

INTRODUCTION: PSYCHOANALYSIS IN THE TWENTY-FIRST CENTURY

FREUD IS DEAD

I do not wish to begin this book on an alarmist note, but Freud *is* dead. Of course, this is not news as such, but it is just as well to be reminded of this fact if we are to approach psychoanalysis with a level-headed, critical, yet open attitude. Freud was a great theorist but he made mistakes. And we mustn't forget that there is much more to psychoanalysis than Freud. He helped us get started. It is us who can't let go of him.

Freud arouses strong passions even from the grave so that psychoanalysis is all too often approached from extreme, polarised positions. I was reminded of this some years ago when a colleague asked me to listen to a tape recording of a series of lectures on psychoanalysis. When I asked him why he wanted me to do this, he simply assured me that I would find it interesting. I duly sat and listened. One of the voices on the tape struck me in particular. This was of a young woman, rather fired up in her protestations against Freud and psychoanalysis, accusing those seeking analysis for themselves of self-indulgence. Moreover, she added rather smugly, "There's no evidence that it works".

The advantage of audio tapes is that they defy denial. After many years on the couch, I now find the courage to admit, somewhat sheepishly, that this person was actually me. My early "recorded" hostility towards psychoanalysis has since made me curious about why I had felt so strongly about it at that time. Of what personal consequence could the words of an old Viennese man be? Why did it matter to me if the Oedipus complex could not be proven? These were only ideas

after all. No one was forcing me to subscribe to them. I shall spare you my own psychopathology, but suffice to say that with the benefit of hindsight, I think that I was afraid. I did not want to think about what psychoanalysis seemed to be pushing me towards. Put more simply, I did not want to think about the less palatable aspects of myself. Instead, I conveniently hid behind facile academic criticisms and allied myself with Freud's fiercest opponents. As a psychologist, this was all too easy to do. I was reared on a diet of behaviourism and empiricism spiced up with the odd rat or mouse finding its way round a labyrinth. Psychoanalysis and the unconscious were anathema. Along with other critics, I simply found myself resurrecting Freud only to then admonish him.

My initial resistance towards psychoanalysis has since given sway to a passionate engagement with it. My interest was first fuelled by an excellent teacher and it grew as a result of my personal experience of being in analysis. Although I have trained in other therapeutic modalities and make use of them, I keep coming back to psychoanalysis as it is what I find sustains me the most in my clinical work. I nevertheless struggle with aspects of psychoanalytic theory and practice. More to the point, my criticisms relate to the inward-looking attitude and the tribal mentality all too prevalent in psychoanalytic institutions. But my aim in this book is not to dwell too much on the problematic aspects of psychoanalysis as a theory or as an institution; rather I want to share those analytic understandings that have enriched my work as a clinician. I feel professionally enriched by the application of psychoanalysis to an understanding of the mind and of psychological problems. This is why I think Freud should be laid to rest in peace. No one can ever get everything right. We treat Freud as if he were a father figure, but we forget that no parent is ever perfect. We expect so much of him that he can only disappoint. Perhaps, the most we can conclude is that even though Freud was wrong about some of his hypotheses, we cannot escape the hallmark of his thinking. It pervades our language and the way we make sense of our emotional life. Whether we consciously acknowledge it or not, we see the world through Freudian lenses.

When Freud is not standing accused, he has been embalmed, hailed as a genius who revolutionised our understanding of ourselves and "... democratised genius by giving everyone a creative unconscious" (Rieff, 1961: 36). Amongst those who are partisan to psychoanalysis, there are the zealots who seem to forget that embalming Freud is not the same as keeping him alive in our minds in a creative way that allows for change and revision (Olivier, 1989). It is the spirit of Freud's endeavour, his willingness to confront our darker side and ask uncomfortable questions,

that we need to retain, but not necessarily the answers that he found. The only way that we have of keeping the spirit of Freud alive is to take his observations further with the help of the method of enquiry he developed – analysis – but without the phobic avoidance of other methods of enquiry such as empirical research. If psychoanalysis is to survive external criticism, its supporters also need to approach it critically. Psychoanalysis will withstand our criticism as long as our criticism is not, in fact, an unconscious attack on whatever psychoanalysis represents for us at that moment, in which case, in our minds at least, it will then destroy it.

