



Developing a Grounded Hypothesis to Understand a Clinical Process: The Role of Conceptualisation in Validation

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ABSTRACT

This paper argues the case that validation in the clinical process depends to a large extent on being as clear and specific as possible about the hypotheses being put forward. In sessions interpretations are made based on intuitive and quite spontaneous links arising from background orientations and what will be called clusters of observed clinical facts. Outside the session, a wider and more developed set of grounded hypotheses can be developed, intended to illuminate what seem to be the core issues that arise over time and the core problems suffered by the patient. Often such hypotheses will only be in the form of working orientations. If they can be conceptualised more precisely into specific hypotheses explaining sets of observed events and predicting consequences, they can be better evaluated—either by the analyst working alone, or in group discussion through the achievement of genuine consensus. A process of building up a 'grounded' hypothesis, by making comparisons in the process of trying to solve a clinical problem, is described using detailed clinical material. This is also intended to illustrate the argument that it can be useful to consider the basic occurrences reported from sessions as data, distinct from the theory put forward to explain them.

We do not pretend that an individual construction is anything more than a conjecture which awaits examination, confirmation or rejection. We claim no authority for it, we require no direct agreement from the patient, nor do we argue with him if he at first denies it (Freud, 1937, p. 265).

This paper examines the conjectures and constructions that psychoanalysts have to make in their daily clinical work and how we should think about whether they 'fit'. I argue that validation in the clinical process is centrally dependent on the undertaking of two conceptual activities: clarifying what is

being asserted as 'true', and distinguishing clearly and at the relevant level between a notion of the 'actual' (the facts of a clinical situation) and the theoretical framework intended to comprehend it (an hypothesis about what is happening in a clinical situation).

I believe one difficulty in deciding what is being validated in a clinical process has been the tendency, first clearly set out by Sandler (1983), for there to be a gap between the relatively abstract metaphors which characterise most psychoanalytical concepts and the usually implicit working models that inform interpretations in practice. Another difficulty is the tendency to believe there is no difference between theory and data.

In this paper, I want to suggest the need to comprehend different aspects of a psychoanalytic process in terms of what is known as *Grounded Theory*, a form of hypothesis development which starts by attempting to make sense of situations through a process of comparing them with each other and which, its adherents argue, permits theory development that is closely fitted to the situations it is trying

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to know and, being experience-based, is practically useful (Glaser & Strauss, 1968). My starting-point will be to distinguish conceptually between what I want to call background orientations, clinical facts, clusters of clinical facts, working orientations, and grounded hypotheses. I will use these concepts to present and discuss some clinical material to try to show how I formulated a 'grounded hypothesis' to account for some difficulties I was having with understanding a

particular patient, Mrs A. I shall also be referring to 'micro-validation' (inside the session) and 'macro-validation' (outside it). Only at the end of the paper will I formally consider the questions of the validity of my double-hypothesis and how it could be more externally validated. The clinical material is designed to illustrate and explicate a methodological approach to the question of validation, but not in itself to validate the hypothesis.

SOME CONCEPTS

I now want to differentiate between how psychoanalysts generally conduct themselves in the sessions and how things might be thought about after the sessions. It is common ground that, at least in principle, analysts try in sessions to work, within the bounds of their inevitable *background orientations*, with as open a mind as possible—attempting to attend to whatever occurs with evenly-suspended attention.¹ Gradually, analysts expect to sense what they think is the patient's *unconscious* concern at that moment. As the session progresses, memories of past material from the patient or all kinds of ideas, including apparently irrelevant ones, will impinge on the analyst more or less consciously and become linked with what is being heard and experienced. This is how I try to work, and in this way what I have come to think of as *clusters* of psychoanalytical *clinical facts* emerge in each session. It is from these, more or less consciously appreciated, developing clusters, that I conceive that interventions are usually made—although I find that sometimes I only realise what I am saying or see links, or perhaps decide I have completely missed the point, while I am actually speaking, or possibly later when I have noticed how my patient responds. This can seem untidy and even undisciplined but the analytic work, based as it is in the claim to be able to sense another person's unconscious mental life, is founded on the analysis and understanding of subjective feelings, unconscious enactment and unconscious realisation. Moreover, for interpretations to engage the patient it is probable that they will need to be spontaneous and empathic—predicated on the analyst's emotional engagement and capacity to be surprised.

In so far as analysts reflect on the sessions outside their participation in them, however, I consider the process to be significantly different. After the session an analyst is at least *somewhat* outside the transference-countertransference matrix and less of a participant. To reflect on the validity of what is being done, the analyst can engage in a more systematic effort to see what is being learned and not learned and be able to assess its evidential base. The time framework is stretched, and distinctions and patterns not seen in the heat of the moment

can be discerned and their generalisability and interconnectedness considered.

² It is, therefore, outside the session that I find useful the two other concepts that I have mentioned: *working orientations* and *grounded hypotheses*.

I subscribe to the view that there is no such thing as data of any kind without a perspective from which to know it. On the other hand, I do believe it is useful to recognise that some observations involve more inference than others. As I look at things, within the focus provided by the *background orientation* to any analyst's

¹*I am using evenly-suspended attention and free-floating attention interchangeably. I define them to mean not 'the "clearing of the mind" of thoughts or memories, but the capacity to allow all sorts of thoughts, day-dreams and associations to enter the analyst's consciousness while he is at the same time listening to and observing the patient', following Sandler (1976, p. 44).*

²*I am not arguing that what is thought after the session is more valid or can be taken wholesale into the next session. For reasons already given, interpretations in sessions, arising out of the intersubjective field between patient and analyst, have to find their origins in the experience in it. Afterwards we reflect, but in the next session we should be suspicious if such reflections do not seem to grow from our experience.*

³*Some of these arguments are set out in Tuckett (1993). An additional issue, raised in a personal communication by Merton Gill, concerns the question of other ways of establishing the data and what is selectively not perceived, for example, by the use of recording devices. My view is that while it may well be interesting to use recordings to study comparisons between what is noted and what is not and what the analyst has to say about that, the essence of psychoanalysis is that the analyst, as a receptive human being making sense within a communicative field, unconsciously as well as consciously picks up the data within a framework of meanings. A subjective report rather than a transcript of a recording is, therefore, indispensable as the basic data.*

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observing and listening, then, if psychoanalysis is being undertaken, the occurrences noted by the analyst in the session, provided they are apprehended within the framework of free-floating attention and free association, are what is to be regarded as the psychoanalytic data. In this sense, I argue that if there is a reasonably detailed clinical account intended to describe what has actually gone on in the session, then that account is usefully considered as providing *the clinical facts*. The account will include information

about what the analyst has noticed and also, through hints that other analysts will quite probably notice, can even provide significant information about what was noticed unconsciously but not immediately apprehended, or even what was completely ignored (Tuckett, 1993).³

