

NAVIGATION ROUTES IN PSYCHOANALYSIS *

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SUMMARY

In this article, the author maintains the thesis that the epistemological and clinical revolution in contemporary relational psychoanalysis implies a transition to deepening democratization. As all experience is interpretable, this interpretation necessarily depends on one's specific perspective, and therefore, no one can claim to have more than a partial view of anything. This principle of uncertainty has led to a new epistemology and clinical practice that are necessarily more democratic and effective but which also involves new problems. We have lost our certainty as to where the criteria for truth reside at any given moment, whether they are in the therapist, in the patient or in neither one. Consequently, the great clinical challenge is learning new ways of navigating the waters of psychotherapy in situations of confrontation and patient-therapist disjunction, now that we no longer have at our disposal idealized "savior" theories that place the criteria for truth exclusively in the therapist and his /her professionalism. Another important challenge is the development of tolerance and acceptance of the ideas of others in times of theoretical pluralism, a challenge one might attempt to avoid by falling into orthodoxy or eclecticism.

Key words: theoretical pluralism, principle of uncertainty, navigation routes, utopia and disenchantment.

1. UNCERTAINTY AS A DEMOCRATIC PRINCIPLE

With their theory of intersubjectivity, influenced by hermeneutic philosophy, Stolorow, Atwood and Orange have carried out the most coherent, enriching, and systematic deconstruction process of classical psychoanalysis to date. I feel a real debt of gratitude that I would like to acknowledge towards these three authors. Personally, my study and incorporation of this theory was something I lived with enthusiasm and joy. I recall discussion groups with colleagues, in which it was easy for me to find alternative interpretations by analyzing the possible impact of therapist's activity on the patient. I experienced the transition to a new paradigm in the terms described by Khun (1962), as the learning of a new gestalt: *"...the scientist who changes paradigms is like the person who puts on inverted lenses, the same thing he saw before, he now sees differently.*

One of Donna Orange's principal basic convictions is that *"all experience is interpretative, therefore perspectival; no one and no group of people can take more than a partial view of anything"*. This central pillar of contemporary relational psychoanalysis is comparable to the principle of uncertainty in

quantum physics, or in the social realm, to the establishment of a democratic system as an antidote against the authoritarian regime of classic psychoanalysis. The paradox of accepting this epistemological and clinical revolution that destroys our fantasy of omniscience is that it winds up making us wiser. As we no longer believe in unquestionable objective knowledge, we can enrich our versions of reality with the complementary and opposing versions of our patients, within the context of a cooperative and open dialogue (Mitchell, 1988, 1993).

Philip Ringstrom's work on "*moments of improvisation*" is another way of positivating and creatively using the principal of uncertainty. Mainly in line with Winnicottian tradition, Ringstrom encourages us to also work with "not knowing", with uncertainty, by means of spontaneous and improvised interventions which may trigger the emergence and integration of dissociated or disavowed affective states.

2. A NEW PROBLEM: THE AMBIGUITY OF CRITERIA FOR TRUTH

One comes to realize that uncertainty, the founding principle of our young democratic psychotherapy, also involves new problems and disappointments. What are the criteria for truth when we are faced with strongly conflicting versions between therapist and patient or between opposing theories? What guidelines should we use in order to decide what the most enriching version would be at any given moment? Here "not knowing" may leave us trapped in a skeptical relativism that tends to inhibit our ability to make clinical decisions or our confidence to construct new theories.

One can almost feel nostalgic for an earlier time, before the death of the "eye of God" (Stolorow, Atwood and Orange, 1997) in which criteria for truth was the exclusive property of the therapist. The former President of the International Psychoanalytic Association, Horacio Etchegoyen (1986), used to say that in cases of impasse, the therapist should never rely on the patient's opinion. In contrast with this viewpoint, Winnicottians and Kohutians have developed an enriching theoretical alternative with their program of validation and legitimization of the patient's perspective. Yet, in this liberating movement, they may have ended up swinging the pendulum to the other side, locating the criteria for truth in the patient. From a more integrating perspective, Stolorow, Atwood, and Orange have proposed a concept of "impasse" as a situation of strong disjunction between patient and therapist which brings to the foreground the radical differences in their experiential worlds as well as the inevitability of thinking in intersubjective terms. From this, they give a technical recommendation to analyze and recognize the impact of the therapist's activity on the patient as a way out of this dead end. Without a doubt, we are dealing with an example of theoretical and clinical progress as well as an advance in democracy, but the criteria for decision when antagonism persists is a subject that still needs to be resolved.