The schisms that abound within the psychoanalytic world between those who support different schools of psychoanalysis do little to help psychoanalysis retain the strong presence it deserves amongst the sciences of the mind. I want to make it clear that I do not wish to discourage dissenting voices or differences, as these are vital to the evolution of ideas. A difference is not in itself a value judgement; it simply is. What we do in our minds with a perceived difference is another matter. The neglect of attachment theory within psychoanalysis until comparatively recently comes to mind as one of many examples of how prejudices rather than rational argument can exclude a body of theory that is highly relevant to psychoanalysis.

The best scientists are those who are ironic enough in their pursuit of truth to realise that there will be another scientist around the corner who will take their theories further and possibly disprove them. But it is also perhaps necessary that in the pursuit of knowledge, those who seek it do so with passion. Passion is not a crime, though it can lead us down some blind alleys. Indeed, Freud himself pointed out to us the pitfalls of desire. Freud undoubtedly went down a few theoretical alleys that, with the benefit of a hundred years of hindsight, we can now see were unhelpful. But there is only one loser if we throw out the psychoanalytic baby with the bathwater – ourselves. This is because psychoanalysis, more than any other psychological theory, gets the measure of us by focusing squarely both on our desire and our destructiveness.

SEX, DEATH AND LIES

Psychoanalysis touches a raw nerve: you either feel passionate about it or are suspicious of it, but it is rare to feel neutral about it. Psychoanalytic ideas arouse curiosity and interest, but they reliably also attract fierce opposition. There are several reasons for this mixed response. For a start,

until comparatively recently, there was a dearth of empirical evidence to support important psychoanalytic assumptions – a fact that, unfortunately, seldom reigned in the enthusiasm with which psychoanalytic practitioners themselves embraced their beliefs and presented them as the truth. This may be because, as Kirsner highlights:

Like religion, psychoanalysis asks big questions, and, like religion, is easily influenced and seduced by dogmatic answers to these difficult questions (2000: 9).

The core message of psychoanalysis is also hard to digest. Unlike humanistic theories that depict a view of human beings as essentially good but corrupted by the environment, psychoanalysis reflects back to us a rather unflattering picture: we are beings driven by sexual and aggressive urges, we are envious and rivalrous, and we may harbour murderous impulses even towards those whom we consciously say we love. This is a mirror that we would rather not look into.

At its core, psychoanalysis is about the vagaries of desire, our recalcitrant renunciations and the inevitability of loss. It shows us that we can be our own very worst enemy. As a movement, psychoanalysis may be besieged by theoretical splits, but everyone agrees on one thing: conflict is inevitable. Whichever way you look at it, someone somewhere is always missing something in the psychoanalytic drama. Psychoanalysis suggests that disillusionment and frustration are intrinsic to development. Within Freudian theory, renunciation is a necessary evil if society is to survive. Freud, the bearer of bad news, starkly reminded us that we simply cannot have it all our own way. The hard lessons begin at birth. As reality impinges on us, the experiences of frustration, disappointment, loss and longing make their entry into the chronicles of our existence. The reality is that the breast – that archetypal symbol of never-ending nourishment and care – eventually dries up. These very experiences, however painful, are those that have been singled out by psychoanalysis as privileged in our development towards adaptation to the so-called real world. Even if it were possible to create a situation in which our every need could be satisfied, this would not be desirable since it would not equip us with the resilience born of the endurance and survival of moments of frustration and disappointment. Our capacity to delay gratification, to withstand absence and loss, are hard-won lessons that challenge our omnipotent feelings while also reassuring us that we can face reality without being overwhelmed by the enormity of the task.

Psychoanalysis also challenges our preferred belief in conscious thought as the ultimate datum of our experience. Whether we acknowledge it or not,

most of us prefer to believe that what we see and experience accounts for all that is important in life. All too often we rely on our sense impressions and make little or no effort to probe deeper. Psychoanalysis, however, suggests that we are driven by conflicting thoughts, feelings and wishes that are beyond our conscious awareness but which nonetheless affect our behaviour – from behind the scenes, as it were. The possibility that we may not know ourselves undermines our wish for self-determination and casts a shadow over our preferred belief that we can control the future.