My several conceptual distinctions are intended to suggest a gradient in focus from the first, rawest possible level of basic data (*clinical facts*), to a second, more conceptualised level of collections of linked facts (*clusters*), to a third level of more focused selections (*working orientations*), and to a fourth, still more focused and organised level of *grounded hypotheses*, characterised by their linking of observations in a more generalisable causal model. Although these terms and levels are arbitrary, they describe what I think is an essential hierarchy of conceptualisation separating a gradient moving upwards from clinical facts—particular experiential observations resulting from a quite general focus—to grounded hypotheses—still experiential ways of knowing and drawing more generalisable conclusions about the facts.⁴

In what follows, I shall be setting out to describe the gradual development and exploration of two linked hypotheses intended to throw light on and help me to know how to modify a problem my patient, Mrs A, and I seemed to be having with meeting: that is, working together as analyst and patient. I formed and clarified my hypotheses gradually during the course of the work with her and then in writing this paper. With these hypotheses I feel that I came to know much more about how Mrs A relates to me, herself and to others. As things stand the hypotheses seem to me to 'fit' given what I know now. They have proved serviceable since I developed them and I cannot, at the moment, think of a better way of understanding the difficulties on which I have chosen to focus. Time passes. Other difficulties may become apparent or new facts may emerge to suggest that what I am hypothesising can be contained within a different explanation. All hypotheses and theories must historically be regarded as culturally and temporally specific, although any new and preferred theory needs to include an explanation of the previous way of understanding data.

Meanwhile, my current confidence in these hypotheses is built on two separate levels of activity, which I want to introduce: the *micro-validating* activity of my work in each individual session, and the *macro-validating* activity of seeking to explore and to think outside the sessions about the pattern of development within them. These two activities can and probably should be mutually reinforcing, and, no doubt, form part and parcel of many analyses. They are certainly very much part of the oral tradition in psychoanalysis and psychoanalytic education.

Micro-validating activity, questioning what we and the patient have selected to know and not know and how and why, goes on all the time in most ordinary analyses, particularly as we seek to bend our 'ears' to the patient's

⁴*I am, of course, aware of the arguments here. I do, however, believe that it is unhelpful to treat a report of clinical facts as the same thing as an hypothesis about them—there is theory involved in observation, but it is at a lower level. To disregard this is a symmetrisation (Matte-Blanco, 1988). In this connection the Shorter Oxford Dictionary on the matter of a 'fact' is interesting. Six definitions are offered, the most relevant being: '3. Something that has really occurred or is the case; hence a datum of experience, as distinguished from conclusions' (1673). I take the view that psychic reality is real and a datum of experience that can be apprehended.*

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responses to the interpretations we make. I will here report some of the ways I tried to assess Mrs A's responses to what I said and how I consequently sought to adjust my ideas. Other colleagues in this series of papers have carefully and sensitively described their well-thought-out attempts to assess the meaning of their patients' responses, the light they throw on the partial theory implied in any interpretation, and how they adjusted their understanding accordingly (for example, Etchegoyen, 1994); (Michels, 1994); (Steiner and Britton, 1994). It is part and parcel of accepted analytic technique that we seek to amend our understanding and interpretation according to a constant subjective monitoring of the 'truth' of what we think is happening.

Macro-validating activity refers to activities conducted outside the session aimed at questioning what has happened in it. To consider this topic and write this paper, I decided to take notes on several patients and to reflect on what happened afterwards more systematically than I usually do. *Macro* -validation shifts the perspective and, by providing an alternative viewpoint to that of the session, entails a small but significant step towards validation: an underlying principle in all scientific work is to compare situations from different points of view and to reflect on the resulting differences. I was able to look back at what had happened over various time frames as well as to consider details in the sessions afresh.⁵

A second aspect to the *macro* -validating I tried to do by thinking through the sessions afterwards was the opportunity it provided for spelling out to myself what I had been thinking and for comparing different situations in the sessions. I have suggested that interpretations in sessions are formulated more or less

explicitly out of what I have called *clusters* of selected clinical facts. I have also stressed that sometimes we even need to hear ourselves speaking or to hear how the patient responds before we know what we have said or thought. The imperative of seeking to establish some kind of free-floating attention and needing to retain emotional immediacy in our work is inimical to the spelling out and examining of the logical links that are involved in developing what I have termed *working orientations*, let alone fully-fledged hypotheses. Nonetheless, spelling out a working orientation or hypothesis—as with writing out an idea or writing a paper—tends to highlight problems and inconsistencies and has the potential to be both enormously clarifying and improving of precision. The process is analogous to the work that has to be undertaken to develop research measures of any kind.⁶

MRS A: BACKGROUND

In describing Mrs A's analysis I will provide raw data in the form of clinical facts together with an indication of the linked clusters of facts that had been forming in my mind and which informed what I said. When I offer reflections on what I believe I was learning at a particular point in Mrs A's analysis, I will refer to developing working orientations and, eventually, to my grounded hypotheses. I shall describe four sessions in some detail, beginning with some background. What is and is not gained by publishing clinical material in this way raises complex issues to be discussed in other papers in this series. Here the aim is only to provide the reader with an opportunity to understand the detail of a process through which an hypothesis can be developed and explored.⁷

Mrs A was born in a middle-eastern country. Her family were there on an overseas posting

⁵*I discuss the limits imposed by working alone at the end of the paper.*

⁶*For two or more observers to agree about the presence of something they need to define it and learn, by a process of discussion and argument after individually making their assessments, what the criteria are. See, for example, Brown & Rutter, 1966; Tuckett et al., 1985.*

⁷*The problems involved in 'publishing' clinical material are discussed in other papers in this series. Everything said in a session is pregnant with contextual meaning. I would like to distinguish between the problem in a written account, where there is no opportunity for an interchange between author and reader to clarify a shared understanding of the way the analyst's mind was working,*

relatively uncontaminated by the ideas the reader may have, and the problem in a spoken presentation, or better still an ongoing clinical discussion group, in which there is. Understanding a clinical account requires access to a large range of contextual meanings, which is only possible within a dialogue.

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and she was educated in western institutions. She has a brother three years younger, shortly after whose birth her parents separated and then divorced, thereafter moving to several different countries. She is variously talented and highly intelligent and arrived in this country on a scholarship to do postgraduate work. She got married and left the country again, but then very rapidly separated from her husband before entering a fifteen-year period in which she was unable either to establish a career or to extract herself from a repetitive pattern of relationships, which included her terminating several pregnancies. Her father remarried, while her mother has pursued a successful career overseas. Both are constantly present in the sessions.

