

# Psychoanalysis

From Practice to Theory

Edited by  
Jorge Canestri



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# Psychoanalysis

From Practice to Theory

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# About the editor

**Jorge Canestri:** MD, psychiatrist, psychoanalyst. Specialized in linguistics and epistemology. Training and supervising analyst for the Italian Psychoanalytical Association (AIPsi) and for the Argentine Psychoanalytic Association. Director of the Institute of Psychoanalysis of the Italian Psychoanalytical Association (1992–98). Full member of the International Psychoanalytic Association. Chair of the Ethics Committee (IPA), Chair of the Working Party on Theoretical Issues of the EPF, Chair of the 42nd Congress of the International Psychoanalytic Association (IPA), Nice, 2001. Member of the Conceptual and Empirical Research Committee (IPA). Professor of Psychology of Mental Health at the Roma 3 University. Editor of the Educational Section of the *International Journal of Psycho-Analysis*. Member of the Editorial Board of the *International Journal of Psycho-Analysis*. Correspondent of *Psicoanálisis* and of *Revista de Psicoanálisis*. Member of the Editorial Board of *Aperturas Psicoanalíticas*. Author of numerous psychoanalytical papers in books and reviews and co-author of *The Babel of the Unconscious: Mother Tongue and Foreign Languages in the Psychoanalytic Dimension*. Editor (with Marianne Leuzinger-Bohleber and Anna Ursula Dreher) of *Pluralism and Unity? Methods of Research in Psychoanalysis*. Director of the webpage: Psychoanalysis and logical mathematical thought. Mary S. Sigourney Award recipient, 2004. IPA Global Representative for Europe.

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# Contributors

**Jorge L. Ahumada:** Supervising and Training Analyst, Argentine Psychoanalytic Association. Honorary Member, British Psycho-Analytical Society. Mary S. Sigourney Awardee, New York, 1996. Editor for Latin America, *International Journal of Psychoanalysis*, 1993–98. Author of *The Logics of the Mind. A Clinical View* (London: Karnac, 2001), and of psychoanalytic papers published in six languages.

**Werner Bohleber:** DPhil, psychoanalyst in private practice in Frankfurt, Germany. Training and Supervising Analyst. Former president of the German Psychoanalytical Association. Editor of the German psychoanalytical journal *PSYCHE*. Member of the EPF Working Party on Theory. Author of several books and numerous articles. His main research subjects are trauma; adolescence and identity; psychoanalytic theory; xenophobia and anti-Semitism; and terrorism.

**Paul Denis:** Member of the Paris Psychoanalytical Society. Editor of the *Revue Française de Psychanalyse* until 2004. Author of *Eloge de la bêtise* (Paris: Presses Universitaires de France, 2001); *Emprise et satisfaction: les deux formats de la pulsion* (Paris: Presses Universitaires de France, 2002); and (with Claude Janin), *Psychothérapie et psychanalyse* (Paris: Presses Universitaires de France, 2004).

**Peter Fonagy:** PhD, FBA, Freud Memorial Professor of Psychoanalysis and Director of the Sub-Department of Clinical Health Psychology at University College London. Chief Executive of the Anna Freud Centre, London. Consultant to the Child and Family Program at the Menninger Department of Psychiatry, Baylor College of Medicine. Clinical Psychologist and Training and Supervising Analyst in the British Psycho-Analytical Society in child and adult analysis. His clinical interests centre on issues of borderline psychopathology, violence and early attachment relationships. His work seeks to integrate empirical research with psychoanalytic theory. He holds a number of important positions, which include co-chairing the Research Committee of the International Psychoanalytic Association, and Fellowship of the British Academy. He

has published over 200 chapters and articles and has authored or edited several books. His most recent works include *Attachment Theory and Psychoanalysis* (New York: Other Press, 2001); (with M. Target, D. Cottrell, J. Phillips and Z. Kurtz), *What Works for Whom? A Critical Review of Treatments for Children and Adolescents* (New York: Guilford, 2002); (with M. Target), *Psychoanalytic Theories: Perspectives from Developmental Psychopathology* (London: Whurr, 2003); (with A. Bateman), *Psychotherapy for Borderline Personality Disorder: Mentalization-Based Treatment* (Oxford: Oxford University Press, 2004); and (with A. D. Roth), *What Works For Whom? A Critical Review of Psychotherapy Research* (New York: Guilford, 2004).

