

Fundamentals of Psychoanalytic Technique

Listening and Hearing

Freud remarked that there is perhaps a kind of speaking that is worthwhile precisely because up until now it was merely interdicted—which means spoken between, between the lines. That is what he called the repressed.

—Lacan (1974–1975, April 8, 1975)

THE PSYCHOANALYST'S first task is to listen and to listen carefully. Although this has been emphasized by many authors, there are surprisingly few good listeners in the psychotherapeutic world. Why is that? There are several reasons, some of which are primarily personal and others of which are more structural, but one of the most important reasons is that we tend to hear everything in relation to ourselves. When someone tells us a story, we think of similar stories (or more extreme stories) we ourselves could tell in turn. We start thinking about things that have happened to us that allow us to "relate to" the other person's experience, to "know" what it must have been like, or at least to imagine how we ourselves would have felt had we been in the other person's shoes.

In other words, *our usual way of listening is centered to a great degree on ourselves*—our own similar life experiences, our own similar feelings, our own perspectives. When we can locate experiences, feelings, and perspectives of our own that resemble the other person's, we believe that we "relate to" that person: We say things like "I know what you mean," "Yeah," "I hear you," "I feel for you," or "I feel your pain" (perhaps less often "I feel your joy"). At such moments, we feel sympathy, empathy, or pity for this other who seems like us; "That must have been painful (or wonderful) for you," we say, imagining the pain (or joy) we ourselves would have experienced in such a situation.

When we are unable to locate experiences, feelings, or perspectives that resemble the other person's, we have the sense that we do *not* understand that person—indeed, we may find the person strange, if not obtuse or irrational.

When someone does not operate in the same way that we do or does not react to situations as we do, we are often baffled, incredulous, or even dumbfounded. We are inclined, in the latter situation, to try to correct the other's perspectives, to persuade him to see things the way we see them and to feel what we ourselves would feel were we in such a predicament. In more extreme cases, we simply become judgmental: How could anyone, we ask ourselves, believe such a thing or act or feel that way?

Most simply stated, *our usual way of listening overlooks or rejects the otherness of the other*. We rarely listen to what makes a story as told by another person unique, specific to that person alone; we quickly assimilate it to other stories that we have heard others tell about themselves or that we could tell about ourselves, overlooking the differences between the story being told and the ones with which we are already familiar. We rush to gloss over the differences and make the stories similar if not identical. In our haste to identify with the other, to have something in common with him, we forcibly equate stories that are often incommensurate, reducing what we are hearing to what we already know.¹ What we find most difficult to hear is what is utterly new and different: thoughts, experiences, and emotions that are quite foreign to our own and even to any we have thus far learned about.

It is often believed that we human beings share many of the same feelings and reactions to the world, which is what allows us to more or less understand each other and constitutes the foundation of our shared humanity. In an attempt to combat a certain stereotype of the psychoanalyst as a detached, unfeeling scientist rather than as a living, breathing human being, certain practitioners have suggested that the analyst should regularly empathize with the analysand, highlighting what they have in common, in order to establish a solid therapeutic alliance. Although these practitioners have a number of good intentions (for example, to debunk the belief in the analyst's objectivity), expressions of empathy can emphasize the analyst's and analysand's shared humanity in a way that whitewashes or rides roughshod over aspects of their humanity that are unshared.²

¹ This is true of most forms of identification: Certain facets of things or experiences must almost always be effaced or ignored in order for an identity to be established between any two of them. As Casement (1991, p. 9) put it, "the unknown is treated as if it were already known."

² Freud (1913/1958, pp. 139–140) recommended that the analyst show the analysand some "sympathetic understanding." However, he did not mean by this that we should profess to be like the analysand or that we should agree with him or believe his story, but that we should show that we are very attentive, listening carefully, and trying to follow what he is saying (the German term he uses, *Einfühlung*, is often translated as *understanding*, *empathy*, or *sensitivity*). Margaret Little (1951, p. 35) astutely asserted that "The basis of empathy . . . is identification." My viewpoint here is diametrically opposed to that

I would propose that the more closely we consider any two people's thoughts and feelings in a particular situation, the more we are forced to realize that there are greater differences than similarities between them—we are far more different than we tend to think!³ In any case, the alliance-building supposedly accomplished by an empathic response on the analyst's part (like "that must have been painful for you," in response to what the analyst believes must have been a trying life event, say the break-up of a long-term relationship) can be accomplished just as easily by asking the analysand to describe his experience ("what was that like for you?"), which has the advantage of not putting words in the analysand's mouth (see Chapter 2). In the work I do supervising psychotherapists of many ilk, I find that the comments that are most often intended by the therapist to be empathic and to foster in the patient a sense of being "understood" generally miss the mark, the patient responding, "No, it wasn't painful. Actually, it was a lot easier than I thought—I never felt better!" The analyst who succumbs to the temptation to respond empathically

of those who believe, like McWilliams (2004, p. 36), that "the main 'instrument' we have in our efforts to understand the people who come to us for help is our empathy" and who are convinced, like Heinz Kohut (1984, p. 82), of the analyst's ability to employ "vicarious introspection," "the capacity to think and feel oneself into the inner life of another person." Lacan (2006, p. 339) suggested that analysts' invocations of empathy often involve "connivance." The fact is that for an analyst to think or feel herself "into the inner life" of an analysand, she must ignore all the ways in which they are different, all their obviously nonoverlapping particularities—in other words, she must fool herself into believing they are fundamentally alike, lopping off any and all difference. But A can be said to be equal to A only in mathematics.

I myself have heard a wide variety of conflicting accounts of what empathy is (the philosophical and psychoanalytic traditions provide many vastly different definitions of it). I have even once heard it said that the empathic thing to do on certain occasions is to show no empathy—when, for example, a patient would take it as a sign of paternalism or condescension, something which, let it be noted, usually cannot be known in advance (such was the case of Marie Cardinal in *The Words to Say It*, 1983; see especially pp. 27–28). It seems to me that proponents of empathy in therapy are forced to engage in serious conceptual acrobatics to justify its applicability in all cases.

