

Therapeutic Models and Clinical Interventions

Response to Donnel B. Stern's Paper: *Implicit theories of technique and the values that inspire them.*

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First I want to thank Dr Stern for a paper that addresses an essential aspect of our work in terms of the values we hold and the models we employ. Psychoanalysis is not only a humanistic science of subjectivity but the role of the practitioner's subjectivity, not only their potential counter-transferences but also their level of personal integration, their developmental experiences, and their values are all formative of their technique. Dr Stern's paper has consequently focused on explicit and implicit values that are formative of a practitioner's selection of technical models. Since Dr Stern has placed his reflections within a philosophical framework, I thought that the best way for me to respond would be to continue the discussion that Dr Stern's paper starts. I would like to compliment its thesis with reference to some contributions not only from psychoanalysts but from science authors as well.

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Psychoanalysis has journeyed from the scientific positivistic weltanschauung of Freud's time to today's our awareness of relativity and quantum mechanic. Although positivism is historically understandable, too much of psychoanalytic history has continued to be marked by its assumptions. Such assumptions presume a universally recognized objective, discrete reality, in light of which we make our diagnostic judgments and consequently our therapeutic interventions. Dr Stern speaks of "technical rationality;" Werner Heisenberg, the quantum physicist, spoke of *dogmatic realism*, or more simply, materialism.

In a recent issue of *Scientific American* (October 2010) Stephen Hawking and Leonard Mlodinow feature an article entitled *The (Elusive) Theory of Everything*. After a very brief survey of the major models in both philosophy and primarily quantum physics, they focus on what is known as M-Theory. M – Theory, they suggest, stands for master theory, or perhaps mother theory. In any event the main body of M Theory is what is known as string theory. And string theory, or should I say string theories, have to do with explaining the micro world in which we all live: the atomic and sub-atomic world that is the foundation and constitutes the macro world of our everyday experiences. We analysts, in our interactions with what we call the unconscious, deal with hidden forces and bizarre experiences of cause and

effect as well as experiences of past versus present, all the time. Niels Bohr, one of the pillars of quantum mechanics, speaks to the fact that we do not know the micro world, all we can know is our descriptions of it. That sounds remarkably similar to the classical psychoanalytic notion of the unconscious.¹ That is why in my own readings in quantum physics, I feel some of its conclusions can be applied to our field; conclusion that I have tried to clarify in a number of my articles.

What is important to note for our discussion this morning, however, is that there are at least five string theory models that are in use, and none is more correct or more true than the other. In order to negotiate such diversity, Hawking and Mlodinow propose what they call *Model Dependent Realism*. That is, the world can be known and laws can be constructed dependent, ultimately, on a given perspective and consequent available observation. Therefore, their conclusion is, different models for different situations. The thought of one correct model, reflecting objective reality, does not arise within such a perspective. Rather, perspective enables observation, which enables laws, which enables some verification. Dr Stern's paper applies this

¹ Bohr.N.1954. *In such an analogy, the impossibility of providing an unambiguous content to the idea of subconsciousness corresponds to the impossibility of pictorial interpretation of the quantum –mechanical formalism.* (p.77). [He goes on to write] *Incidentally, psychoanalytical treatment of neuroses may be said to restore balance in the content of the memory of the patient by bringing him new conscious experience, rather than by helping him to fathom the abysses of his subconsciousness.*

approach in his appreciation of the explicit and implicit values that predispose a practitioner to employ different therapeutic models.

Perspective and consequent observation are all we have – Einstein established that in 1905/1915. What Dr Stern speaks to in his description of *technical rationality* is a pre-relativity, pre-quantum physics understanding of the world. Technical rationality or Heisenberg's *dogmatic realism* also flies in the face of the works of one of the philosophical giants of the 20th century namely, Alfred North Whitehead, with his appreciation of process and interdependence. Observation gives birth to models and models enable predictability in the physical sciences. In a humanistic science, such as psychoanalysis, predictability is replaced, I believe, by the presence of mutual growth in integration of both patient and analyst. Developmental integration, consequently, becomes one way of judging the effectiveness of our interventions.

I chose developmental integration since that is a value I find essential for practice and is probably my reason for operating within a Winnicottian framework. That particular values arise, as Dr Stern indicates, both consciously and unconsciously, from our life experiences and is well attested, using myself, as an example, by anyone who may have read my memoir *Broken Fathers/Broken Sons*. Rather than repeating the hierarchical

power relationship of my childhood and of my religious training, I focus on finding level ground with patients in the quest for developmental integration. Winnicott's chiding of Melanie Klein, because of her insistence that her followers use her language, and his counter conviction that each practitioner must find his or her own language, is an example of what I like to call democratic psychoanalytic consciousness. His insight, resulting in a conscious value for me, reflects my own developmental experiences with hierarchical authority.