The notion of the unconscious is hard to digest not only because it suggests that we may not know ourselves but also because, even more provocatively, it proposes that we deceive ourselves and others. From the very start, psychoanalysis questioned the trustworthiness of human beings. It teaches us never to trust what appears obvious; it advocates an ironic, sceptical stance towards life and our conscious intentions. This is because, Freud suggested, we are beings capable of self-deception. Our mind appears to be structured in such a way that it allows for a part to be “in the know” while another part is not “in the know”.

The picture of human beings that we see through psychoanalytic lenses is a sobering one. Strive as we might to be in control of ourselves, psychoanalysis tells us that we will never be wholly successful in this endeavour. Strive as we might to be happy and to overcome our conflicts, psychoanalysis tells us that conflict is an inescapable part of life. It reminds us that the best we can hope for is to find ways of managing, not eradicating, the conflict that is an inherent part of what it means to be human – and that will be £50 per session, thank you very much. At a glance, the psychoanalytic sound bites do not make for good PR. Freud’s original views and those of his followers indeed continue to arouse passionate debates and schisms. Yet, their influence on our thinking about the mind is very much apparent. The question is whether their influence will endure. To a large extent, this will depend on the willingness of psychoanalytic practitioners to engage in a dialogue with other related fields of enquiry.

RESEARCH AND SCIENCE: FRIEND OR FOE?

Psychoanalytic thinking has vibrancy and depth. It is, in my opinion, the most intellectually satisfying view of the mind. Yet, psychoanalysis is in crisis, which is not to say that this is a fact widely recognised within the psychoanalytic community (see Fonagy *et al.*, 1999). To a lay audience, and even to some well-versed in psychoanalytic assumptions,

the psychoanalyst is often seen as the one peddling ideas that are best laid to rest. The continued use of obscure or vague concepts with little or no evidence to back them and psychoanalysis' overall resistance to change do little to improve this image. Attempts to expose analytic ideas and the practice of psychoanalytic approaches to scientific evaluation are sometimes viewed with suspicion by some psychoanalytic clinicians. Psychoanalysis has traditionally adopted an arrogant attitude even towards other therapeutic models. At best, they are tolerated. At worst, they are regarded with a degree of contempt that perhaps masks a fear of the "other". A colleague once humorously captured this fear as she described psychoanalysis' view of cognitive behaviour therapy (CBT) as "Darth Vader's therapeutic arm". To be fair, psychoanalysis too is regarded by some CBT therapists in an equally irrational manner.

The historical insularity of psychoanalysis and its inward-looking attitude have meant that until comparatively recently, it has lacked the kind of perspective that tempers omnipotence. Although research in psychoanalysis is ongoing, it is by no means yet a well-integrated activity within its own field. Psychoanalytic therapy trainings, on the whole, teach psychoanalytic ideas with little more than token reference to research, viewing the latter as largely redundant to an understanding of the mind or the practice of psychotherapy.

Psychoanalytic theory has traditionally evolved around the hearsay evidence of the treating therapist. As each therapist accumulates the so-called evidence, it becomes the grounds for establishing the truthfulness of psychoanalytic assumptions on the basis of a well-known logical error, namely, the argument of past co-occurrence. This refers to the logical fallacy of assuming that if it's happened once before, for example, if a patient expressed his anger by turning it into depression, and if this same pattern is observed again, this means that the theory is correct, that is, depression is anger turned inwards. This argument is compelling but it has little probative value. Generally speaking, as clinicians we find it hardest to identify negative instances when the patient's reaction is *not* as we would have hypothesised it to be on the basis of the specific hypotheses or theories that guide our work.

Psychoanalysis has remained for far too long shrouded in mystery, the province of a privileged few, hermetically sealed-off from other fields of enquiry, which, as the current interest in neuroscience is now proving (e.g. Kaplan-Solms & Solms, 2000), could help support key psychoanalytic

assumptions. The response of a significant proportion of the psychoanalytic community has, however, been negative to neuroscience though this perspective is in keeping with the spirit of Freud's original project.