Mrs A was referred to me in her late thirties, and I had been seeing her for a number of years prior to the period of work I shall describe. At referral she was in a panic about how she was to have a baby. She was still stuck in various unsatisfactory repetitive relationships, complaining of having suffered sleeping difficulties since she was a child, having problems concentrating, unable to determine which career to follow, and very resentful about her situation. By the time of the sessions I shall report she had settled into a stable and much more satisfactory relationship, given birth to twins, forsaken some rather unrealistic career aspirations and had begun to make forward strides in a new career in music. She had also improved her relationship to her father. However, these changes in her life situation, although quite dramatic, were not really matched by improvements in her capacity to understand herself or others.

Mrs A attended her sessions assiduously but until quite recently could become very panicky and find crises developing especially around breaks. Certain phenomena had materialised which seemed to require better understanding. Among these, firstly, was the observation that at the beginning she had disagreed with virtually every link I made, only to find she quite agreed the next day—except that I no longer recognised what I had said. Later she would lose concentration or find herself much more interested in what I stimulated her to think than in listening to what I was saying; or she would find that she no longer knew what I had said. Secondly, her narrative was repetitively preoccupied with expulsion and expelling, marginalisation and marginalising. She would constantly report on whether she felt 'up' or 'down' in relation to her mother, her father, her friends, employees, acquaintances and her analyst.

Thirdly, her thinking tended to be one dimensional—one view at a time, often precisely the opposite of the previous view. Fourthly, she saw her history mainly within the framework of being treated unfairly and badly. Finally, when she did feel she was interested in what I said she would be suspicious that my purpose was to humiliate her. Such facts had made our 'meeting' as analyst and patient difficult. Moreover, I had been aware of the problem from the beginning and had tried to understand the difficulty in a variety of ways. It was, for instance, quite obvious that Mrs A coveted my position in our relationship and that this contributed to her difficulty. I have also conceived of the situation in terms of an attempt to maintain a state of fusion and to evade the consequences of separation, predicated on any recognition of difference. Mrs A herself seemed mainly to believe that her problem was that she had been or was being traumatised, and perhaps she was owed an apology—although she also did not think that would help much.

I shall be discussing a period of about eight weeks in Mrs A's analysis which began when I selected a session to discuss at a regular clinical meeting with some colleagues. As a result of that discussion I had been alerted to the thought that my main focus on the problem Mrs A seemed to be having with engaging her own thoughts and staying with them within herself, was under-emphasising a parallel problem she and I seemed to be having with meeting as analyst and patient: making useful and sustained contact while addressing Mrs A's difficulties and trying to help her understand them better. For example, in the session discussed with my colleagues Mrs A had brought two apparently interesting dreams, but we had not been able to use them to advance our understanding. In the same session she had brought anxiety, serious mental pain and suffering, but these too had somehow fallen by

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the wayside. I had noticed that Mrs A seemed to have difficulty sustaining any concentrated examination of her own thinking, but I now decided that my interpretations shifted their focus somewhat erratically and also that sometimes what I said was more strident than I had realised, or feel comfortable with realising, particularly when Mrs A seemed to break off contact with what was being discussed. These observations about the problem we seemed to be having with meeting became a point of reference or, in the terms I have set out, a *working orientation*, and I shall describe how things then developed.

SESSION 1 (WEDNESDAY)

The first session I shall summarise took place three weeks after the one I had discussed with my colleagues, about a week after my meeting with them. In the days beforehand, Mrs A had been suffering severely from an increase in her sleeping difficulty—waking up in the middle of the night and staying awake for several hours. She has also been very upset and confused about the behaviour of her secretary, who had decided to stop working for her at short notice. In the session she was provocative; I felt teased and baited from the moment she began. Soon she was telling me about how nothing useful had ever happened in her analysis.

Among the things she said was that having to think about what she was doing rather than act was laying her open to abuse. She ought to consider medication, and that by contrast 'analysis is like talking to a broken leg and expecting it to get better'. She had also been 'forgetting' to bring my cheque, and in this session, when she had done so, told me a long and complicated story involving several other people, all of which appeared to mean that although she had now given me the cheque, there was no money in the bank and I could not cash it. Eventually, she also complained of 'no-go' areas between us—which included the complaint that she could not talk about what had gone wrong with the secretary who had walked out. When I had invited her to elaborate specifically on why she felt she could not talk about this she had declined my invitation, apparently seeing it as a trap to get her to change her view or conclude she was in the wrong. Later, when something I said really seemed, at least temporarily, to be understood by her as seeking to take her complaints seriously, she seemed to disengage and became increasingly complaining and provocative. She engaged in a long consideration of the possibility that she does not need so much analysis and might drop a session, provided she could have it back whenever she wanted it.

In this session with Mrs A, I thought she was excited, distressed and provocative to an extent where from past experience I felt she was far more interested in watching me carefully to see if I would retaliate in some way, and not at all interested in the content of any interpretation. I had no doubt she was desperate in some way, but I had the impression she was potentially as well aware of the ways she had been distorting and slanting her account as I was and fully expected me to question or contest what she was saying. Based on this impression, for most of this difficult session I decided that the only thing to do was to avoid mitigating or inflammatory comments. The few remarks I made were guided by the idea that Mrs A seemed to be locating the source of her troubles in me, but to be having difficulty with the idea that her belief that I was

erratic, intransigent, blaming or abusive could really be shared and considered, rather than avoided, retaliated against or argued about. However, a moment did eventually come when I thought it possible to suggest that perhaps Mrs A had been more interested in provoking action than understanding. I wondered aloud to her whether she thought that perhaps she had been concerned to see if she could draw a response from me to see if I cared and to see, as for example with the cheque, how I liked being teased and what I would do. She calmed down dramatically. She said she had just remembered something. While arriving and walking past the Institute offices, she had thought she could see me through the window in a room upstairs waving my arms. She had imagined I was screaming at a woman

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in a row and that I was off the rails. 'Perhaps you have been off the rails for some days', she said, 'and you are now feeling very guilty about how you are treating me?' I was quite near the end of the session and I restricted myself to commenting that I thought that with those anxieties I could see that she felt very doubtful about getting a helpful analysis.

I wrote up the session I have just described with a strong sense of doubt. Although I could not imagine what Mrs A actually had seen, her recollection and the imagined cause clarified the depth of her concern. What she had said came up at the end of the session, but immediately she said it I felt the idea that I was 'off the rails' was very much something to be stuck to and explored. Interpretations suggested themselves—for example, a fear she might have driven me 'off the rails'—but I thought I wanted to know much more before saying anything like that to her. However, I also had a nagging suspicion that I had become far too paralysed—to the extent that I had to struggle against deciding it might be a session I would rather forget.

TWO EMERGING WORKING ORIENTATIONS AND A NASCENT HYPOTHESIS

Over the next few sessions several clusters of clinical facts emerged providing me with two definite working orientations and a nascent hypothesis about the difficulty between Mrs A and myself.