³This is one of the many places where I differ radically in viewpoint from someone like McWilliams (2004, p. 148), who proffered, "we are all much more similar than we are different as human beings," although she tempered this point of view later on in her book (p. 254). Malan (1995/2001) made the same assumption when he argued that:

One of the most important qualities that psychotherapists should possess . . . is a *knowledge of people*, much of which may come not from any formal training or reading but simply from personal experience. Which of us has not experienced, in ourselves or those close to us, the potential dangers of apparently innocent triangular situations; or the use of tears not merely as emotional release but an appeal for help? (p. 3)

The fact is that *many people* have not experienced the things he mentions. In my view, identifying with or trying to see ourselves as similar to people who are different from us (racially, culturally, linguistically, denominationally, socioeconomically, sexually, or diagnostically) does not help us understand or assist them.

often finds that she is actually not on the same page as the analysand at that precise moment.⁴

In effect, we can understand precious little of someone's experience by relating it or assimilating it to our own experience. We may be inclined to think that we can overcome this problem by acquiring much more extensive experience of life. After all, our analysands often believe that we cannot understand them unless we look old and wise, unless we seem right from the outset to have had a good long experience of life. We ourselves may fall into the trap of thinking that we simply need to broaden our horizons, travel far and wide, and learn about other peoples, languages, religions, classes, and cultures in order to better understand a wider variety of analysands. However, if acquiring a fuller knowledge of the world is in fact helpful, it is probably not so much because we have come to understand "how the other half lives" or how other people truly operate, but because we have stopped comparing everyone with ourselves to the same degree: Our frame of reference has shifted and we no longer immediately size everyone else up in terms of our own way of seeing and doing things.

In the early days of my psychoanalytic practice, a woman in her fifties came to see me and tearfully told me a story about how she had gotten married, divorced, and later remarried to the same man. I was quite incredulous, thinking at the time that this sort of thing only happened in Hollywood, and must have had a surprised or bewildered look on my face. Needless to say, the woman felt I was being judgmental and never came back. She was right, of course: I was trying to imagine myself in her shoes and found it quite impossible or at least unpalatable.

Our usual way of listening is highly narcissistic and self-centered, for in it we relate everything other people tell us to ourselves. We compare ourselves to them, we assess whether we have had better or worse experiences than they have, and we evaluate how their stories reflect upon us and their relationship with us, whether good or bad, loving or hateful. This, in a word, is what Lacan refers to as the *imaginary* dimension of experience: The analyst as listener is constantly comparing and contrasting the other with herself and constantly sizing up the other's discourse in terms of the kind of *image* it reflects back to her—whether that be the image of someone who is good or bad, quick or

⁴ Consider the first definition of empathy given by *Webster's Third New International Dictionary* (unabridged): "the imaginative projection of a subjective state, whether affective, conative, or cognitive, into an object so that the object appears to be infused with it: the reading of one's own state of mind or conation into an object." If one is to express some empathy regarding what the analysand himself has described as a very tough situation, it is often enough to give the analysand a compassionate look or register that one has heard what he is saying with a warmer than usual "hmm" that is not inflected as a question.

slow, insightful or useless. The imaginary dimension concerns images—our own self-image, for example—not illusion per se (Lacan, 2006, pp. 349–350).⁵

When operating in the imaginary dimension of experience, the analyst is focused on her own self-image as reflected back to her by the analysand and hears what the analysand says only insofar as it reflects upon her. Her concern here is with what the analysand's discourse means to her and what it means about her.⁶ Is he angry at her? infatuated with her? Is he depicting her as intelligent, trustworthy, and helpful or as dense, untrustworthy, and unhelpful? When he is ostensibly complaining about his mother, the analyst wonders whether he is not in fact leveling his criticism at her, she wanting to be seen as the good mother, not the bad mother. When he is discussing his grades, his GRE scores, or his income, the analyst is mentally comparing her own grades, scores, and income with his.

Listening for all this makes the analyst constitutionally incapable of hearing a great many things that the analysand says—first and foremost slips of the tongue, which, as they are often nonsensical, do not immediately reflect upon the analyst and thus are generally ignored by her. When the analyst is operating primarily within the imaginary dimension or register, everything that cannot

⁵Even Winnicott (1949, p. 70), whose perspectives are generally so different from Lacan's and my own, says of patients that they "can only appreciate in the analyst what [they themselves are] capable of feeling. In the matter of motives, the obsessional will tend to be thinking of the analyst as doing his work in a futile obsessional way." He goes on to say similar things of patients in other diagnostic categories. The same is obviously true of analysts-in-training and of many more experienced analysts as well when they listen to their patients.

Curiously enough, even some psychodynamic therapists recommend making use of this narcissistic way of listening rather than encouraging us to listen in some other way. Malan (1995/2001, p. 26), for example, recommended that the therapist "use his knowledge of his own feelings in a process of identification with the [patient]; to know not only *theoretically* but *intuitively* what [is] needed." He further claimed that "the psychiatrist needs to identify himself with the patient and try to see what he himself would feel in the same situation" (p. 28). This approach bears a curious affinity to something described in Edgar Allan Poe's *The Purloined Letter* (1847/1938), in which a boy is able to beat all of his classmates in the game of "even or odd" (perhaps better known as "odds or evens" or "one strikes three shoot") by trying to identify with the level of intelligence of his opponent, trying to make his own face take on the same look of relative intelligence or stupidity as his opponent's face, and thereby guessing whether the other person will simply switch from even to odd or whether he will do something more complicated. This strategy involves nothing more than what Lacan (2006, p. 20) called the purely *imaginary* dimension of experience.

⁶Many people at first read psychoanalytic literature in much the same way, looking primarily to understand themselves as they read about theory and about others' analyses. As noted in Chapter 7, analysts who privilege the interpretation of transference try to make a virtue of this vice. Gill (1982) approvingly mentioned Lichtenberg & Slap (1977) who:

... argue that within the analytic situation the analyst is always "listening" to how the analysand is experiencing him (the analyst). In other words, no matter what the apparent focus of the patient's remarks or evasions is, "one or (usually) more aspects of the patient's sense of himself interacting with his environment invariably has relevance to his relation with the analyst." (p. 72)

easily be compared with her own experiences (her own sense of self—in short, her own “ego,” as I shall use the term) goes unattended to and, indeed, often remains simply unheard.⁷ Since only things that are more or less immediately meaningful can be so compared, whatever is not immediately meaningful or comprehensible—slurs, stumblings, mumbling, garbled speech, spoonerisms, pauses, slips, ambiguous phrasing, malapropisms, double and triple entendres, and so on—is set aside or ignored. Whatever does not fall within her ken, within her own universe of experience, is overlooked or disregarded.

This essentially means that *the more the analyst operates in this imaginary mode, the less she can hear*. Our usual way of listening—both as “ordinary citizens” and as analysts—primarily involves the imaginary register and makes us rather hard of hearing. How, then, can we become less deaf?