The prevailing attitude to empiricism has been equally questionable as if to invite science into the debate about the validity of analytic theories, or the effectiveness of psychoanalysis, is equivalent to selling its soul to the devil. To argue, as some psychoanalytic clinicians do, that psychoanalysis is not a science and that it is therefore meaningless to evaluate it by the standards of other scientific endeavours merely sidesteps a critical issue: if psychoanalysis and psychoanalytic therapy are treatments for psychological problems, we have a responsibility to ensure that we understand how they work and check if they are effective. I am far from being a diehard experimentalist: if psychoanalysis only claimed to be a philosophy, for example, experimental validation would not be an issue. Heidegger's or Nietzsche's views about human nature are important and help us think about ourselves and our lives. But neither Nietzsche nor Heidegger set themselves up to formally treat psychological problems, though they have a great deal to say about human nature that is enlightening. It is because psychoanalysis claims to be a treatment for psychological problems and it seeks public funding for its provision that we have a responsibility to evaluate its effectiveness notwithstanding the limitations of the methodologies currently available to us.

Having criticised psychoanalysis' ambivalent relationship to science, it is also worth mentioning the somewhat narrow-minded conceptualisation of science espoused by the critics of psychoanalysis. The debate about the scientific status of psychoanalysis is by now well worn and circular. As Fonagy reminds us:

Many disciplines are accepted as sciences, even if quantification is not instrumental and experiments are not possible to repeat as palaeontology. Newton's theory is not falsifiable. Moreover, it is evidence that beyond a certain point of generality a theory is not possible to "prove"; it can only be accepted or not as organising a wide array of facts (quoted in Fonagy *et al.*, 1999).

Science is all too often idealised as the only respectable path to knowledge. Yet, scientific endeavour is anything but neutral or dispassionate. Behind the statistics proving one theory and disproving another lie researchers fuelled by deep passions. This should not deter us, however, from exploring what may be helpful in the empirical tradition to the future of psychoanalysis.

Psychoanalysis allows us to make conjectures about the human mind. Many of these are hard to test empirically. Psychoanalytic concepts are

complex, but complexity is not a good enough reason to avoid operationalising our terms. There is little doubt – in my own mind at least – that psychoanalysis could try harder to operationalise its terms so that those gifted enough to find ingenious ways of researching concepts could do so more productively, and thereby provide an empirical base to psychoanalysis as a theory. In the absence of a more established empirical base, allegiances to particular theories develop because we are “grabbed” by an idea or because our psychoanalytic education has been conducted “in an atmosphere of indoctrination” (Kernberg, 1986: 799). The theories we subscribe to are then used to justify what we do with our patients.

If we approach psychoanalytic practice more soberly and openly, we have to confront two uncomfortable facts: what we are practising is based on cumulative clinical experience that may or may not translate into effective interventions, and what we are theorising might be a useful adjunct to clinical practice but it cannot be its epistemic justification. These problems, although infrequently articulated, become quickly apparent if you assemble a group of psychoanalytic clinicians, present them with the same case history and ask them to formulate the case and advise on how to intervene. What you are likely to get are several different interpretations of the same behaviour alongside varying degrees of uniformity of approach at the clinical level. Where there are differences of opinion as to how to intervene, there is no valid or reliable way of evaluating which intervention would be the most effective.

Needless to say, adopting a scientific, rigorous approach to one’s work does not necessarily entail personally engaging in research trials. However, I firmly believe that it is incumbent on all therapists, psychoanalytic or otherwise, to regard being familiar with research as one of the responsibilities inherent in our professional role. If you are in any doubt about this, ask yourself what your expectations would be of a doctor. Would you trust his recommendations knowing that he was only well read on a few doctors who practised a hundred years ago, or if he could not answer you in an informed manner about why he was opting for one procedure over another or could not tell you if his chosen intervention had been shown to be effective? Let us not forget that psychotherapy is a powerful tool, all the more so because we as yet understand so little about how it works.