One cluster, repeated in different ways in the next three sessions, concerned Mrs A's idea that I was 'off the rails' or was cracking up. She raised the idea quite explicitly and firmly, and explored it aloud. She also said that somehow

she had now been given permission to feel that she cannot rely on me, and that I am bad and maybe exploitative. She said that for a long time she had been aware that analysis makes her vulnerable to mad people, because she feels that instead of being able to think they are mad, she must consider whether she is.

A second cluster, also repeated in several ways, involved Mrs A becoming very suspicious about why I was not arguing back and protesting my sanity—what she termed being 'so nice' to her. After a quite blatant and unsuccessful attempt to provoke me to argue, she wondered why I was not. The following association revealed one way she had of informing herself about what was happening. She said she was suspicious that I was trying to *lure* her into something, but then became tearful. After that she had then described, hesitantly, the fantasy that I was at that moment trying to lure her into a labyrinth lighted by very bright strip lights, in which it was impossible to close her eyes. She had developed this shortly before adding that when she has insomnia she has visions of some sort. She feels as though her eyes, although closed, were wide open, with burning lights coming into them from below.

A second explanation for my 'nice' behaviour became evident a session later, leading to a third cluster. I had reason to say something to Mrs A about how she seemed at that moment undecided as to whether our relationship would be based on trying to benefit from each other's strengths or weaknesses. She had then become reflective about what had been occurring for several sessions, and began to express fears that she may have defeated me, i.e. actually to have convinced me that it is I who am mad. That, she said, expressing great concern, made her feel very lonely. The statement seemed important, but its *sequelae* revealed a further cluster around Mrs A's fear about addressing our relationship directly. A little later I had tried just that by saying I was uncertain whether she was expressing concern about trying to defeat me or about actually having done so. Her responses clustered such that they suggested to me she quite disengaged from this line of enquiry. She had first responded with a silence. Then she had said she thought she'd got the vague essence of what I had said. Then, actually, she revealed, while I had been speaking she had not really been listening, because she had been thinking of various thoughts of her own. However, in a consoling manner, she said she certainly felt that she had got 'the gist' of what I had said and it had seemed important to her; yet, as

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she went on, the patient made it clear that she actually had no idea what we had just been talking about.

Reviewing these sessions, in what I have termed macro-validation and focusing on the variety of ways in which Mrs A seemed to experience our meetings and how she seemed to inform herself about them, I was beginning to discern a development.

Session 1, I now thought, had begun with Mrs A under the influence of externally- and internally-induced experiences of expulsion and exclusion from relationships; her secretary had walked out on her in circumstances which were potentially part of a pattern and she had some idea that she was not doing justice to her capacity to think and stay with her thoughts about that and other matters, and linked her insomnia to that. However Mrs A's idea that she 'saw' me rowing and waving my arms may be explained, she was suffering a very profound sense of distress and hopelessness about being able to meet me in a useful way. Filled with anxiety, some guilt and distress, particularly about what was happening between us, I think she unconsciously tried to expel these feelings by attempting to get a critical and unsympathetic reaction from me so as to enact a very explosive meeting. I imagined this would re-establish a *status quo*, providing her with some sense of superiority and excitement.

Looking at the detail of the session again, I was now particularly struck by a cluster of observations focused around the issue of which of us held power in the sessions and how we used it. The emotional quality was one of a cruel 'cat-and-mouse' game (reflected in the wariness of my countertransference): there was implicit and explicit power play. I had also already noted my apparent paralysis as an analyst who could voice interpretations and how Mrs A had disengaged at several moments when it seemed there was hope of contact. Mrs A had also explicitly exposed her expectation that our relationship could only be one of screaming at each other. Putting these observations together led me to two *working orientations*. Firstly, I now thought Mrs A seemed to be describing and seeking to enact a very pressurising and repetitive mental experience reflecting her ideas about the kind of thing to be expected from meeting in a relationship—trapping, screaming, expelling, intruding, reversing, taking over, getting in the power of something cruel or mad. Secondly, with the experience of containing and verbalising this, what seemed to be revealed was a defence against knowing about 'not meeting'. This, at least, was how I now thought about the disengagement in Session 1 and then, in the later session, the way Mrs A had reacted when I had tried to explore the exact nature of her ideas about our meetings, when she had suddenly seemed to break off listening.

Two sessions later—by now just over a week after Session 1—Mrs A told me of what she called a very 'strange' incident with her partner the previous night. He

had responded to a complaint of hers by remedying the situation, but some minutes later he had then good-naturedly, albeit in a puzzled way, pointed out to her, to her surprise and embarrassment, that she was going to great and complicated lengths to behave exactly as though he had not. Following this she told me that she had been very frightened about not being able to sleep at the week-end and had had a dream about lying to her mother.

In the dream there were two houses. Her mother and she lived in one. In the other house there was a mentally-disturbed girl. This girl clearly needed help and she told her mother very forcibly that she was going to take the car from house number 2 and drive this girl over to house number 1 so as to be able to take responsibility for her. She was very resolute. The lie was that she was aware that she was not sure if she had done it.

I will not report the associations, which actually included new and spontaneous reflections on matters of her history, but I took the view that she was now viewing herself as a mentally-handicapped girl needing help to face what she can see herself doing, but that she was very divided about whether she can let herself own that knowledge and face it. At this point, Mrs A seemed to have become capable for a moment of insight into the nature of the way she informs herself about what is going on in a relationship, not just with me but also with her partner. When he corrected what she complained was wrong, she behaved

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as if he had not. However, she had been able to listen to him saying this and had reacted with concern, shock and a dream: one in which she seems to be struggling to admit to herself her mental handicaps.

At this point I felt I had a nascent hypothesis about Mrs A and the structured way she informs herself about relating to me (as to others) and defends herself against knowing what she experiences. Unconsciously, and increasingly consciously as well, Mrs A seems to believe that emotional engagement with me, a real meeting between patient and analyst is trapping and, therefore, pointless: it just creates bad feelings. Her unconscious fear, noticeable when we could talk about how I was 'off the rails', is that we are just the same, that I am as paralysed in the situation as she is. I, therefore, can only scream in rage or frustration at the situation I am in with her and there is nothing to do in the relationship but to try to be on top and do the trapping. Since she believes this is my view as well, as we are the same, we are caught up in a desperate vicious circle which is both fruitless and almost pointless—a cycle of being trapped and

trapping. Either she feels trapped by me or I feel trapped by her, in which case she has to face what she has done and be trapped again.⁸

FURTHER DEVELOPMENTS

My nascent hypothesis became clearer as a result of subsequent developments and my thinking about them. Later sessions provided the comparative framework to test the hypothesis as well as to permit its further development and consolidation. Looking back, I noticed that in these further sessions Mrs A's behaviour and associations had been very different depending on the context in which she was experiencing our meeting. When I interpreted in ways which took Mrs A's fear of being trapped or trapping into account, the outcome was markedly different.

