst alone, unaided by equipment, instruments, tests and so on, and faced with the difficulty that ‘the object of investigation and the instrument of research ... belong in the same category' (Loch, 1965, p. 21). The analyst thereby registers and processes signals in two directions, two vectors as it were in the psychodynamic field of the investigative situation: one vector is directed at conscious communications and their possible unconscious correlates, in which recognisable distortions of the patient's communications in the context of the here-and-now (such as countertransference aspects) are especially important. A second vector is directed at the processing activities (we might also say, the effects triggered by the signals) as they occur in the analyst-a dimension that I shall term ‘introspective' and that relates to (pre-) conscious internal processes and to some extent also to unconscious processes.

Even in the first few moments of an interview, the amount of data processed by the analyst increases to an infinite degree, especially since along with the patient's information that is communicated and becomes perceptible many reactive and verifying processes are added each time that are to some extent highly subjective. In other words, the psychoanalyst is dealing with a problem-solving situation that can be described as a complex system and in which he can only continue to function skilfully as a therapist by an artificial reduction or hierarchisation. Otherwise the analyst system would collapse, which in any case often actually happens to some extent and is of great diagnostic relevance on his part (cf. Wegner, 2012a, p. 231). For example if an analyst instead of following his patients communications, starts to think on his own disturbing bodily sensations.

It seems to be an incontestable fact that the mass of the data to be processed in a psychoanalytic session in some conditions rapidly increases so to be infinite, just like the mass of partly contradictory psychoanalytic theories in the course of psychoanalytic history. But what problem-solving strategies can we deploy to reduce our data artificially, hierarchising them or understanding them as sets of processes? It seems to me that in the vast majority of cases we use a ´natural' method, relying on chance or on our preconscious, leaving it to our so-called spontaneous countertransference reactions to process, structure and formulate our interpretations, as well as their accompanying affects. This ‘natural' method is of course also incorporated and grounded in Freud's statement that the analyst: ‘must turn his own unconscious like a

receptive organ towards the transmitting unconscious of the patient' (Freud, 1912, p. 115). On the other hand, what can and must still qualify as 'art or skill' in clinical practice becomes questionable in conceptualising our meta-theoretical ideas. The combination of subjectivity, data and organisation of data as well as statements about realities becomes disordered and we remain confused in uncertainty.

In any case, no hope has yet proved justified that further research will actually lead to simplification of our understanding of the interplay between internal and external reality or between psychic and material reality. We are realising that the conditions and functioning of the human psyche are even more complicated than we thought.

Concluding remarks

These considerations lead towards different conclusions that can be summarised here only in very broad terms. Either we deplore this situation as a significant deficiency and demand fundamental corrective measures or we understand this fact as an acceptable element of current psychoanalytic knowledge. Adopting the first position would require systematically reducing the components of psychoanalytic theory while striving very hard to achieve a consensus about right and wrong meta-theoretical and clinical-technical concepts. I personally do not believe that this can succeed at present for fundamental reasons. For one thing, such an undertaking would entail the danger of additional splitting processes throughout the psychoanalytic movement. Adopting the second position would also require a strenuous effort because the concomitant *uncertainty* in the long term will place a burden on our entire training system and our internal and external understanding. In my personal view, however, we have no alternative to the latter position. As well as accepting new elastic theoretical and clinical concepts, this requires a great flexibility in theoretical thinking and behaviour, as well as the capacity to tolerate uncertainty in our work. However, this is something that can only succeed if our training specifically keeps this uncertainty open and makes it tolerable.

The need to recognize uncertainty is based on the fact that everything conscious belongs to an unconscious which we do not yet know and which will become accessible only when we 'interpolate between them the unconscious acts which we have inferred "(Freud 1915c, p.167). Later work approaches in tendency with the discovery that a truth or rather subjective truth, is not in itself the truth. Freud writes: Like the physical, the psychical is not necessarily in reality what appears to us to be." (Freud 1915c, p.171. There are the 'various meanings of the unconscious" (Freud, 1915c, p.172) that our own work complicated and apart from that, we are confronted with "that the different latent mental processes inferred by us enjoy a high degree of mutual independence, as though they had no connection with one another, and knew nothing of one another. We must be prepared, if so, to assume the existence in us not only of a second consciousness, but of third, fourth, perhaps an unlimited number of states of consciousness, all unknown to us and to one another (Freud 1915c, p. 170. It is because of these facts, looked at from general meta-psychological construction -that our work at each point in time, and also at the end of psychoanalytic work with a particular patient, puts us in a "not yet" approach, also a future that we cannot know.

Another element that will clamour more for our attention in future is the currently increasing *fear of the psychoanalytic method* itself, evidenced for example in more and more psychoanalysts carrying out fewer and fewer high-frequency psychoanalyses, as indicated by various authors (Danckwardt, 2011a, 2011b; Reith, 2011). Danckwardt goes one step further here in stating: 'Anxieties in the psychoanalytic situation are not only an expression of the analysand's pathology in the occurrence of transference and countertransference. They are an expression of anxieties that are evoked by the structure and processes of the psychoanalytic method. Such anxieties are contingent on the system and hence specific to the profession. The psychoanalytic method allows for a dialectical flood of words, sentences, sounds and images in order to render visible and perceptible the invisible psychic reality of the analysand. The psychoanalytic method entails anxieties of insecurity, of perceptual conflicts, of aporia, invasion, of the threat of being confused and of not being able to tolerate one's incompetence in the face of the real

psychic structure of the analysand. These are anxieties about the loss of one's therapeutic omnipotence. In addition, there are anxieties about dependence of psychoanalytic insight, on the current state and about the development of a psychoanalytic memory' (Danckwardt, 2011a, pp. 121-122).

These reflections I have put forward remain fragmentary and do not achieve what we actually wish for. How in the state of theoretical uncertainty and provisionality can we argue a way forward that will ensure the survival of psychoanalysis and continue to enable us to understand our patients well enough? How can we best prepare our training candidates for dealing with these uncertainties and making them part of their clinical practice without their recklessly yielding to complete arbitrariness? A difficult task-perhaps one that is always too difficult-but this is the very source of the motivation that is necessary to continue the quest.

[1] Translated by Sophie Leighton.