Our relative ignorance about therapeutic action is well hidden away in many texts on psychoanalytic theory and practice. In the analytic literature, it is not uncommon to find ideas or techniques supported by beliefs presented as facts rather than evidence. This, however, need not be the case. Although we are still short of evidence, some psychoanalytic ideas have

received empirical support. Moreover, even if we do not yet fully understand which interventions lead to psychic change, there have nevertheless been some helpful indicators emerging from the research literature.

Given the relative paucity of research on the effectiveness of specific psychoanalytic interventions, this book would be on the thin side if I restricted myself to presenting only those techniques supported by research. Incidentally, this would also be the case for a book on other types of psychotherapy. The fact that CBT has received good support from the psychotherapy outcome literature does not imply that we know which key interventions make a difference. If anything, what research suggests is that some of the key interventions associated with good outcome are those techniques that are traditionally associated with psychoanalytic practice. (see Chapter 1).

APPROACHING PSYCHOANALYSIS IN THE CONSULTING ROOM

Teaching a structured and evidence-based therapy often guarantees a happy, and usually grateful, group of students. By the end of the teaching session, they feel they have “something to take away” that will help them when they face their patients the following day. Teaching psychoanalytic therapy is a more uncertain and risky enterprise. Students often feel overwhelmed by this therapeutic approach, which, unlike many others, has the potential to evoke such anxiety that it paralyses otherwise able practitioners. Faced with the lack of structure or agenda for a therapeutic session, they are unsure about what to say to the patient. The anxiety arises not only because the psychoanalytic approach does not have the reassuring structure found in CBT approaches, for example, but also because it is an approach that encourages therapists to address unconscious forces in their patients as well as in themselves – an undertaking that we all at best approach with a measure of dread.

Unlike CBT, the psychoanalytic approach is harder to specify and to teach at the level of skills. Scattered throughout the literature, we find “rules of technique” (especially within the Freudian classical tradition), but these are at best general guidelines that provide little reassurance when faced with a challenging patient who does not do what they are supposed to. Psychoanalytic trainings aim largely at imparting an “attitude” or a mode of thinking and receptivity, which defies the operationalisation of skills that many students anchor for.

As if the ethereal quality of the psychoanalytic attitude were not intangible enough for the fledgling psychoanalytic practitioner, the picture is further

complicated by virtue of the sheer diversity of psychoanalytic theories that are often at odds with each other, along with the technical recommendations that are advocated. As we have seen, because psychoanalytic therapists have traditionally been research-shy, rival theories have coexisted without any attempts to establish their respective validity. Likewise, for the techniques that are used. For a newcomer to the field, it becomes difficult to decide in a rational manner which theory to follow and how to apply it in the consulting room. This difficulty is further compounded by the absence, as Fonagy suggests:

[of] any kind of one-to-one mapping between psychoanalytic therapeutic technique and any major theoretical framework. It is as easy to illustrate how the same theory can generate different techniques as how the same technique may be justified by different theories. (1999a: 20).

Theory does not neatly translate into practice. Freud or Melanie Klein's ideas may be inspiring, but putting them into practice is a tall order. Students, panic-stricken, might well ask, "So, the patient is attacking me because they are envious of me. What do I *say* now?" Knowing what to say and whether to say it is enough to generate such anxiety that an alternative option, say of asking a patient to keep a diary of his negative automatic thoughts, is a welcome oasis of certainty.

Sitting in a room with experienced psychoanalytic therapists might only serve to enhance the students' anxiety: theoretical orientation does not promise uniformity of therapeutic approach. In Britain, Freud's ideas eventually evolved into three divergent theoretical schools, namely, the Contemporary Freudians, the Kleinians and the Independents. Whilst the three groups subscribe to different theoretical perspectives, the within-group differences at the level of practice are sometimes as striking, if not more so, than the between-group differences. Amongst therapists who hold theoretically divergent points of view, the differences at the level of their interventions may also sometimes be hard to gauge. Nowadays, you would be hard pressed to accurately categorise therapists, in terms of their primary theoretical allegiances, on the basis of their reported practice alone. It is possible, for example, to *caricature* Kleinians as working in the "here-and-now" more than Freudians, but in Britain many people who consider themselves to be Contemporary Freudians also focus on the "here-and-now" systematically. Furthermore, at times one could be forgiven for gaining the impression that some therapists operate on the basis of idiosyncrasies that are more reflective of personality variables than any theory that they align themselves with.