For example, two days after the mentally-handicapped dream session, Mrs A again came in a provocative state of mind. It later emerged she had dreamt of being covered in and forced to eat elephant shit, and from the context and associations it was clear she had become aware of feeling very guilty. I understood that she felt I was forcing her to eat shit and eventually recognised what had been happening in the session as an unconscious attempt to bring about a reverse enactment, rather than to know about the issues in her dream. I thought she felt very confused and frightened about being drowned in bad and fragmented feelings, which she felt were being stuffed back into her, and when I tried to talk to her from this perspective she was much calmer and able to listen. She brought more material indicating some willingness to address her own guilty feelings. However, when I tried to talk to Mrs A about what it was she felt guilty about, she found this very difficult and almost immediately began to complain of having too many thoughts and being confused. As I would now see it, with the full benefit of my hypothesis (and of Mrs A's dream), these latter interpretations were mistaken. She had, I think, backed off because of a feeling that I was using what she was telling me to stuff her, to take advantage and to trap her. To be successful I would have needed to address her disbelief about that directly.⁹

The next session was almost entirely devoted to a long adversarial story about how someone was trying to push her around and usurp her position. I was repeatedly pressurised to take sides, with the implication that if I did not I was against her. I am now pretty sure that

⁸*There is a link here to Freud's ideas about the use of the past in the present, set out in the 'Constructions' paper. He talks there about the use of fragments of reality, to preserve the delusional power of an element of historical truth in the present, in contrast to the capacity to see a larger reality in the present. I imagined at this point that Mrs A's fear of being trapped rested on a combination of real experience—the real pain and suffering in the present, which was inevitable the more she realised what had been going on and how she contributed to it—confusedly re-experienced as the revival of a past traumatic experience.*

⁹*My interpretation that she thought I was trying to stuff her was, I think, on the right lines and enabled Mrs A to explore further. My subsequent behaviour in talking about guilt led to rapid disengagement. On reflection this was, I think, a case of my subsequent actions undermining my previous words. Deeds shout louder than words, especially in more primitive states (see Chused, 1991, for interesting examples).*

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this quarrel referred to her experience of what I had been doing to her in the previous session, followed by the week-end. I had been usurping her and this was a reverse enactment. At the time I had not sorted out my thinking or the hypothesis I am describing and Mrs A was so powerfully preoccupied with her 'real' quarrel and I was under such pressure that all I was able to do was to notice how I was being forced to take sides. By the end of that session I had been able to talk to her about that. Fortunately, the issues then returned for consideration the next day.

SESSION 2 (TUESDAY)

Mrs A began with the latest reports of the same quarrels all over again. However, after telling me about them at length she reported that there had been a dream.

There was a kind of party going on and someone (O) representing the organisers of public recitals (A) was on a platform and waiting to hear from another set of organisers of public recitals (B) as to whether they (B) were going to put on her work. In the dream she felt it was odd that O was doing that as her firm (A) has already agreed to put on a public performance of her work themselves. It was a Friday evening and firm B had promised to ring back by 5.00. They did not, but she went on waiting.

Firm A's representative said that if firm B did not ring it didn't really matter as firm B were not a very good lot of organisers anyway. O also said that Mrs

A need not worry as she already had her contract and a down payment and she would not need to give it back.

Mrs A said she had awakened after the dream and talked to her partner, who had fully supported her position in her quarrels. Then she had gone back to sleep and had another dream, which she could not remember. Among her associations, Mrs A remarked that it was odd that O of Firm A seemed to be acting as her agent, when she already had agents.

I understood Mrs A's dream mainly to reflect what had happened the previous day, when she had tried and failed to get me to change from being her analyst-publisher, someone who makes public her unconscious thoughts and feelings to her, into her analyst-agent, someone who promotes her point of view and takes sides in her quarrels instead of helping her see what they might be about. I said something like this to her.¹⁰

Mrs A listened carefully to me, but then interrupted to say that something had suddenly gone missing. She had been following me, but then there was a hole. Still, she maintained, she thinks she knows what I was talking about anyway. In the material which followed, in which she first tried to improvise what I had meant and completely missed the point, it was clear to both of us that she knew no such thing.

Writing up and thinking later about the last few sessions two clusters of clinical facts seemed to focus around Mrs A's responses to becoming aware of how trapped and trapping her idea of a relationship is. My two working orientations and my nascent hypotheses were appearing both more generalisable and serviceable. In the session concerned with the elephant shit I thought she had lost contact by becoming confused at the very moment she sensed it might be possible to have a different kind of relationship. In the session just mentioned, things had gone missing into a hole (after which she had to improvise so as not to notice) at the moment I made explicit the thoughts in her dream about how she had been trying to force me into becoming her agent. These two clusters could be added to the similar one, mentioned earlier, when she got only the 'gist' of things. Thinking about these developments I realise the *working orientation* which had long led me to be sensitive to her defensive loss of contact was beginning to become part of the hypothesis about trapping

¹⁰*As I mentioned, on reflection, I had not seen the relational meaning of the material about the usurping quarrel sufficiently. Looked at as a communication about and as a reverse enactment of Mrs A's feelings about being unsettled and*

usurped by the insights resulting from the elephant-shit dream and the immediate eviction of the following week-end, the quarrel could have been more directly addressed and this might have helped Mrs A to stay engaged. I view this as a possibility illuminated by the hypothesis and an example of its utility.

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or being trapped—what I shall now call a double-hypothesis. Loss of contact seemed consistently to be associated with situations of insight into her experience of relationships as inevitably trapping, her part in it and the awareness that things might be different for me, for others, or even for herself. The last two sessions I intend to present, both in some detail, took these ideas further and seemed to confirm their utility.

SESSION 3 (FRIDAY)

About half way through the last session of the same week as the 'public-performance' dream, I was commenting to Mrs A about how I thought she was struggling to think about and to research terribly painful situations for which she feared she might have to take some responsibility. She interrupted me to say that she could feel a resistance inside her; she could feel it building and building. As she told me this, her tone of voice rapidly switched from being very emotionally engaged to one of complaint and superiority as she was speaking. She began to complain how things were hopeless there and then and to get slightly excited.

I decided just to ask her about it: 'Can you tell me about the resistance?' Well, she said, as she was listening to me she was breaking my words into syllables and then into letters and then into fragments of letters. Everything was fragmenting and being broken into bits (she described this in more detail and quite vividly). She said she had then found herself saying to herself that she cannot do this, this is destructive and she must hold on to the meaning of what I am saying. She had experienced a tremendous struggle to do so, which eventually she found too much, although, she added quickly, she feels she comes away with some essential meaning.