Donna Orange (1995) recognizes the problem of the *"lack of unquestionable criteria for selection among diverse versions of reality"* as well as the danger of falling into bland skepticism or nihilism. She distances herself from relativism and subjectivism and instead proposes "perspective realism" as a solution. If no version of reality is complete, we can have a greater access to reality by multiplying our points of view, through a plurality of perspectives. The three clinical examples that she has reported are illustrations of the harm caused by pigeon-holing patients through cosifying and humiliating diagnostic labels due to the reductionism implied in the therapist's use of a single perspective which he or she illusively believes objectively encompasses the patient's reality. To avoid this problem, she describes one of her basic attitudes in clinical practice as *"a refusal to argue about reality, that is, to assume an authoritarian 'knowing' attitude"*. We have here the greatest defense one can offer for the protection of patients' subjectivity. At the same time, it may have the drawback of being an organizing principle that does not provide an equal defense of therapists' use of subjectivity. I fear that there may be some confusion here between the unquestionable value of fighting against abuse of power and authoritarianism on the part of the therapist and the avoidance of legitimate and sometimes fruitful antagonism with the patient (Bollas, 1987, 1989).

Indeed, the case that Ringstrom has described illustrates the therapist's expressive and politically incorrect use of subjectivity in frank opposition to the patient's subjectivity. Ringstrom describes his first interview with Timothy, in which he felt *"unusually judgmental in my reaction to him"*. He recognizes that this attitude is opposed to the ideal we hold as analysts. *"We learn not to be judgmental about broad categories of human behavior, about such things as adultery, substance abuse, religious or political beliefs contrary to our own, and on these levels of abstraction it is not so difficult for us to achieve and congratulate our non-judgmental stance"*.

The patient probably expected a response from his therapist in line with the organizing principles and habitual reactions of his family environment, for instance to hear that he could reach his goals if he worked harder. However, he receives a response that was surprising coming from a therapist's mouth:

"Well, maybe some of them are smarter than you...maybe some of them are more talented than you". From the patient's point of view "that's hard to swallow" because it goes against a basic principle of his self-esteem, namely that no one could be better or more talented than he himself was. Yet, paradoxically, hearing this was liberating: it opened up an unthinkable reality that gave him some hope of freeing himself from the chronic frustration generated by the rigid organizing principles with which the patient had been operating.

The therapist's improvised response is both hard and liberating for him, too. It's hard to go against the professional ideal "not to be judgmental", be left without the support of our theories and at the same time risk provoking a negative reaction in the patient. And the use of politically incorrect aspects of his subjectivity is liberating for the therapist because they provide the freshness

and spontaneity of his own acceptance of a painful reality: ("I may be good but others are still more talented"). This turns out to be useful for facing other situations similar to that of the patient.

Ringstrom's theory improves upon and opens up one of the organizing principles of Orange's practices because it legitimizes the therapist's use of subjectivity "to argue about reality". Conversely, Ringstrom's practice is improved and enriched by Orange's theory. Ringstrom only speaks to us about the liberating components of improvised and spontaneous interventions. He forgets about another kind of improvisational moments in which we therapists express our criteria of reality defensively and superimpose them on patients. It is precisely in these cases that Orange's recommendation of "*refusing to argue about reality*" becomes most valuable, regardless of whether it is about a consciously arrogant attitude on the therapist's part or in an improvised intervention. The wealth inherent in the divergence of the two theories resides how they enhance a relationship of mutual opposition with another one of complementation (Morin, 1977).

3. NAVIGATION ROUTES IN PSYCHOTHERAPY

In order to combat the anxiety I felt starting out as a young therapist because of the ambiguity and uncertainty of criteria for truth, I conceived a utopian way of ordering divergent theories. It was my attempt to resolve and integrate the states of confusion and fragmentation generated by a professional environment of heated rivalry among divergent theories and schools. To this end, I used sailing as a metaphor, ordering theories according to their preferred navigation method.

So, for example, I represented the use of kleinian theory as a close-hauled navigation method, as taking a route that navigated opposing the patient's "winds" of resistance to the maximum degree possible. It's a dangerous navigation route because it is easy to capsize if the boat tips too much, or on the other hand, to luff. That is say, to enter a dead zone (less than a 45 °-angle from the direction of the wind to port and starboard) where the sails do not pick up the wind and movement ceases as a result of facing the wind too head-on. This comparison squared well with kleinian pride at confronting patients with their deepest fears and anxieties. It makes a voyage in their psychotherapeutic sailboat fast-moving and intrepid but also something that not every patient has the "stomach" for, which explains why it is the school with the highest patient dropout rate. At the opposite extreme, we find the kohutians, with their preference for stern navigation, sailing with the wind in search of the therapist's optimal responsiveness as the patient's "self-object".

Now I can laugh like Sancho Panza at the naivete of my quixotic utopia. In my most grandiose moments, it even occurred to me that I might imitate quantum physics – my favorite books of chivalry – in terms of a unifying theory for the century-long dispute between the body mass and wave theories. Actually, I

was just proposing a peace treaty among my warring internal theories based on granting each school a feudal territory in which it could govern exclusively without interference.

4. TOWARD A MATURE THEORETICAL IDEAL

What my former utopia had denied is the inevitable reality of confrontation and aggressiveness between opposing theories. I had a fear of confrontation born of having lived through bitter splits between professional groups in a fight-to-the-death defense of their pet theory, which each group rallied round as a battle cry. This simply goes to show that the greatest challenge for the development of a relational theory must be – just like in a democracy – the civilized management of big theoretical discrepancies. To paraphrase Jessica Benjamín (1988), our ideal should be maintaining a paradoxical tension between assertion of one's own theory and recognition of that of one's opponent. To this end, we need to develop the Winnicottian capacity for playful debate of opposing theories. This implies casting away our tendency towards excessive solemnity and recovering the sense of humor that goes with truly creative irony and disenchantment.