Deferring Understanding

Within himself as well as in the external world, [the analyst] must always expect to find something new.

—Freud (1912b/1958, p. 117)

The unconscious shuts down insofar as the analyst no longer “supports speech,” because he already knows or thinks he knows what speech has to say.

—Lacan (2006, p. 359)

If our attempts to “understand” ineluctably lead us to reduce what another person is saying to what we think we already know (indeed, that could serve as a pretty fair definition of understanding in general),⁸ one of the first steps we must take is to *stop trying to understand so quickly*. It is not by showing the

⁷Lacan (2006, p. 595) referred to this as the “dyadic relation,” by which he meant that the analytic relationship is construed in such cases as nothing more than a relationship between two egos.

A supervisee of mine once let a patient break off his therapy after a slight lifting of his deep depression. When I asked her why she had not tried to keep him in therapy to see if his depression could be further dissipated, she explained that it seemed to her that there were good reasons to think life depressing— isn’t some depression, she retorted, a sensible response to life in our times? I pointed out to her that, regardless of her theoretical perspective on the matter, she seemed to be assuming that her patient’s reasons for being depressed were the same as hers (or what she believed to be hers), when his might well have been entirely different from hers. In comparing his reasons to her own, she was excluding or failing to hear the ways in which they potentially differed. See Lacan’s (1990) highly original take on sadness and depression as a moral failing or moral weakness, at times going as far as a “rejection of the unconscious” (p. 22), which is equivalent in this context to foreclosure (see Chapter 10).

⁸“To explain a thing means to trace it back to something already known” (Freud, 1900/1958, p. 549; see also Freud, 1916–1917/1963, p. 280). Patrick Casement (1991, pp. 3, 8–9) said much the same

analysand that we understand what he is saying that we build an alliance with him—especially given the fact that our attempts to show him that we understand often fall flat and demonstrate the exact opposite—but, rather, by listening to him in a way that he has never been listened to before. Since “the very foundation of interhuman discourse is misunderstanding” (Lacan, 1993, p. 184), we cannot rely upon understanding to establish a solid relationship with the analysand. Instead, we must “exhibit a serious interest in him” (Freud, 1913/1958, p. 139) by listening in a way that demonstrates that we are paying attention to what he says in a fashion hitherto unknown to him.

Whereas most of those who have listened to him in the past have allowed him to speak only briefly and then responded with their own stories, perspectives, and advice,⁹ the analyst allows him to speak at great length, interrupting him only to ask for clarification about something he said, for further details about something, and for other similar examples. Unlike most of those who have listened to the analysand before, the analyst takes note of the fact that the analysand used the exact same words or expressions to characterize his wife early in the session and his grandmother half an hour—or even several sessions—later. If she focuses on what the analysand’s discourse means about her, she cannot so easily remember many of the particulars of what the analysand says, whether they concern the analysand’s early life events, brothers’ and sisters’ names, or current relationships.

The less the analyst considers herself to be targeted by the analysand’s discourse, and the less she concerns herself with how that discourse reflects upon her, the more of it she will be able to remember quite effortlessly.¹⁰ (I generally take it as a bad sign when an analyst can only summarize in her own words what the analysand said and cannot remember any of it verbatim.) The less she uses herself as the measure of all things in the analysand’s discourse, the more easily she can approach the latter on its own terms, from its own frame of reference. It is only in this way that she can hope to explore the

thing and emphasized the importance of deferring understanding and “learning from the patient” how different he is from all those the analyst has encountered before, whether in the clinic or the literature.

⁹Regarding advice-giving, Lacan (1993, p. 152) said, “It’s not simply because we know too little of a subject’s life that we are unable to tell him whether he would do better to marry or not in such and such circumstances and will, if we’re honest, tend to be reticent—it’s because the very meaning of marriage is, for each of us, a question that remains open.”

¹⁰As Lacan (1968a, p. 22) put it, “If you allow yourself to become obsessed with what in the analysand’s discourse concerns you, you are not yet in his discourse.” This is one of the reasons why it is virtually impossible for an analyst to do psychoanalysis with a relative or close friend: It is not simply that the transference may sour relations between the analyst and the relative or friend (Freud mentioned that the analyst who takes a family member or friend into analysis must be prepared to permanently lose all friendly contact with that person), but that the analyst is likely to have difficulty listening in any mode other than the imaginary mode.

world as the analysand sees and experiences it, not from the "outside"—that is, by imposing her own way of functioning in the world, her own *modus vivendi*, on to the analysand—but to a greater or lesser degree from the "inside" (I am obviously employing such terms in a very approximate way here).¹¹

This does not mean that the analyst must ultimately come to see the analysand's world the way he himself sees it, for the analysand generally only sees a part of it, not wanting to see other parts of it, in particular those parts that he considers unsavory or finds unpleasant or repulsive.¹² Although she listens intently to the story as told by the analysand, she must not believe everything she hears, even if she is often best advised not to express a great deal of disbelief at the outset. In most cases, skepticism as to whether we are hearing the whole story—whether of a particular event or of the analysand's life in general—or just a carefully orchestrated rendition of certain parts of it should be introduced only gradually; otherwise, the analysand may get the impression that we do not believe anything he says and follow the all-too-common inclination to find someone who will. This may be especially important when the analysand is experiencing marital problems and has come primarily at the insistence of his wife; if he does not find at least a temporary ally in his analyst—someone who seems to believe at least much of his side of the story—he will likely flee in search of a practitioner who is willing to side with him.

On the other hand, an adolescent who is used to successfully duping adults is often better met with skepticism on the analyst's part right from the outset; should the analyst seem to be buying the story—that the adolescent has not, in fact, done anything wrong and is simply the victim of circumstances, for example—the analysis is likely to crash before it ever gets off the ground, so to speak. Early expressions of skepticism also make sense with people who have been in therapy before or who are already quite familiar with psychoanalytic theory.

In everyday discourse, we generally show other people that we are listening to what they are saying by nodding or saying "yes" or "yeah," all of which imply assent—that we agree, that we are buying the story we are being told. Analytic discourse, on the other hand, requires something different of us: It requires

¹¹Lacan (1976, p. 47) remarked, "I don't believe at all that there is an inner world that reflects the outer world, nor the contrary. I have tried to formulate something that indisputably assumes a more complicated organization."

¹²Indeed, were the story the analysand tells about his world the whole story, there would be nothing more to be said and nothing to be done about it, except perhaps taking some very practical action like leaving home or getting divorced. If the analysand is loath to take such action, it is probably related to something that he has left out of his rendition of the story.

us to show that we are listening intently without suggesting that we either believe or disbelieve what we are hearing.