**William I. Grossman:** MD, Training and Supervising Analyst, New York Psychoanalytic Society & Institute, Inc. Formerly Clinical Professor of Psychiatry at the Albert Einstein College of Medicine, New York. A selection of his papers was recently published on the internet by the Internet Press for Psychoanalysis.

**Gail S. Reed:** PhD, psychoanalyst in private practice in New York City and Salisbury, CT. Training and Supervisory Analyst and Faculty at the Training Institute of the New York Freudian Society. Founding Member and Faculty, the Berkshire Psychoanalytic Institute; Faculty, Cleveland Psychoanalytic Center. Member of the Editorial Board, *The Psychoanalytic Quarterly*, Associate Editor (Foreign Books), *Journal of the American Psychoanalytic Association*. Author of *Transference Neurosis and Psychoanalytic Experience: Perspectives on Contemporary Clinical Experience* (New Haven, CT: Yale University Press, 1994); and *Clinical Experience* (Northvale, NJ: Aronson, 1996).

**David Tuckett:** Visiting Professor, Psychoanalysis Unit, University College London, and Training and Supervising Analyst, British Psychoanalytical Society. President of the European Psychoanalytic Federation (1999–2004). Editor-in-Chief, *International Journal of Psychoanalysis* (1988–2001). Founding Editor, *New Library of Psychoanalysis* (1985–88). Principal of the Heath Education Studies Unit, University of Cambridge (1977–83). He works as a psychoanalyst and is currently Chair of the EPF Working Party on Comparative Clinical Methods.

**Samuel Zysman:** MD, Faculty of Medicine, Buenos Aires University. After practising as a paediatrician, he moved into child psychiatry and went for psychoanalytical training at the Argentine Psychoanalytical Association. Currently Training Analyst and Professor at the Psychoanalytic Institute of the Buenos Aires Psychoanalytical Association. He teaches the

theory of psychoanalytical technique and child analysis. He has written 30 papers, on these subjects and others at the interface of psychoanalysis with ethics and with literature. His current focus is on the psychoanalytic study of actions, especially on psychoanalysis, cognitive processes and the meta-psychological status of scientific theories.

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# Series foreword

After the first hundred years of its history, psychoanalysis has matured into a serious, independent intellectual tradition, which has notably retained its capacity to challenge established truths in most areas of our culture. The biological psychiatrist today is called to task by psychoanalysis, as much as was the specialist in nervous diseases in Freud's time, in turn-of-the-century Vienna. Today's cultural commentators, whether for or against psychoanalytic ideas, are forced to pay attention to considerations of unconscious motivation, defences, early childhood experience and the myriad other discoveries which psychoanalysts brought to twentieth-century culture. Above all, psychoanalytic ideas have spawned an approach to the treatment of mental disorders, psychodynamic psychotherapy, which has become the dominant tradition in most countries, at least in the Western world.

Little wonder that psychoanalytic thinking continues to face detractors, individuals who dispute its epistemology and its conceptual and clinical claims. While disappointing in one way, this is a sign that psychoanalysis may be unique in its capacity to challenge and provoke. Why should this be? Psychoanalysis is unrivalled in the depth of its questioning of human motivation, and whether its answers are right or wrong, the epistemology of psychoanalysis allows it to confront the most difficult problems of human experience. Paradoxically, our new understanding concerning the physical basis of our existence – our genes, nervous system and endocrine functioning – rather than finally displacing psychoanalysis, has created a pressing need for a complementary discipline which considers the memories, desires and meanings which are beginning to be recognized as influencing human adaptation even at the biological level. How else, other than through the study of subjective experience, will we understand the expression of the individual's biological destiny, within the social environment?