I did not comment on this last point, but rather tried to confirm her insightful self-observation as important. She obviously felt encouraged and relieved. Then, a little later, she was telling me how, as the communication between us is going on and I am speaking to her, she feels that there is a hedge between us with lots of pathways and signs of light which one can get lost in. She has to find her way through. It is like a labyrinth which she feels is quite impossible

and she loses heart. However, as she was telling me this, she began actually to lose heart and to become complaining and hopeless. She said she felt that I just leave her on the other side of the hedge and that it is hopeless. I should come through and get her and not just describe things for which there are no solutions (what she actually said was more desperate and less articulate, and she became more and more complaining).

I thought she was describing how she now felt desperate and hopeless and that what seemed to have happened was that she felt there was nothing more to be gained from me, behaving as I was. I said this to her suggesting that I was now someone who seemed to her to be completely paralysed and that she felt given-up on. Soon after, Mrs A mentioned what she felt had been a big secret: that she did think I had been paralysed. Very hesitantly, and with no trace of excitement that I could detect, she told me about this, referring to her ideas about how, when I have not been responding to her accusations about being 'off the rails' and the like, she has been wondering what it means. One idea was that I am really secretly full of desire to get back at her, but I am a good actor and so do not show it. Another idea was that I agree I have been treating her badly, but am too ashamed to acknowledge it openly.

Among other things, I thought she was now implying that when I say 'I understand', she seems to feel I mean 'I agree', and that this seems to mean we are the 'same'. I said something like this to her. She then said that her experience was that when I agreed with her the couch and my chair moved closely together and it was true that she then felt that somehow I could then do nothing. I commented briefly that what seemed to happen was that when she thinks I understand I cease to exist as someone separate and that means I am lost as her analyst. As soon as I had finished saying this, albeit reluctantly, seriously and perhaps sadly, she said what I was saying had been interrupted by a very quick thought about her mother, which she had at first been inclined to dismiss, but it had remained with

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her. It was about a feeling of an attitude of superiority towards her mother.

Something about the way Mrs A had just spoken, together with the fact she usually only talked about her mother as a rival or as a set of demands and obligations, made me feel that this response was remarkable. I thought her attitude of superiority had actually been defensively tacked on to the idea of feeling herself aware of the need to be mothered. I thought she had just experienced herself concretely to have been fed by my understanding. In that context I thought that she might actually be trying to convey something about

her experience then and there of being forcefully and frighteningly separated from contact with me (*qua* mother). By speaking meaningfully, I thought I made her aware I had been thinking my own thoughts, recreating the situation in which she was once utterly dependent on mother for survival, but frighteningly separate from her too.

What I said to Mrs A was that I thought she might be realising that she had not been listening to what I had actually been saying because the experience makes her aware of being separated from me by a labyrinth in which she feels she will become utterly lost forever. It is her mother-me, as a baby needs a mother, that she has in mind, but has quickly to push any sense of dependence away and make herself superior to such a thing.

The next association seemed to me to intensify the sense of contact.¹¹ Very seriously, Mrs A said that a thought had come to her mind. Last night she had been upstairs and had suddenly been aware that the door was not in its usual position; only a little open. She had felt very anxious. Normally, her door is at least 90° open and the children's is wide open, so she feels she can look after them. She cannot imagine ever being able to close the doors on the children, although she supposes it must be possible. She knows that another woman she knows was able to close the doors on her teenage son.

Mrs A has had a real struggle to accept her children's separateness and to judge what might be called their phase-adequate requirements. She has found it very difficult to determine boundaries with me in the analysis and with others or to think about them other than in a very intellectual way. I, therefore, took the remarks about the door not being in the usual position to indicate some increased mental strength. I limited myself to making some affirmative noise (Um!).

After a pause, and sadly, she said very thoughtfully that she supposed she was talking about the week-end break from analysis (it was a Friday session). Finally, two subsequent associations brought her unconscious anxieties about the meaning to her of my holiday, now only four sessions away, into clearer focus.

The sense of emotional contact in this session made an impression on me. The session also seemed to clarify a number of issues relevant to my hypothesis. Mrs A had given a quite precise description of how she fragmented an interpretation—one which was dealing with the pain of research into her relationships, which it seemed she preferred not to know. She then gave an account of feeling she was in a labyrinth and of her 'secret'—that I have been totally paralysed by her. If I agree, I am, apparently, totally dominated by her.

With this acknowledged so that I could be reconsidered as a potentially usable object, she went on to associate very rapidly to her mother—which I understood as conveying an immediate fear of terrible infantile dependency, if she allows herself to know what she needs. That shared, she went on to speak in a genuine and moving way of her fear of separation and, perhaps, an increased capacity to explore it.

Thinking back about this session, I feel that there was evidence that Mrs A's defensive loss of contact—now beginning to be conceived of as fragmentation—and her fear of trapping/paralysing or being trapped/paralysed, which she is defending against, seemed to be casually related. I was now beginning to hypothesise that a consequence of fragmentation would be to make her feel subsequently exposed to a situation of being a helpless infant and then to her desire to dominate this frightening situation by the familiar reversal and delusional superiority.

¹¹*This is an example of something I have to assert. I give some of the contextual meaning for this in the next paragraph.*

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SESSION 4 (THURSDAY)

The last session I will present took place about two weeks into the following term, now 43 sessions since the very first session I have mentioned. Some of the immediately preceding sessions had been concerned with Mrs A's very serious difficulty with allowing the children to take developmental steps at their new school. Among other ways of understanding this problem I had tried to address Mrs A's own difficulties with being left and her previous difficulties with weaning the children. Addressing these issues, which Mrs A felt urgently she needed to understand, had felt potentially very blaming and, therefore, trapping to her. We had not been particularly successful. There had also been a recent session in which Mrs A had described the thoughts in her mind, following an interpretation, as slipping through her mind, like grains of sand through her fingers.

Mrs A began the session in a tone of voice which somehow alerted me to her being in a very thoughtful state of mind. She told me in quite a convincing way about how she realised she was in a projecting mood. She had seen a woman of about her own age on the street and had almost immediately constructed a whole fantasy about her being in a deprived and miserable state on her way to

analysis. She had then caught herself and tried to think why she wanted to construct such a fantasy.

Next she told me about someone who 'needed to suffer the consequences of his own actions' and then about another person's visit the day before. This was the person she felt trying to usurp her (in Session 2), and who now wanted her out of the way. She was incensed, but felt very satisfied with a series of ideas about how she would gain control of the situation. However, she had not been able to settle to any work. She then told me that school had gone well and that she had talked to the Head. He had told her that she had a problem about leaving the children. The Head had said she was a bit too much under the children's thumb and she saw what he had meant.

I believe that the interpretations I made then were not indicated. Using the initial material I talked to Mrs A about her difficulties with owning needy parts and her contempt towards herself as needy and her awareness that she feels too much under the thumb of this part of her. There was an interchange about this, but I had an uneasy feeling about it—now I think because I was aware I had entirely failed to consider the implications for learning more about Mrs A's view of our relationship. Two subsequent associations dealt with her feeling that she was not part of the culture of psychoanalysis and with her problems in socialising. This is a negative example of *micro-validation*, as I call it. Although I was not sufficiently clear at the time to interpret to Mrs A that I thought things had gone off track, I was sufficiently bothered to be quiet for a while and to listen more carefully. Soon after she paused for a while. Then (very helpfully, as I now see it) she came back to where I came to think we should not have left.