The analyst also should eschew conventional ways of expressing attentiveness to what someone is recounting, such as saying "interesting" or "fascinating," as these comments are hackneyed and often suggest a condescending and distant perspective. They also suggest that the analyst thinks she understands what the analysand has said. Instead, she should cultivate a wide range of "hms" and "huhs" (not "uh-huhs," which have come to signify agreement, at least in American English) of various lengths, tones, and intensities, which can be used to encourage the analysand to go on with what he is saying, to further explain something, or simply to let the analysand know that she is following or at least awake and inviting him to continue. One of the advantages of such sounds is that their meaning is not easily identifiable and the analysand can thus project many different meanings onto any one particular sound.

For example, a "hmm" sound I occasionally make to indicate simply that I have heard something an analysand has just said is sometimes interpreted as a skeptical sound by an analysand who is not too comfortable with the perspective he has been propounding—that is, he believes I am calling his perspective into question. I often have had no such intent when making that particular sound, but the "hmm" is sufficiently ambiguous that an analysand who is suspicious of his own motives or perspectives can "hear" it as a request for him to explore the latter. He projects his own suspicions onto me, and his own suspicions can only come to the fore and be discussed when they are attributed to me first.

Given that the implicit rules of everyday conversation require that each party be allowed to speak in turn (however much these rules are violated by many of the people we encounter in everyday life!), the analyst must encourage the analysand to keep talking even when the usual conventions would require that the analysand give it a rest and let the analyst chime in. This means that the analyst's listening is not passive—indeed, it must be quite active. The analyst who gives the analysand little or no eye contact and/or who writes down virtually everything the analysand says is likely to provide scant encouragement of the analysand's speech. If the analyst is to engage the analysand in the analytic process, she herself must be anything but a detached, objective observer—she must manifest her own active engagement in the process. The more she is engaged, the more engaged the analysand is likely to feel—assuming, that is, that the analyst's engagement is of a certain open, interested, and encouraging type and not of a defensive, smothering, or self-disclosing type. One of my analysands occasionally says that during our sessions he has the sense that he

is "surfing on the waves of [my] 'hums' and 'huhs'"; he tends to comment on that particularly at moments when he feels that those waves are less abundant than usual—that is, when he feels that I am not listening as actively as usual.

This points to one way in which the "analyst's neutrality" is a myth—the analyst is anything but a neutral, indifferent, inactive figure on the analytic stage. Chapter 4 addresses this issue in more depth.

"Free-floating Attention"

As soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations or inclinations. This, however, is precisely what must not be done. In making the selection, if he follows his expectations he is in danger of never finding anything but what he already knows.

—Freud (1912b/1958, p. 112)

What does the analyst listen for? This question presumes that there is something *in particular* that the analyst should be listening for, whereas experienced analysts generally agree that no matter what they might expect to come out in any given analysis, they are always surprised by what they find. Freud (1912b/1958, p. 111) rightly recommended that we approach each new case as though it were our first, in the sense that we should presume nothing about what will transpire, employing "evenly-suspended attention," also known as "evenly hovering attention" or "free-floating attention," so that we will be able to hear whatever appears in the analysand's "free associations." "Free-floating attention" is what allows us to hear what is new and different in what the analysand says—as opposed to simply hearing what we want to hear or expect in advance to hear. We cultivate the practice of such attention (which is not at all easy to sustain) as part of our attempt to recognize the otherness of the other, the other's differences from ourselves.¹³

¹³Free-floating (or evenly hovering) attention is, as Freud (1912b/1958, p. 112) said and Lacan (2006, p. 471) reiterated, supposed to be the analyst's counterpart to the analysand's "free association." Yet one of the first things one notices as a practitioner is that the analysand's associations seem to be anything but free. The analysand finds himself obliged to dance circles around certain topics rather than go directly toward them, or to veer away from them altogether when the memories and thoughts associated with them are overly charged.

But what exactly is "free-floating attention"? It is not a kind of attentiveness that latches on to one particular statement the analysand makes and—in the attempt to etch it in one's mind, think it through, or connect it to other things—misses the analysand's next statement. It is rather an attentiveness that floats from point to point, from statement to statement, without necessarily trying to draw any conclusions from them, interpret them, put them all together, or sum them all up. *It is an attentiveness that grasps at least one level of meaning and yet hears all the words and the way they are pronounced as well, including speed, volume, tone, affect, stumbling, hesitation, and so on.*

Lacan (2006) ironized about certain analysts' search for a third ear (above all, Theodor Reik), with which to presumably hear an occult meaning, a meaning beyond the meanings that can already be found in the analysand's speech:

But what need can an analyst have for an extra ear, when it sometimes seems that two are already too many, since he runs headlong into the fundamental misunderstanding brought on by the relationship of understanding? I repeatedly tell my students: "Don't try to understand!" . . . May one of your ears become as deaf as the other one must be acute. And that is the one that you should lend to listen for sounds and phonemes, words, locutions, and sentences, not forgetting pauses, scansion, cuts, periods, and parallelisms. (p. 471)

Lacan's point here is that when the analyst becomes obsessed with understanding the meaning that the analysand is consciously trying to convey, with following all the intricacies of the story he is telling, she often fails to listen to the way in which the analysand conveys what he says—to the words and expressions he uses and to his slips and slurs. Better to plug up the ear that listens only for meaning, he suggests, than to render the ear that listens to speech itself superfluous by adding a third one. When, for example, the analysand begins a sentence with "on the one hand," we can be pretty sure he has another "hand" in mind, yet by the time the first "hand" is laid out, he may well have forgotten the second "hand," in which case he is likely to say, "Well anyway," and blithely turn to something else. The analyst must not, however, take it so lightly: What, indeed, was that other hand? Its importance derives from the very fact that it has been (at least momentarily) forgotten.

Getting caught up in the story being told is one of the biggest traps for new analysts and, not surprisingly, they get most easily caught up in the story the closer it seems to their own interests or the more closely it seems to concern or reflect upon them as individuals or clinicians. What is most important to the analysand, especially at the beginning of the analysis, is that the analyst—like anyone else he talks to in other walks of life—grasp his point, the conceptual

point he is trying to make. He rarely begins analysis with the explicit hope that the analyst will hear something in what he is saying that is different than the point he is consciously trying to get across. The analyst, on the other hand, must wean herself from listening in the conventional way and realize that it is often of far less importance to understand the story or point than it is to hear the way in which it is delivered.