It is not surprising, then, that psychoanalysis continues to attract some of the liveliest intellects in our culture. These individuals are by no means all psychoanalytic clinicians or psychotherapists. They are distinguished scholars in an almost bewildering range of disciplines, from the study of mental disorders with their biological determinants to the disciplines of

literature, art, philosophy and history. There will always be a need to explicate the meaning of experience. Psychoanalysis, with its commitment to understanding subjectivity, is in a premier position to fulfil this intellectual and human task. We are not surprised at the surge of interest in psychoanalytic studies in universities in many countries. The books in this series are aimed at addressing the same intellectual curiosity that has made these educational projects so successful.

We are proud that the Whurr Series in Psychoanalysis has been able to attract some of the most interesting and creative minds in the field. Our commitment is to no specific orientation, to no particular professional group, but to the intellectual challenge to explore the questions of meaning and interpretation systematically, and in a scholarly way. Nevertheless, we would be glad if this series particularly spoke to the psychotherapeutic community, to those individuals who use their own minds and humanity to help others in distress.

Our focus in this series is to communicate the intellectual excitement which we feel about the past, present and future of psychoanalytic ideas. We hope that our work with the authors and editors in the series will help to make these ideas accessible to an ever-increasing and worldwide group of students, scholars and practitioners.

Peter Fonagy  
Mary Target  
University College London

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# Introduction

JORGE CANESTRI

The proliferation of theories in post-Freudian psychoanalysis - whether partial integrations of the original Freudian theory or alternative theories - was a major preoccupation for many theorists of psychoanalysis in the 1980s (e.g. Robert Wallerstein). At the time, they attempted to find a common ground that would conceptualize the divergences, thus avoiding the need to speak automatically about the existence of 'many psychoanalyses'. This meant exploring the internal coherence of every theory and subsequently measuring its compatibility with the others. These theorists also hypothesized the possibility of integrating them into a unified theory on which they would all depend, conceiving them, therefore, as sub-groups.

These conceptual operations were carried out at the theoretical level, but in many cases neglected a simultaneous confrontation with clinical practice. When analysts are at work with a patient - and the question became even more pertinent when contemporary analysis began to deal with more serious, borderline or para-psychotic patients - does their work faithfully reflect an official theory to which they claim adherence? Or do they integrate concepts deriving from different theories, or create new ones, usually preconsciously?

Some of the 'implicit' concepts or models that the analyst uses or creates in clinical practice have, over time, acquired theoretical status and have been integrated into official theories. Many of the concepts elaborated by Bion, Winnicott, Kohut, etc., followed this path. Sometimes it has been possible to trace their origins in clinical practice through the narratives of the protagonists - for example, Ferenczi's *Clinical Diary*, Bion (1992), and so forth.

All analysts certainly reflect on the use they make of the theories at their disposal or to which they adhere: the reports of analytic processes and supervisions of clinical material - regularly an integral part of psy-

choanalytical and psychotherapeutic training – allow for the exploration of these applications of theory to practice. Essentially, this is done in order to improve our understanding of the patient and to perfect the analyst's technique.

However, little has been done to investigate systematically and analyse with an appropriate instrument all that occurs in the relation between practice and theory from the viewpoint of the creation of new 'theoretical segments' in clinical work – i.e. the heuristic role of clinical experience in psychoanalysis – and of the use of 'implicit', 'private' or 'preconscious' theories to which the analyst at work turns very frequently, often without knowing it.

The title of this book, *Psychoanalysis: From Practice to Theory*, reflects this orientation. It analyses in detail all that *really* happens in clinical practice in order to link it subsequently to the knowledge we acquire from official theory. These analyses allow us to highlight the divergences and/or convergences with the theory to which the analyst adheres, but they can also reveal outlines for new models that could subsequently acquire 'rights of citizenship' within the discipline.