It is notoriously the case that therapists' public theories do not always match what they actually do with their patients. I am not suggesting that therapists are consciously preaching one thing and practising another. Rather, this apparent disjunction between theory and practice points to a more endemic problem that is seldom addressed, but has been cogently exposed by Fonagy (1999a). He argues that when it comes to the relationship between theory and practice, we all make a fundamental logical error: we assume that theory has a deductive role. Fonagy suggests, however, that its role is purely inductive, that is, theory helps us to elaborate clinical phenomena at the level of mental states; it does not allow us to deduce what we should be doing clinically. Psychoanalytic technique has arisen largely on the basis of trial and error rather than being driven by theory. Freud arrived at his technical rules on the basis of experience, and sometimes it would appear that his practice never matched the rules he wrote about (see Chapter 3). Currently, clinical theory is independent from any metapsychology. If psychoanalysis as a treatment modality is to develop, we need to be aware that what we do with our patients does not flow logically from the metapsychology we subscribe to.

THE FUTURE: PSYCHOANALYSIS, RESEARCH AND NEUROSCIENCE

For many years, I am ashamed to admit, any word prefixed by "neuro" was enough to turn me into an "anti-brain" demonstrator. Biology and neuropsychology, I then believed, were irrelevant to an understanding of the human mind. I viewed them as reductionistic attempts that neglected the meaning and affective experiences that I was grappling with in my clinical work and within myself. I situated myself comfortably in the hermeneutic tradition, believing that psychoanalysis was, at the core, about finding meaning and that this had nothing to do with scientific testing or brain anatomy. Indeed, psychoanalysis is, amongst other things, about interpreting meaning. But it has never contented itself with this. Psychoanalytic theories are not simply evocative narratives: they expound universal claims about mental events. If psychoanalysis makes universal claims, it has to buttress them with evidence in order to be taken seriously. If, on the other hand, we shy away from this challenge and argue that all that psychoanalysis is about is the creation of more or less helpful narratives, psychoanalysis abandons finding answers to the questions that Freud initially posed. This, to my mind, would be our loss.

I now write this book in the firm belief that to survive, psychoanalysis has to learn from other disciplines and has to engage in a dialogue with

them to acquire new methodologies so as to assist us with the testing of some of its ideas. In particular, it needs to engage in a dialogue with biology and cognitive neuroscience (Kandel, 1999). I now appreciate that to focus on the neurobiology of the mind does not mean that we reduce it to something that can ever be fully known objectively, thereby making psychoanalysis redundant. Neurobiology, for example, will never be able to give us another person's experience of an image or an emotion (Damasio, 1999). We may all look at the same picture, but we will each generate the experience according to our own unique developmental histories.

A dialogue between psychoanalysis and the neurosciences is evolving (e.g. Solms & Turnbull, 2002). Nowadays, it is becoming more commonplace for discussions about the aetiology of psychopathology to give due consideration to both genetic and experiential factors. This was indeed Freud's own view. In order to keep psychoanalysis firmly on the map, it will increasingly need to examine from a psychoanalytic *and* a neuroscience perspective the range of phenomena that we subsume under the term *unconscious*. Even though we do not currently have an intellectually satisfactory biological understanding of any complex mental processes, Kandel (1999) argues that biology can nonetheless help us to delineate the biological basis of various unconscious processes, of the role of unconscious processes in psychopathology and of the therapeutic effects of psychotherapy.¹

It is true that there is no simple and straightforward relationship between psychoanalysis and neuroscience. Psychoanalysis discusses highly complex psychic processes that do not neatly map onto current knowledge in neuroscience. However, the attempts to bridge the gap that has existed for far too long are laudable: it is not about reducing psychoanalytic concepts to neurobiological ones; it is about recognising that "agendas overlap even if they are not identical" (Kandel, 1999).