Free-floating attention is a practice—indeed, a discipline—designed to teach us to *bear without understanding*. Apart from the fact that understanding generally tends to bring the analyst herself front and center, introducing a plethora of imaginary phenomena (for example, comparing herself to the analysand and worrying about her self-image as reflected back by the analysand's speech, as I indicated earlier), there is often precious little that could be understood anyway in the analysand's discourse. Why is that?

The Story Makes No Sense (or Too Much Sense)

The unconscious is not about losing one's memory; it is about not recalling what one knows.

— Lacan (1968b, p. 35)

The analysand tells a story about himself that is highly partial, in both senses of the term: He leaves out a great deal of the story—feeling that it is not important, germane, or flattering to himself, or having simply “forgotten” it—and he presents the story as though he played a crystal-clear role in it as the hero, the victim, “the good guy,” or (less commonly) the jerk or criminal. The story he tells is always piecemeal, fragmentary, riddled with gaps and holes, and essentially comprehensible to no one but him, for only he is privy to what has been left out (although sometimes he, too, is in the dark) and only he fully embraces his own perspective on his predicament. Even then, he himself may be of two minds (or even more) about his own participation in the story: In session, he may try to convince the analyst, and thereby convince himself, that he was nothing but a victim in the situation, but he may not fully endorse that view in his heart of hearts. Part of the analyst's job is to ensure that the part of him that does not endorse this view has a chance to speak its piece and gets a fair hearing, so to speak.

Often the story as told simply makes no sense to a listener, no matter how creative or intuitive, because too much is being left out; the analyst's task, in such cases, is to draw the analysand out in an attempt to fill in the gaps (which recalls Freud's notion that the main purpose of an analysis is to fill in the gaps in

the analysand's history).¹⁴ In other cases, however, the story is wrapped up very nicely and neatly, with a pretty bow on top, and yet it seems incommensurate with the affect attached to it, does not make any sense in the context of the analysand's life as it has thus far been portrayed, or seems too cut and dried. Indeed, the analysand may seem extremely content with his explanation of the event in question and yet the analyst may wonder why, if he is so at peace with the explanation, it is being mentioned at all. Something about it does not fit, does not make any sense—it is not a problem with the story itself, but with the fact that it is being told in an analytic session at this particular point in the therapy.

If we could say that there is, indeed, something in particular that the analyst listens for, it is for what does not fit, does not make sense, or seems to make too much sense and therefore seems problematic. These are all related to *repression*. When the analysand truncates his story by suppressing certain elements, he may be doing so consciously, knowing that he is trying to present himself in a certain way (whether flattering or unflattering) to the analyst, but he may also be doing so unconsciously, for reasons of which he is not aware. He may not be aware (and may resist becoming aware) of the way in which he situates the analyst in his psychical economy—of the type or quality of transference he has to her—or of what he is trying to achieve in relation to her. Similarly, he may have truly forgotten certain elements of the story and may recall them only after a considerable quantity of analytic work.

Important details may be left out of the analysand's account of a specific story that takes only minutes to recount, but they may also be left out of the broader portrait that he paints of his life. An analysand told me early on in his therapy that he was a "scoundrel" and that he felt he had always had a "diabolical core." Yet nothing in the story of his life that he told me during the first several weeks of consultations suggested anything particularly unsavory or dishonorable. The worst behavior he seemed to be able to point to was trampling on a neighbor's newly planted seedling as a child, and the working assumption I initially formed was that he had a highly critical superego (perhaps encouraged by his father's accusation early in life that he had stolen money that he had in fact found on the ground). It took several months of sessions before he recalled, through his associations to a couple of dreams, the circumstances surrounding a family

¹⁴See Freud (1916–1917/1963, p. 282). Consider how many times Freud had to get the Rat Man to tell the story of the pince-nez (the crisis that brought him into analysis) before he could piece it together. Note too that Freud suggests that "we can express the aim of our efforts in a variety of formulas: making conscious what is unconscious, lifting repressions, filling gaps in the memory—all these amount to the same thing" (p. 435).

member's hospitalization and a former partner's pregnancy, his guilt feelings about which he had never spoken of before. The reasons for his harsh view of himself—which he himself did not really understand, since he thought of himself as essentially a good person—came into focus when he recalled these incidents and it was his recollection and discussion of them that allowed some of this harshness to finally dissipate.

Analysis as a Logic of Suspicion

An "act of speaking" [Un "dire"] is akin to an event. It is not a quick glimpse or a moment of knowing. . . . Not all speech [parole] is an act of speaking, otherwise all speech would be an event, which is not the case, and we would not speak of "worthless words."

— Lacan (1973–1974, December 18, 1973)

It is equivocation, the plurality of meanings, that favors the passage of the unconscious into discourse.

— Lacan (1976, p. 36)

Repression is our guiding light in psychoanalysis (if you will excuse the paradoxical nature of the metaphor, repression usually being associated with darkness). Virtually everything we do as analysts should be designed to get at the repressed in a more or less direct manner. This is why our constant focus is on what is being left out of the equation, out of the story, out of the picture the analysand paints of himself and of his life. This is why we give special attention to the details of a story that were "accidentally" left out the first time the story was told. This is why our ears perk up when the analysand is suddenly unable to recall the name of his best friend. This is why we are intrigued when a sentence is interrupted and started anew somewhere else (our concern being with the break in the narrative, not its continuity). This is why, like Freud (1900/1958, p. 518), we give extra weight to elements of a dream that were forgotten during the first telling and only remembered later when the analysand is associating to his dream. This is why we may find the stray or offhanded comment he makes on the way out the door after the session to be the most important.

To the analyst, every story the analysand tells is suspect. Not only is it likely to be incomplete or too pat, but it is also probably being told here and now for certain strategic or tactical purposes—to please or displease the analyst, to get a rise out of her, to win or lose her hypothetical love, to prop up or destroy a certain image—purposes that may not be out in the open and yet play an important role in the ultimate shape and form the story takes.