To make this type of analysis of clinical material possible, it was necessary to devise a suitable instrument. This instrument, *a map of private, implicit, preconscious theories in clinical practice*, is the result of many hours' analysis of clinical material in clinical workshops, in groups of ongoing training for members of different psychoanalytical societies, and in working meetings with analysts from various societies. All this work was carried out by a conceptual analysis group of the European Psychoanalytic Federation (the Working Party on Theoretical Issues), and all the analyses were conducted with the active participation of the analysts who presented the clinical material.

The concerns that motivated this research – to explore the relationship between clinical psychoanalysis and theories of psychoanalysis – are shared by the majority of the psychoanalytical community. There is an increasing awareness of the problematical relation between clinical work and theory, regardless of which psychoanalytical theory is invoked.

For this reason, some of the analysts who participated in the creation of this qualitative research project and who developed the abovementioned instrument were invited to collaborate in the preparation of this book, as well as some well-known analysts from the three IPA regions who offer their contributions in order to widen the horizons of this problem.

In Chapter 1 (Canestri), the reasons and the bases of the project, and its epistemological foundations, are explained. Besides questioning the scientificity of psychoanalysis based on a scientific model suitable for disciplines that concern calculus and/or are able to propose repeatable

verification experiments, the epistemology of logical neo-empiricism in Karl Popper's hands makes a sharp distinction between the context of discovery and the context of justification. This distinction was introduced by Hans Reichenbach (1951; see also 1938) who said:

the act of discovery escapes logical analysis; there are no logical rules in terms of which a 'discovery machine' could be constructed that would take over the creative function of the genius. But it is not the logician's task to account for scientific discoveries; all he can do is to analyze the relation between facts and a theory presented to him with the claim that it explains these facts, in other words logic is concerned with the context of justification.

The context of discovery implies the production of a hypothesis or theory, or the invention of a concept. In this context there are various factors that influence the gestation of the discovery: psychological, social, political circumstances, etc. The context of justification instead concerns the validation of the hypothesis: how we know whether it is true or false, and what evidence we have to corroborate it. Many epistemologists presently consider that this distinction is neither legitimate nor useful.

Besides debating the general inadequacy of this distinction, this chapter aims to underline the particular incongruence that this could provoke in clinical psychoanalysis. Clinical experience is the ideal place in which the analyst constructs, together with the patient, those intermediate theoretical segments (hypotheses of conjunction between the observable and theory) that allow for the creation of a shared narrative that is, moreover, specific to the given situation. Clinical experience is therefore the place for invention, for the 'procedures for finding', for what in epistemology is called the context of discovery. Disassociating it from the context of justification, or radically separating the official theories from private or implicit ones, would alter the analytical process itself.

In order to challenge Popper's formulation, we started with certain positions that, in epistemology, contradict the radical schism between the context of discovery and the context of justification. We also mentioned similar research, such as that carried out in the field of mathematical invention, which offers interesting stimuli for our reflection.

Every discipline implements 'research strategies' in accordance with its set goals. Psychoanalysis is no exception, and in this chapter we also attempt to describe which research strategy characterized the path taken by Freud when he invented psychoanalysis, as well as suggesting another strategy that could be complementary.

The exploration of the important heuristic role that the implicit ideas of the analyst acquire in the psychoanalytical experience is in line with

Sandler's (1983) proposition that analysts' implicit, private, preconscious theories guide their *real* clinical practice. These implicit theories are the result of multiple factors that analysts can metabolize. These range from the official theories received and internalized, to unconscious determinations, and to whatever they may gradually learn from their own experience in relation to the numerous stimuli deriving from their relationship with patients.

One of the theses of this project is that implicit theories offer considerable heuristic potential if we are able to formulate them and provide them with scientific dignity, because they are closer to the reality of clinical experience. We also want to show that by identifying the implicit theories that guide what the analyst *really* does in clinical practice, one can proceed to a concise confrontation between theories and models in our discipline, with significant advantages from the point of view of the teaching of the theories themselves.