A FEW WORDS ABOUT PSYCHOANALYTIC KNOWLEDGE AND FACTS

One of the most commonly voiced criticisms of psychoanalytic therapists when viewed from the vantage point of other more explicitly collaborative forms of psychotherapy is that the psychoanalytic therapist approaches her

¹In the long term, it may be possible to track the therapeutic process by imaging the patient's hippocampus and seeing what degree of anatomical changes correlate with an involvement in psychotherapy.

work with unwarranted certainty. In discussions about psychoanalysis, I have often heard students argue that psychoanalytic therapists assume that they can know the mind of a patient better than the patient himself and that this cannot be possible. They caricature the way in which the psychoanalytic therapist always takes the patient's "no" to mean "yes" at an unconscious level. They argue that the notion of a dynamic unconscious is a license for abuse: the therapist can always invoke an unconscious motivation not yet known to the patient to prove the correctness of her interpretation. They condemn psychoanalysis on account of the imbalance of power in the therapeutic relationship. Of course, there is truth in some of these accusations, in some instances. However, behind these well-articulated criticisms often lies our own muddled relationship to so-called truth or knowledge and to our own professional competence. In setting ourselves up to treat those in emotional distress, we both implicitly claim to be in a position to help and, therefore, to presumably know something about the mind, and in one fell swoop, we deny that we can ever *really* know anything.

Whilst some psychoanalytic clinicians all too often err on the side of omnipotence in their claims to knowledge, since the rise in deconstructionist perspectives, many therapists err perhaps too much on the side of a denial of knowledge. I have digested some of the post-modern critiques of psychoanalysis and have found them to offer a salutary reminder of how facts can become overvalued, of how seductive the search for truth is and of how something more elusive, yet vitally important about the nature of psychic pain, can get lost in the search for certainty or truth. I have also found that such accounts foster a degree of denial. Although truth can never be anything but partial and elusive, some facts do exist. Our work is to help patients manage uncertainty, but it is also about helping them to develop the emotional resilience to know some facts about themselves. I have in mind here "facts" such as one's aggression and one's corporeality.

If we deal in nothing other than life narratives that can be re-written, does it follow that any story is potentially useful to the patient? If this is not the case, are we then not saying that some stories are perhaps more adaptive² than others? And if we are saying that there are more adaptive stories, then are we not also saying that we know something about what helps people live more fulfilling lives?

²That a story might be more adaptive does not make it the truth. I am merely wishing to point out that we never approach all stories as equivalent. In our work with patients, whatever our model of therapy, we are burdened by assumptions about what helps create more satisfying relationships.

To be truly responsible practitioners, we need to own what we know and be clear about our own professional competence. We need to be open to what we do not know and bear this without elevating our uncertain knowledge into a virtue that disguises muddled thinking and sometimes sheer incompetence. If we assume the title “psychotherapist”, we are taking on a particular responsibility to know something about the mind. My impression is that sometimes we shy away from our own knowledge and competence because we are actually shying away from the inevitable dynamic that exists in any therapeutic encounter, namely, the asymmetry between therapist and patient. This asymmetry or imbalance is uncomfortable. The patient is vulnerable whilst the therapist, at least in the therapeutic situation, is there to help him on account of the knowledge that she has acquired with respect to the functioning of the human mind. It is our responsibility to invite the patient to examine critically the power he wishes to attribute to us rather than taking it at face value, or avoiding an uncomfortable exploration about this by setting up the therapeutic relationship in such a way that it pretends that there are no differences between therapist and patient.

There is a difference, which is often blurred in our minds, between authoritative competence and authoritative dominance (Novick & Novick, 2000). There is an important distinction to be made between having knowledge and the use we make of it. The challenge for us is to find a psychic stance congruent with the knowledge and experience we do possess, and which bestows upon us the onerous task of helping another person make sense of their unconscious whilst not abusing the inevitable asymmetry that all such professional relationships entail. If we know something, we have to bear what our knowing means to the patient and thus be receptive to his potential envy and hostility or to his longing to be passively understood, thus renouncing using his own mind. We can only achieve this if we can own what we know and manage the uncertainty born of what we do not know.