The notion that we must approach each new analysand on his own terms, as though he were our first, does not imply that we must act as if we know nothing at all about psychoanalysis—as if we do not know that the presence of symptoms in the analysand's life is indicative of repression (since symptoms represent the return of the repressed), that slips of the tongue and bungled actions are mini-symptoms that also represent the return of the repressed, that the subject's rhetoric can help us pinpoint repression (the most important element in a list often being reserved for last—"my friends and siblings, not to mention my mother," an example of paralipsis or preterition—and the most likely answer to a question often being mentioned under the guise of negation—"The person who punished me the most? I don't think I could say it was my father").¹⁵

Psychoanalysts have been led to examine the analysand's myriad rhetorical ploys in terms of the kinds of defensive moves they involve. Just as dreams form in accordance with condensation and displacement—associated by Lacan (2006, pp. 511–515) with metaphor and metonymy—which disguise unconscious wishes, the analysand's discourse functions in accordance with a plethora of other mechanisms designed to keep the unconscious down. The analysand spontaneously employs rhetorical figures (that are well-known to grammarians and linguists) to keep from saying certain things and to keep certain ideas from surfacing. He eventually fails in this endeavor: Things do slip out, and the analyst, trained to detect these rhetorical ploys—"the psychoanalyst is a rhetorician," said Lacan (1977–1978, November 15, 1977)—learns where to intervene in order to foil them.

When someone uses a *mixed metaphor*, for example, it is often because one of the words in the metaphor that first came to mind is disturbing to that person. One of my analysands once said "stop beating around the issue" when the term "bush" seemed too sexually charged, too likely to bring up sexual thoughts he did not want to discuss (it is sometimes astonishing how quickly such substitutions can be made). We might equally imagine someone saying

¹⁵It should be clear from my examples that when I say that we must not act as if we know nothing at all about psychoanalysis, I do not mean that it is important for us to "know" that bulimia is due to x, y, or z, or that stuttering is due to p, q, or r. This kind of "knowledge accumulated in the course of an analyst's experience concerns the imaginary" and "is of no value in [the process of] training analysts" (Lacan 2006, p. 357); the causes of symptoms in different subjects are often so different anyway as to render such global claims useless. What I mean is that it is important for us to keep in mind the most basic theoretical principles of psychoanalytic theory: that a fear often covers over a wish, that expressions of disgust are often signs of repression, that people get a kick out of many things that they say they find repulsive or profess to be afraid of, that "bungled actions are the only actions that are always successful" (Lacan, 2007, p. 65), and so on. In such cases, psychoanalytic theory allows us to see far more than we would see otherwise. As Bowlby (1982) said, "Because of his large store of relevant information about the appearance and habits of birds and plants, the experienced naturalist sees far more than does the tyro" (p. 111).

"stop circling around the bush" when there is a certain sadistic or masochistic thought about beating that the person wants to keep out of sight and out of mind.

Mixed metaphors are very common in analysis and in everyday life as well. Of course, at times they can simply imply that the person does not really know the metaphors he is half-using, but most native speakers know at least a lot of the idiomatic expressions they use by heart, and they can be immediately made to wonder why they changed the wording by the analyst simply repeating the changed wording back to them. The mixed metaphor "beating around the issue" can be understood as a compromise formation between "beating around the bush" and "skirting the issue." In rhetorical terms it might be called *catachresis*, which designates a misuse of words. In either case, it suggests to the attentive clinician that *something is being avoided* or that another train of thought is interfering with the completion of the initial train of thought.

Let us consider another rhetorical device or trope: *Litotes*, also known as understatements, are used constantly in sessions, and they are often preceded by a slight pause. One analysand of mine was about to say (as he indicated later), "I really lust after my best friend's wife," but toned it down by saying, "I don't find her unattractive." The slight pause he introduced, combined with the highly constructed double negative, suggested to me that something was likely going unsaid; as it turned out, a certain thought was being circumvented because the analysand had judged it unacceptable, thinking "How can I be so low as to lust after my best friend's wife?"

Another analysand neglected to provide the last two intended words—"to stop"—of a sentence that she began as follows: "It [her parents holding her down and tickling her until she could barely breathe] would be fun up to a point and then I'd want it . . ." The *ellipsis* of the words "to stop," which she perhaps felt were obvious given the context, suggested to me a rather different train of thought to which she was perhaps loath to give direct expression: that she would want it to go on forever, get more intense, or even lead to something sexual. I could have said to myself, "I know what she means even if that is not what she said," but when I repeated back her incomplete phrase, "you'd want it . . ." she mentioned that she had been distracted while saying it by indistinct thoughts of an embarrassing kind. Such an ellipsis or elision might have gone unnoticed by her friends in everyday conversation but in the analysis served as a kind of index or telltale sign of concealment.

As I have indicated elsewhere (Fink, 2004, pp. 72–75), many other rhetorical devices, such as pleonasm, digression, periphrasis, retraction, and irony, can take on a defensive quality, especially in the analytic context. I hope that these three examples suffice to make it clear to what extent such figures of speech are

not "mere manners of speaking," as the analysand is inclined to think of them, and that the attentive listener can learn to read them as mile markers along the road toward the repressed. The unconscious at work in dreams employs condensation and displacement, and the analysand in talking about his dreams employs virtually all of rhetoric's figures and tropes. *To the analyst, nothing is ever "just a figure of speech."* The analyst's mode of listening attends to both what is presented and what is not presented, to both what is enunciated and what is avoided. In essence, it reads all speech as a compromise formation, as produced by competing forces.

When the analyst focuses exclusively on the story or conceptual point being made, she usually cannot hear the figures of speech being employed and thus hears only one level—the level of the meaning the analysand is consciously trying to convey. She fails then to read the several different staves upon which the music of the analysand's discourse is actually written.

Hearing Only What We Expect To Hear

The essence of language has never been to serve the function of communication.
—Lacan (2005a, p. 106)

The perceptum [what is perceived] is already structured [by language].
—Soler (2002, p. 33)

There are, of course, still other reasons why it is so difficult for the analyst to hear exactly what the analysand says, at least some of which are related to the interaction between language and perception. Neurobiologists and psychiatrists have shown how important "sensory gating" is for the ability to tune out distracting perceptual stimuli that seem unimportant to the task or goal one has at hand (Green, 2001, pp. 77–79). A great deal of work on the brain and perceptual systems has been done that suggests that many people who end up being classified as autists, schizophrenics, and psychotics more generally (although I am not suggesting that there are not important differences among them) often "feel 'bombarded' by sensory input and cannot filter out . . . irrelevant stimuli" (p. 78), "irrelevant stimuli" being those perceptions that they do not necessarily wish to pay attention to at any particular moment but that distract them nevertheless. In other words, they are not able to tune out many stimuli the way the majority of people can, the latter having a "gate," as it were, that lets in certain stimuli and keeps out others based on a supposed assessment of what is important and what is not that takes place outside of consciousness,

prior to consciousness. Only those stimuli that make it through the gate—only those that are deemed relevant to the task at hand—are actually allowed into consciousness.