In an article entitled "*Utopia and Disenchantment*", the Italian writer Claudio Magris (1999), rediscovers the value of utopia in combination with disenchantment. *"Rather than being counter-opposed, utopia and disenchantment have to sustain and reciprocally correct each other."* Utopia - or idealization - constructs an ideal, a guiding point on the horizon that organizes and gives meaning to our research, thereby increasing our knowledge. Disenchantment or "de-idealization" – kicks in to correct utopian excesses and reintroduce a different kind of knowledge: the knowledge of what we do not know: the acceptance of uncertainty. Then, in a perpetual loop movement, a new utopia comes along to balance out the nihilistic excesses produced by the intoxication of disenchantment. And the new utopias that arise in the course of this ongoing spiral process acquire increasingly complex and humble forms.

Thus, having destroyed my old utopia of distributing theories in feudal territories - product of an attempt to reconcile my disenchantment and frustration with theoretical confrontation – and ever quixotic at heart, I shall now outline a new and hopefully, more complex and humble relational utopia.

Returning to sailing as a metaphor, in navigation there are only two possible ways of turning a sailboat. One is "head to wind", turning the bow windward and facing the wind more or less head-on. The other is "head down", which in contrast, involves steering the stern (or back of the boat) in the direction the wind is coming from. In relational terms, we turn "head to wind" when we dare to take on a situation of greater intersubjective disjunction, in which patient and therapist's opposing subjective assertions come to the foreground. We veer "head down" by looking for a situation of greater intersubjective conjunction, expressed in our recognition of the other and the search for patient-therapist

harmony. In the art of psychotherapy, like that of sailing, it always takes two to tango. Both involve a "dance" of constantly adjusting positions - between sail and rudder or therapist and patient - heading to wind and heading down, losing one's balance and searching for a new balance, so as to keep the therapy advancing along whichever navigation route the changing winds may impose.

A utopia that guides and molds the development of relational theory must necessarily involve a certain conflictive tension between the protection of pluralism and achievement of greater theoretical coherency (Mitchell, 1988; Feyerabend, 1962). A basic condition for advancement towards this first objective is training in the search for sources of information on viewpoints that do not necessarily match or reinforce our own predilections and exclude issues and opinions we would find critical or adverse (Sunstein, 2005). And a prerequisite for improving theoretical coherence is the development of a greater understanding of the function of aggressiveness in relational terms, as J. Benjamin has already pointed out in her article *"Recognition and Destruction"* (1997). This is something that would facilitate a more democratic resolution of impasses and patient-therapist clashes: naturally we need to recognize the therapist's impact on the patient's experiential world, but at the same time, we need to recognize the legitimacy of the therapist's flexible use of subjectivity as constructive democratic opposition.

Finally, we must admit that even if we succeed in defining ever more complex and humble utopias, these, by their very nature, will always tend to elevate us in excess. So time and time again, we will need the antidote of creative disenchantment to ground us and keep us from spiraling skyward. This year, we are celebrating the fourth centennial of the first edition of *Don Quixote* and I would like to take advantage of this event to recommend its reading as the most effective antidote I know against fundamentalism or excessive solemnity towards one's ideals. The ideals of the "Man of la Mancha" were the same as those of medieval knights: *"to right wrongs, redress grievances, and correct and do away with abuses of insanity"*. His ideal of ideals was embodied in his imaginary damsel, Dulcinea of Toboso, who would receive word of all his adventures in recognition of his bravery and his love. Don Quixote was willing to battle against anyone who dared to deny his damsel's unparalleled beauty. When Sancho finds a peasant woman who he passes off as Dulcinea, Don Quixote reacts with disenchantment to what he believes to be a spell cast on his lady love, suddenly turning her into a peasant woman who...*"is not very refined-looking, is ugly, pudgy-faced, pug-nosed and smells of garlic."*

Like Don Quixote, we psychotherapists are often willing to fight single-handedly against anyone who dares to deny the unparalleled beauty of our ideals. If I were Ringstrom, perhaps I would try to help us quixotic therapists to reduce our excessive utopia through an improvised intervention about how the joyful acceptance of what we have despite our imperfections is an indispensable component of the art of happiness. This could open us up to a reality that we may have renounced in our constant restlessness and endless longing for maximum perfection. Like Don Quixote, we therapists may also react by feeling

depressed and dismissing as the work of a spell any situation that exposes our pet ideal as ugly, pug-nosed or smelling like garlic. If I were Orange, perhaps I would aid our quixotic therapist in reducing his excessive disenchantment by analyzing the organizing unconscious principles that lie beneath his catastrophic fears, all within the context of a cooperative and nonjudgmental dialogue.

Finally, like Don Quixote, the therapist defines his life work as a dedication to "righting wrongs, redressing grievances and correcting and doing away with abuses and insanity". Here I have nothing else to add because I think exactly the same thing.

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