Notwithstanding the recognition of the need for many operative models, as the Dr Stern's paper supports, psychoanalysis still suffers, I believe, from its dependence on sacred cows. Freud perceptively noted that a religious transference always ends in apostasy. The free exploration of alternate models, that has been spoken to by Dr Stern, can easily get drowned out if one has a need for a master to identify with. Francois Roustang's many works on this subject, particularly his *Dire Mastery*, should be mandatory reading for every student of psychoanalysis. This morning's paper rightly appreciates the need for analysts to keep talking to each other – rather than covertly or overtly judging each other, by one's own yardstick in the name of orthodoxy.

Winnicott valued the play of interaction for its own sake as well as its role in self-exploration. He was, I suspect, constitutionally incapable of even thinking that any one model was normative. Such a conviction was the foundation of his remark, I think, when he was asked to define what psychoanalysis is. His answer, as we all know, was that it depends on who is doing it. We need not find “the” truth...we have done quite well if we have found “a” truth. That really is *good enough*.

Obviously any concept of truth depends on some type of common framework – a position Dr Stern is well aware of and what is meant, I believe, by *Model Dependent Realism*. Yet, and we cannot elaborate on this today, it might be helpful to complicate this picture a little by appreciating another insight of the noted physicist Edwin Schrodinger when he notes that reality, as such, is a meaningless concept. Reality is a construct, he pointed out, but the concept of “reality” is needed, operationally, nevertheless. All of which does not lessen Dr Stern’s observation that *...the meaning we assign to our experience from one moment to the next depends on the nature of the current interpersonal field*. Psychoanalysts are, in reality, midwives of memory and of meaning. Psychoanalysis deals with very complicated subject matter; no wonder the need for multiplicity, at times, in the use of models guiding our interventions. My own use of many quantum physics

models, as I have mentioned, comes from my sense that they can explicate, by way of analogy, some of the complexity of what we do in clinical psychoanalysis.

Although our theories of technique follow from a practitioner's implicit and explicit values is basic, that insight needs to be explicated and repeatedly grounded. And a relational psychoanalysis perspective, as we have heard this morning, fulfills that task very well. Even as I progressively found, in my own clinical practice, that the classical Freudian techniques that I had been taught were not serving me well, with many patients, I was always aware that its insistence on listening, on minimal intervention, on its promoting neutrality and abstinence came from a deep value of respect for individuals. Listening with the goal of hearing the other, and not one's own echo, is respect. An analyst's willingness to hear anything, so to speak, with no preset diagnostic assumptions, means a constant flexibility of what we call technique. Isn't that close to Winnicott's squiggle game that he played with children? Isn't that perhaps similar to Reik's listening with his third ear, and with surprise, at his own unconscious. Finally isn't that equally clear in Dr Sterns awareness that *...we will forever hold multiple, implicit theories of technique, because we will forever need to invent new ones as we face the situation that demands them.* When analysts follow technical flexibility they

are, of necessity, less predisposed to theoretical rigidity. I am thinking of the lack of technical flexibility in classical practice in the forties through the sixties and the misguided theoretical understanding, in classical theory, of homosexuality, for example.

Dr. Stern speaks of the contributions of Sullivan, Fairbairn and Winnicott in highlighting the import of interdependence. Here again I am reminded of the long fight in quantum physics, Einstein on one side with his colleagues, and Werner Heisenberg and his comrades in theory on the other. Finally, the work of the physicist John Bell, in nineteen-seventy, definitively established what many physicists had sensed for decades – what Einstein had called *spooky action at a distance*, and what is now known as “entanglement.” Actually, Whitehead also spoke of interdependence as far back as 1925 in his text *Science and the modern world*. He wrote, *In a certain sense, everything is everywhere at all times. For every location involves an aspect of itself in every other location. Thus every spatio-temporal standpoint mirrors the world (p. 114)*. When Heisenberg, in his 1958 text *Physics and philosophy*, noted that modern physics makes the sharp distinction between the “I” and the world impossible (p.81) he was focusing on what physicists call entanglement and Dr Stern’s speaks of as interdependence.

Every atom in the cosmos is connected with every other atom. We, you

and I, each of us is dependent upon and connected to the world we live in, in ways unimaginable. That we experience a discrete world is a result of what physicists call decoherence – a concept, given my time constraints, I cannot elaborate this morning. Entanglement, what we are speaking of this morning as interdependence, is expressed clinically by the awareness that as we help our patients we are simultaneously helping ourselves – that’s neither poetic license, nor wishful thinking. It is the reality of entanglement.

In this regard I will take slight issue with Dr Stern’s language when he speaks of interdependence as a value. For me interdependence (entanglement) is not a personal value – it is a basic constituent aspect of the cosmos. As such it can support such a value as the need, for example, to care for ourselves, to care for each other and the world. Because interdependence is a reality, values grounded in that reality can follow.

Dr Stern ends his presentation with the following sentence...*Thinking through the values we are advocating by embracing a particular theory of technique puts us in the best position to argue that theory’s superiority.* I puzzled over this sentence somewhat. My best interpretation is ...*that theory’s superiority*, that is, for oneself. Particular theoretical theories enable a practitioner to live out and to live with his or her deepest held convictions/values. As other practitioners employ different models than

one's own, all we can hope for is that such pathways are their particular routes to their clinical needs and goals. ...Thank you

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