This research seems to be borne out at the clinical level by the many cases of "sensory overload" reported by psychotic patients, in which noises that had previously gone unheard or that had blended into the background begin to become overwhelming (loud, insistent, and unignorable), smells that had previously either been enjoyed or unnoticed suddenly become unbearably strong and repulsive, and colors, shapes, or motion that had previously not stood out suddenly monopolize consciousness and overpower it. The moment at which these perceptions begin to impinge on such subjects is often a very stressful one, signaling that the subject is in danger of experiencing a psychotic break or episode (prolonged sleep deprivation can bring on a similar inability to "gate" stimuli in those who are not psychotic). In certain autistic and schizophrenic subjects, on the other hand, difficulty filtering stimuli can be permanent, not necessarily indicating an imminent danger of any kind; the difficulty does not come and go as it does in cases of paranoia, where breaks may be followed by apparent remission and then further trouble at a later date.

Although the most biologically-minded researchers consider the difficulty filtering out stimuli to be a strictly physiological problem, resulting from some malformation of a specific brain structure or some chemical imbalance, it strikes me as equally (if not more) likely that language plays a significant role in the ability to filter stimuli, for those who are unable to filter perceptions in the usual manner generally do not speak or think in quite the same way as those who can filter such perceptions. Perhaps it is not gating difficulties that cause problems with language acquisition but problems with language acquisition that cause gating difficulties.

Language is not assimilated in the same manner by such subjects, nor does it function in the same manner for them as it does in what I will call "ordinary neurotics." As I have argued elsewhere (Fink, 1997, 2005b), there are at least two major different ways of coming into being in language, what we might call the "ordinary neurotic way" and the "psychotic way." The ordinary neurotic way leads to the usual predominance of language-based thinking (as opposed to visual or other ways of thinking), a split between conscious and unconscious (and the widespread conflict of feelings referred to in psychoanalysis as "ambivalence," certain feelings being conscious and others unconscious, loosely speaking),¹⁶ and the ability to hear both literal and figurative meanings of an

¹⁶See Chapter 7 for a discussion of the relationship between affect and repression. Miller (2002, p. 25) characterized the difference between the neurotic and psychotic ways of coming into being

expression at the same time. The psychotic way leads to language learning by imitation alone, no split between conscious and unconscious (and thus no ambivalence *per se*), and an inability to hear both literal and figurative meanings of an expression at the same time.

Rather than try to explain this in detail here, I will illustrate it with some comments that Temple Grandin (Grandin & Johnson, 2005), a researcher who studies animal behavior, autism, and the relationship between them and who considers herself to be autistic (rightly so, no doubt), makes about her own relationship to language:

I got in fights [in high school] because kids teased me. They'd call me names like "retard," or "tape recorder." They called me tape recorder because I'd store up a lot of phrases in my memory and use them over and over again in every conversation. (p. 1)

I almost never remember specific words and sentences from conversations. That's because autistic people think in pictures; we have almost no words running through our heads at all. (p. 10.)

When I talk to other people I translate my pictures into stock phrases or sentences I have "on tape" inside my head. . . . I *am* a tape recorder. That's how I am able to talk. The reason I don't sound like a tape recorder anymore is that I have so many stock phrases and sentences I can move around into new combinations. (p. 18)

Animals and autistic people don't seem to have repression. . . . I don't think I have any of Freud's defense mechanisms, and I'm always amazed when normal people do. One of the things that blows my mind about normal human beings is denial. . . . People [in a] bad situation can't see it because their defense mechanisms protect them from seeing it until they're ready. That's denial, and I can't understand it at all. I can't even imagine what it's like.

That's because I don't have an unconscious. . . . While I don't know why I don't seem to have an unconscious, I think my problems with language have a lot to do with it. (p. 92)¹⁷

Grandin makes it clear that she cannot classify stimuli into dangerous and not dangerous the way verbal people can—which for many years made her

in language as follows: "Without the Name-of-the-Father [that is, in psychosis], there is no language but only language," a Lacanian term that is briefly discussed in a later footnote. He goes on to say, "Without the Name-of-the-Father, there is no body, strictly speaking, there is what is corporal, the flesh, the organism, matter, and images. There are bodily events, events that destroy the body."

¹⁷ Grandin (1995, pp. 49, 85) indicates elsewhere that she believes that autism and schizophrenia are "neurological disorders," but her comments allow us to think otherwise.

constantly fearful of innocuous noises (like the beeping sound trucks make when they back up)—and thus cannot ignore stimuli the way most people have been shown to in study after study, in which they simply do not see things they do not expect to see in a specific context, whether it is a “lady wearing a gorilla suit” in the middle of a basketball game, or a large aircraft parked on a runway when the subjects are pilots preparing to land a plane on that same runway (Grandin & Johnson, 2005, pp. 24–25). In what is referred to as “inattentive blindness” (Mack & Rock, 1998), most of us—but not Grandin or many psychotics—screen things out before they reach consciousness and ultimately see and hear largely what we are expecting to see and hear.

For those of us who come into language in the “usual neurotic way,” our immersion in language is so extensive and colors our world so thoroughly that we selectively see and hear what the social/linguistic context has led us to expect to see and hear. What falls outside of our expectations is often simply neither seen nor heard.¹⁸

This can be a serious liability for the clinician: Even the most well-intentioned clinician almost automatically hears what, to her mind, it would make sense for the analysand to be saying in a particular context, as opposed to hearing what the analysand is actually saying, which may be quite out of the ordinary and even nonsensical. Even the most attentive analyst often hears only what the analysand likely meant to say, filtering out the analysand’s slight slip of the tongue or slur. Throughout our lives we learn to find meaning in what others are saying to us, even if it is sometimes rather incoherent, and this often involves seeing a whole image (or gestalt) where only a partial one was presented, or hearing a whole coherent thought when only a partial or incoherent thought was enunciated. We learn to fill in the gaps, supply missing words, rectify the grammar, and correct malapropisms—and we do all of this in our heads without even becoming conscious of it, for the most part.

Our own ignorance of certain vocabulary and expressions can make us hear one thing in the place of another (as those who have struggled to learn a foreign language are often well aware: When people speak to us in that foreign language

¹⁸ Grandin’s work can also help us realize why a neurotic and a psychotic often have a very difficult time understanding each other: They operate on fundamentally different principles. Often, like Grandin, we “can’t even imagine what it’s like” to be in the other’s shoes. Grandin makes this point eloquently in her many discussions of most humans’ inability to see things from the point of view of the animals they work with or live with. See also her *Thinking in Pictures* (Grandin, 1995).