She said: 'Well, the Head was telling me yesterday that to help the children I should go upstairs to a room and wait for them. In there I could not see what the children were doing and they could not see me. I agreed'. She then described in detail how difficult it was to stay in that room in those circumstances, where she did not know what was going on and could not see and just had to wait. She said she was quite unable to read or to think. She went on to say how after a very long twenty minutes the Head had come upstairs with the children who had done well.

I thought Mrs A was describing not only her situation yesterday but also the situation I had needed to get to grips with in the room where we were both at that moment. I began to talk to Mrs A about how I thought she was describing the intensity of the difficulty she has in talking to me, lying on the couch and following her associations holding on to an attitude of inquiry as to what they might mean, but having to wait to see whether her words, after being thought

about by me, would lead to something useful. I said I thought she was now hoping for something valuable, but meanwhile her experience was one of profound and horrible separateness, impatience and dependence, all of which she experienced as an attempt by me to put her

¹²I now believe I again missed a further reference to being an usurper, which could have been linked with all this, when she informed me about the usurper and her plans to deal with her and how this left her unable to do work. This was a very rich session in which, in my view, many aspects led to the eventual conclusion. There was a lot of opportunity for macro-validation.

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under my thumb. Naturally, that was difficult to bear.¹²

I paused and in the silence I had a sudden feeling of several things coming together, essentially a sense of some aspects of my domination hypothesis. Curiously, just as this happened, Mrs A reported that she was having difficulty in concentrating, and shortly afterwards said she now felt she was being bombarded by excess, 'somehow too many things are suddenly happening'. After a brief pause, she went on to say that she was now unsure what we had been talking about or what we had been saying. She could remember nothing.

There was a pause, and in the silence I at first wondered if I had been a bit vague and wordy. I thought I might well have been. However, on reflection, I thought that perhaps what I had said had made things come together in Mrs A's mind in a such a way as to make her uncomfortable. I therefore suggested this to her and found that while speaking I had added that I wondered if, to protect herself, she was using a technique of muddling and of turning her thoughts and mine into grains of sand, which then fell through her mind into nothing.

Mrs A's reply was sceptical. I then suggested we would have to decide what was true by seeing what came up. She was at first silent and a bit reluctant, before associating freely and spontaneously for about fifteen minutes. During this time she became engaged with her remarks and talked about a time when one of the twins was very small and lay staring at the attic roof. She now believes that this was the first time she had seen a sloping roof. Then there was another memory when the other twin, very little indeed, had got very frightened and disturbed when Mrs A had put her Moses basket down on someone's front door step and the door had opened. She then spoke emotionally about seeing the queue of elderly South African people waiting to vote and about her lack of

understanding of politics. Finally, after a brief silence she came back to the Head at the school. 'When I was at the school yesterday', she said, 'the Head spoke about my being *a bit* under the children's thumb. Actually, the quantity of being under their thumb is not the issue. It was well and carefully put: it really meant that I am unhelpfully under their thumb and that is what mattered.'

As Mrs A has often used the device of referring to something as *a bit* something as the start of a process in which it is eventually made irrelevant, this remark struck me forcibly as thoughtful and important.¹³ I took it to imply that she had the capacity, as a result of the previous interpretation, to know about feeling under my thumb, and could tolerate it and think about it rather than immediately reverse or fragment it out of awareness. I was eventually able to talk to Mrs A in this session about her fears of meeting with me in a dependent role under the condition of dominate or be dominated, her fear of seeing it and her usual hopelessness about it. I also thought she was hinting, if her association to the new situation in South Africa was any guide, at a hope that things might change. Before the end of the session she was to talk quite movingly about how she knows she uses muddle to avoid thinking about painful subjects and how she believes this is linked to her insomnia. Further sessions have extended discussion of these issues considerably.

MY DEVELOPED HYPOTHESIS

This last session seems to me to bring things together. After thinking about it later, I felt that the working orientations which had arisen from my thoughts after my initial discussion with my colleagues—focusing my attention on why Mrs A and I seemed to be having a problem meeting as a functioning analytic couple—had

¹³*In other words, in Matte-Blanco's terms, I was struck by the fact that Mrs A was resisting the equation of part and whole and was showing evidence of a developing bi-logical stratification (Rayner & Tuckett, 1988, p. 27.)*

become clarified and related. I now had a hypothesis to give me a clearer idea about Mrs A's core experience of relating to me (and I think to others) and what had been troubling it. I shall try to set this out as formally and clearly as I can.

1. My conjecture is that Mrs A lives much of her experience within a world of 'dominate or be dominated'. Mental pain of almost any sort seems to induce a

sense of someone trying to dominate her and enslave her horribly and intolerably. The analysis necessarily inflicts mental pain by threatening her equilibrium.

2. Mrs A's primary reaction in this circumstance has been to attempt to *reverse* the situation and become herself dominant and triumphant. The trouble is that, even in so far as this reversal is successful, Mrs A's situation is only relieved very briefly. Almost immediately she has another unpleasant experience: she suffers the loss of the dominated object and experiences that internal imago as paralysed or non-existent, exposing her to the consequences of loss and a further demand for defensive operations, or possibly an experience of becoming subject to the domination of the now dominated object. A vicious circle is in progress.¹⁴

3. In so far as Mrs A is able to endure the sense of being dominated before engaging in her primary reversal, as when she manages to have insight into her experience, I think there are two immediate and separate consequences. Firstly, she immediately experiences anxiety and guilt connected with seeing what she has been doing to those she has been seeking to force to engage in dominate-or-be-dominated experiences. Secondly, recognising the value implicit in what is potentially offered to her by a different kind of relationship, Mrs A also immediately experiences separation, impatience, envy and dependency. Since both sets of experience are mentally painful, they provide a further opportunity to feel dominated and to respond by reversal *ad infinitum*.

4. Mrs A's recourse to fragmentation is, I suggest, a second and perhaps deeper level: defence designed to deal with the desperation caused by awareness of the failure to obtain much lasting benefit from her normal mode of reversal. Fragmentation seems to have been used, as in the examples above, to attack information reaching her which threatens her conviction about the domination model of relating and so confronts her with anxiety and guilt, or separation, impatience, envy and dependence. A problem when she has fragmented her mind and chopped her thoughts and mine up into fragments or grains of sand is that she suffers a severe loss of ego-function.¹⁵ This very primitive solution, in turn, increases her vulnerability and anxiety—resulting in insomnia and paranoia.