Chapter 2 (Canestri, Bohleber, Denis and Fonagy) is a presentation of the instrument we have developed. We use a three-component model as it functions in the analyst's mind: public-based thinking + private theoretical thinking + the interaction of private- and public-based thinking (the implicit use of explicit theory).

When constructing a map of the theories used in clinical practice, we must include an examination of how analysts' theories that are completely private and of different origins are influenced and transformed from the public (official) theory they have internalized; of how their private and public theories influence their comprehension and use of the official theories; and of how the private and public theories interact with each other. The result of this integration could alternatively be described as 'lived theory'. The process of integration that leads to the 'lived theory' may undergo many vicissitudes and be submitted to various tensions; these will definitively determine the degree of integration between the public and the private theories and the major or minor harmony or coherence that the product will have.

Inasmuch as we are convinced that knowledge must be organized along dimensions, and that there can be no observation without classification, in order to report our observations we have adopted a categorization for heuristic purposes *which has no status beyond that*. This is why in 'The Map' we describe six different vectors: topographical, conceptual, action, object relations of knowledge, coherence versus contradiction, and developmental. The instrument we present - 'The Map' - is organized around these six vectors (or dimensions), which in turn comprise different sections. They attempt to cover the conceptual dimensions present in clinical practice: for example, the action, including analytic listening; the formulation of the interpretation and the way in

which it is enunciated; or, which developmental theory the analyst uses when considering the patient's material during the session.

In the next two chapters we offer a concrete example of the use of 'The Map'. It is an instrument in constant evolution, inasmuch as its use continuously increases the possibility of extending and perfecting it. Working 'from practice to theory' necessarily implies being open to learning from what every new clinical experience teaches us. Chapter 3 (Fonagy) is a detailed description of a psychoanalytical session and provides a reflection on the possible implicit theories of the analyst. In Chapter 4 (Bohleber), the clinical material presented in Chapter 3 is analysed by applying the instrument presented in Chapter 2, which the reader will easily be able to consult.

In Chapter 5 (Fonagy), the author analyses the fragmentation of psychoanalytical theory, which in contemporary literature is euphemistically called 'pluralism'. He hypothesizes that the fragmentation of psychoanalytical theory may be the consequence, at least in part, of the problematic relationship between psychoanalytical theory and psychoanalytical practice. This fragmentation could put the clinical application of the theories at risk and lead to an implosion of the theories themselves. In order to challenge this progressive disassociation between the reality of clinical work and the theories destined in principle to explain it, he advocates a more pragmatic use of theory, based on 'implicit' psychoanalytical knowledge. This orientation would have epistemological consequences: it would place psychoanalysis, as previously discussed in Chapter 1, in harmony with a more modern concept of the sciences, liberating it from the burden of neo-empiricist epistemology.

The author argues that *the value of theory in psychoanalytical practice is that of helping the analyst to construct models that explain behaviour in terms of mental states*, which can subsequently be communicated to the patient. Perhaps from this point of view the difficulty of the relationship between theory and practice is determined by the over-specification of psychoanalytical theory, i.e. in the attempt, beginning in Freud's work and geometrically increasing with time, to create exclusive links between the unconscious conflict ('core theory') and specific manifestations that can be explained by one theory or another (early envy, narcissistic trauma, environmental defect, etc.).

Paradoxically, this same over-specification is justified by the need to capture and communicate the complex system of human subjectivity. From this point of view, the theories appear to be metaphorical attempts to come as close as possible, at a subjective level, in both the patient and the analyst, to the extraordinary complexity of the experience.

This leads the author to favour the elimination of the separation between 'public' and 'private' theories. The latter can be discerned only

by observing the clinician at work. And this brings us directly to our research project and to the 'Mapping'.