Lacan (2007, pp. 52–53) indicated that sensation and perception are never pure, but are instead strained through our symbolic/linguistic filters.

we are inclined to hear terms and expressions that we have already learned in the place of ones that are unfamiliar but perhaps sound somewhat similar). If, for example, the analysand says that he "was sedulously attempting to persuade the Exchequer" to do something, and the analyst does not know the words "sedulously" or "Exchequer," she may hear something else altogether, such as "was assiduously (or credulously) attempting to persuade the spell checker." Even though that may not make a whole lot of sense in the context, it may be the best the analyst can do to find meaning in it given the subset of the English language she understands (no one can possibly understand all of it). What we hear when someone speaks is referred to in linguistics as "the ribbon of sound" (Saussure, 1916/1959); spoken words tend to run together, forming a sort of uninterrupted ribbon, and it is not always entirely clear where one word ends and the next begins (a problem some may be quite familiar with once again from learning foreign languages).

We are used to almost automatically cutting the ribbon up into discrete units on the basis of the language as we think we know it, as well as on the basis of what we are expecting to hear in general and what we have come to expect from a particular interlocutor. This constant activity aiming at making sense of what we hear is such that hearing itself fades behind meaning making; perception itself is suppressed in favor of interpretation. The result is that we become constitutionally deaf, in a certain sense.

To practice psychoanalysis, however, we have to break ourselves of this ingrained habit, and this often takes quite a bit of work. Practitioners occasionally tell me that their patients make no slips or slurs, but in my experience most people make a slip every five or ten minutes (some more, some less, of course) and the problem is rather that practitioners are not attuned to them. How can they become attuned to them? One useful exercise is to listen to news announcers, whether on the radio or television, and practice listening for slips and stumblings as opposed to listening for content. It is perhaps best to listen first to programs that one is not especially interested in, so that the content does not monopolize one's attention. It is perhaps also best at first not to look at the television, because seeing the speaker is likely to interfere with one's hearing (many analysts have remarked that they hear patients on the couch better than those sitting across from them, not because they are physically closer but because the analysts are not distracted by their patients' looks, facial expressions, and so on). Once one is able to regularly hear the slips and slurs in speech about matters that are of not much interest, one can then turn to programs that are closer to one's own heart, practicing focusing on the ribbon of sound as much as possible while still taking in the meaning, but without dwelling upon it or trying to do anything in particular with it (for

example, comparing it with things heard before or fathoming its implications).

Once a clinician becomes attuned to slips and verbal stumblings, she will begin to notice them in herself and in friends and colleagues; yet it may still take some time before she can hear them in sessions with analysands because she is even more focused on meaning in the analytic situation than elsewhere. To perfect our ability to pay free-floating attention to what analysands actually say, we must often, in the words of the music teacher, "practice, practice, practice."

Pitfalls of Training

I could label what I am saying in my seminar this year as providing you with your education, provided we emphasize the fact that it is those who [do not allow themselves to be] dupes of the unconscious who go astray.

—Lacan (1973–1974, January 8, 1974)

Many other things contribute to making the analyst constitutionally incapable of hearing a great deal of what the analysand says (for example, a high degree of obsessionality), not the least of which is our training itself. In many training programs, whether in social work, psychology, psychoanalysis, or psychiatry, students are encouraged to believe that there are such things as "expert knowledge systems"—systems of "knowledge" like that found in the *DSM*—and that it is our task as clinicians to simply apply them to the best of our ability as quickly as possible. I have heard individual teachers in all of the above fields tell students that they should dispense the expert knowledge they have acquired to their clients or patients, and if they do not do so they are deliberately flouting all of the (so-called) empirically validated treatment (EVT) protocols and evidence-based therapies (EBTs). Psychology and psychiatry have, after all, they argue, now been placed on a scientific footing, taking the guesswork out of clinical practice. Practitioners need but listen in a somewhat cursory manner to figure out where a particular patient figures in the diagnostic manuals that have received the seal of approval, so to speak, from the relevant APA, for those manuals (and their supplements) will tell them which techniques to employ. If we begin to listen only for the patterns or sets of patterns that we have been taught to identify and treat, we are likely to turn a deaf ear to anything that does not appear on our *DSM* radar screen.

Fortunately, not every program or every teacher truly believes in the scientific foundations of clinical practice or fosters checklist approaches to diagnosis

and treatment! Indeed, the medical establishment itself—which is often taken by psychologists and psychoanalysts as the establishment to emulate in as many ways as possible (including respectability, social prestige, income, and supposed scientificity)—has been repeatedly taken to task in recent decades for having little if any evidence for the vast majority of the procedures and treatments it prescribes, many of which have been halted or taken off the market, and is recognized even by numerous doctors to function far more as an art than a science.¹⁹ But the very structure of higher education and its place in our culture often encourages clinicians to believe that, with their upper-level diploma, they have received in trust expertise in their field and have little to learn from further study or from their patients. Continuing education credits are viewed by many as puerile exercises at best and generally just another hoop to be jumped through. Regardless of whether continuing education courses are the best means of reminding clinicians that clinical practice entails a lifelong learning process, practitioners should be reminded that their education has generally managed to show them but the tip of the iceberg and that they would do well to remain avid readers in their fields and open to even the seemingly least profound comments made by their least “insightful” patients.

¹⁹David Eddy, M.D., Ph.D. (the chairman of the Center for Health Policy Research & Education at Duke University, who spearheaded the movement toward “evidence-based medicine”) estimates that only 15% of what physicians do is backed by “hard evidence” (that is, clinical trials), and many other doctors and healthcare quality researchers place their estimate in the 20% to 25% range (Carey, 2006). The so-called standard of care in medicine—that is, the treatment that physicians are expected to provide in a specific instance (so as not to be accused of malpractice, for example)—is thus rarely on firm ground; and even when it is thought to be on a firm scientific footing, it should be kept in mind that the conclusions of up to a third of clinical trials in medicine are later overturned (Carey, 2006, p. 77). Those who believe that psychotherapy research has already managed to replicate medicine’s “scientific basis” do not seem to be reading the literature in either field!

I will not enter here into the complex debates about the history and philosophy of science that are so germane to claims about the scientificity of medicine, psychoanalysis, and psychology. For a brief discussion, see Fink (1995, Chapter 10).