Chapter 6 (Grossman) confronts a problem similar to that found in the previous chapter, but from a slightly different angle. The author argues that technique cannot be entirely deduced from our theories of the mind and of the therapeutic interaction deriving from clinical experience; nor can it be deduced from considerations derived from interdisciplinary studies. It is therefore necessary to produce some intermediate ideas in order to create a bridge between theory and practice. Inevitably, the therapist will provide the meeting point, in the relationship with both his patients and with his colleagues.

From this perspective it becomes necessary to point out the role that the analyst's unconscious phantasies play in the construction of the theory. This aspect was underlined by Joseph Sandler (1983) when he stated that the implicit or private theories that the analyst used in clinical work were preconscious (descriptively unconscious), but that preconscious phantasies had their roots in the dynamic unconscious.

A deeper exploration of the role of unconscious phantasies does not entail neglect of the intervention of conscious reasoning and of the learning of theory in the analyst's training. During this learning process, which also includes the articulation of theory with technique, a multitude of elements comes into action: the emotive connections of the therapist with theory; inter-generational transmission; the relationships between colleagues; the special modalities of training in every institution; the characteristics (democratic, authoritarian, favourable to criticism or, on the contrary, submissive repetition, etc.) of the psychoanalytical institutions.

The importance of the community in determining how objective a certain theoretical principle is – and how relevant it is to the comprehension or explanation of a clinical fact – derives from accepting the principle that affirms the relativity and transitory nature of truths obtained through the application of a particular scientific method, in all scientific disciplines. Psychoanalysis is no exception to this principle; in fact, in our discipline the creation of 'communities of thought' is probably more important and necessary than in other fields. This may be partly due to the isolation that characterizes the work of the psychoanalyst and to the strong influence that the analyst's own subjectivity has on it. This is why the author emphasizes the need to study the processes of dialogue, affiliation and separation that characterize every stage of the psychoanalyst's training and of his subsequent 'permanent training', with special attention to the emotive aspects that come into play in these processes.

Grossman defines implicit theories as what an observer can deduce and subsequently formulate from what the therapist does, says or writes in order to describe or explain a clinical case. This is fully in accord with the methodology and philosophy that has been used in constructing 'The Map' illustrated in Chapter 2. His careful analysis of the factors that intervene in the psychoanalyst's training and his relationship with the community of his peers represents a significant contribution to the understanding of the phenomena that we study in this book.

Similarly, his conclusions regarding the development of the science and on what psychoanalysis could contribute to the epistemology are in harmony with the general epistemological argument of Chapter 1. If we abandon our preconceived ideas (mainly derived from logical empiricism) about how knowledge should evolve and progress, we might perhaps better understand how this really happens. The interweaving between subjective and objective, between implicit and explicit, between context of discovery and context of justification, to which psychoanalysis predisposes us, could assume a significant heuristic value.

In Chapter 7 (Reed), the author presents a detailed and interesting clinical example in which an impasse is handled by reorienting the position of the analyst who configures in her mind a different 'spatial metaphor'. By analysing an example taken from a paper by Winnicott (1945) on primitive emotional development, the author illustrates the value of metaphors in clinical experience: the metaphor facilitates the passage from the inner to outer, from the known to the unknown, and allows for the articulation of categories that are neither one thing nor the other, but are together both and none. Reed is thus able to connect metaphors to Winnicott's concept of transitional space.

These 'metaphors of transition' are certainly linked to the counter-transference, but their composition and provenance are very complex. The author focuses her attention on spatial metaphors and their role in clinical work and particularly in the case presented; but she suggests that metaphors of various kinds are inherent in all psychoanalytical theories and play a leading role in determining how we use and think of the theory. This is in line with the consideration of the role of metaphors in determining what the analyst thinks about the therapeutic action, about what can facilitate the analytical process, about the objectives of the cure, etc., in 'The Map' presented in Chapter 2.

When analysing spatial metaphors, Reed concentrates on three psychoanalytical models that evoke a certain concept of the psyche and a corresponding conception of the relationship between analyst and patient: a) the classical or conflict model; b) the Kleinian or the paranoid/schizoid position; and c) that elaborated by Green (1975).