My double-hypothesis, looked at from the above formulation, is in fact an hypothesis about two interacting sets of defence against the experience of mental pain as someone else's attempt to dominate her—reverse and fragment.

In the sessions, as I have here tried to make clear, the developing conceptualisation of a pattern of clinical facts, clusters, working orientations and hypotheses emerged only gradually and obliquely from the day-to-day material. The extent to which Mrs A lived within a world of dominate or be dominated began to become clear to me only during Session 4, when she described her frighteningly moving and desperate experience in the room waiting for her children—a room in which she was put so they could face a necessary developmental task, and because previous attempts had shown that Mrs A was too much under their thumb for this to be possible if she was there.

The experience of listening to that account was very powerful indeed. I have said that I eventually took it to refer to important internal events. I then suggested to her that the experience she was trying to communicate to me was one of profound and horrible separateness, impatience and dependence in the sessions and

¹⁴*I believe that for much of her life, and certainly for much of her analysis, Mrs A has lived within a vicious circle of this kind mitigated only by an attempt to get others to enact it as a sado-masochistic game in which dominating and being dominated becomes an exciting end in itself: a see-saw set of screaming matches from which one can kiss and make up.*

¹⁵*In other terms one might say she becomes dominated by severe projective identification.*

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how this was all experienced by her as an attempt by me to put her under my thumb. I know that when I said that I did not have my hypothesis in mind. The interpretation emerged from listening in an analytic way. However, as soon as I had said what I did, while I was silent and various aspects of my domination hypothesis were coming together in my mind, Mrs A then experienced herself as being bombarded and dominated. In the following moments she again revealed to me the way she fragments her mind to remove the pain. But this time it became clearer that a consequence was that she then felt bombarded by the fragments that seemed to be retaliating against her in the form of my words.

Mrs A's succeeding 'free' associations to the attic roof and to the tiny infant crying in terror at the opening of a front door were, for me, both illuminating and confirming. In the session this was partly due to the content of what she said, but also due to the atmosphere which seemed to have been generated: particularly the sense of increased mental capacity. At the time, I only noticed

and made use of part of the significance of the second association about the door, not seeing the significance of the first about the roof until reviewing the session after I wrote it up. Then it occurred to me that a sloping attic roof was very different to the kind of ceiling that can simply be reversed into a floor—an activity which had often been used between Mrs A and myself to symbolise her omniscient reversals of unpleasant situations. This association suggested that Mrs A was beginning to regard reversal as unsatisfactory. During the session, I thought that the association to the second infant twin, being shocked by an opening door, indicated what Mrs A experiences when she divests herself of her awareness that I am speaking to her and fragments it along with the thinking and linking capacities of her mind. She then feels just like a helpless infant. Fragmentation also initiates a vicious circle in which she is soon back to where she started from. After the session I also thought that this open-door association pointed to an opening up of new possibilities, if she could address the difficulties associated with extreme dependence and her guilt, rather than constantly reverse them.

MY VALIDATION

The basic idea informing this paper is that validation in the clinical process to a large extent depends on being as clear and specific as possible about the hypotheses being put forward for validation. I am suggesting that while we make interpretations based on intuitive hypotheses arising from background orientations and clusters of observed clinical facts *in the sessions*, it is also appropriate to create, in an ongoing way *outside the session*, a wider and more developed set of grounded hypotheses intended to illuminate the core issues that arise and the core problems suffered by the patient. For much of the time such hypotheses may be more in the form of working orientations, as I have labelled them, but if they can be formulated into hypotheses explaining sets of events and predicting consequences, I think they can be more precisely thought through and then validated—that is, partially or wholly refined so that they 'fit' better and/or are rejected as not fitting, whether by the analyst working alone or in group discussion through the achievement of genuine consensus.¹⁶

Workers in most disciplines have come to suspect claims to truth and have repeatedly observed how our understanding of the world in any discipline can only be provisional.¹⁷ What we consider 'taken-for-granted' or 'far-fetched' is culturally and temporally located. Disciplines have, however, a logic of

argument, a logic of investigation, a culture of normal science and of inter-collegial debate, through which a consensus

¹⁶*I refer to ideas from Gadamer and others discussed in Steiner (1992).*

¹⁷*The development of scientific thinking in the physical and human sciences illustrates this. In physics, Hawking, for example, in an attempt to 'explain' why the big bang occurred, about 10, 000 million years ago, draws on what is called the weak anthropic principle. He then points out that with a strong version of this principle there may be many different universes or many different regions of the single universe, each with its own initial configuration and, perhaps, with its own set of laws of science (Hawking, 1988, p. 124). With this logic, all physical laws are only temporarily so, albeit for a very long time.*

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is reached as to which propositions fit what we know. Psychoanalysis seems to have been slow to address questions of validity and to develop a suitable framework for achieving inter-collegial debate concerning our attempts to explore and explain *psychic reality* in sessions. Apologetic notions about subjectivity or overdetermination and inappropriate models of scientific activity, as well as bruised feelings and other factors militating against presenting clinical data, seem to have led us to ignore facing what we might do.

In an ongoing series of papers based on historical controversies, Riccardo Steiner (1985), (1988), (1991), (1992), (1994a), (1994b) has been exploring and drawing attention to the complex ground rules for debate and reaching consensus in psychoanalysis. He has linked his historical investigation with linguistic, economic, sociological, psychological and philosophical considerations, and, in drawing implications for current ways of debating controversy, has attempted to point out a narrow course between dogmatism and relativism; orthodoxy and 'anything goes'. His work is an important part of a gathering and overdue momentum attempting to accept both the specific qualities of our discipline and the need to do more to advance it. Debate needs to rely less on rhetoric and charisma. The achievement of consensus needs to be rather more free from coercive appeals to ancestors than it has been hitherto. Moreover, the ultimately authoritarian implications of relativism and orthodoxy need to be addressed.

I have mentioned that while I consider psychoanalysis to be a fundamentally subjective discipline, I believe, nonetheless, it is essential to attempt to draw distinctions between hypotheses and actuality: to be able to say 'no' to an idea in a specific situation there has to be a *degree* of differentiation between a

datum of experience and the conclusions drawn about it; hence my conceptual distinctions. I maintain that in my account of the clinical process of Mrs A's analysis there is a difference between the basic clinical occurrences I have reported and the hypotheses put forward to explain them. In principle, although with more time and opportunity for debate and clinical presentation of further detail than afforded by one paper, an hypothesis of the kind I have set out in the context of the kind of clinical account I have attempted may, I believe, be preferred to others, or not.

In a general way, validation in the clinical process seems to me to involve both developing a hypothesis that is meaningful and that contributes some understanding to central issues in an analysis and showing that it fits the data better than an alternative. I have tried to describe a process of developing hypotheses out of the data to develop something akin to what Glaser & Strauss (1968) first called 'Grounded Theory'. Throughout the period of treatment I have been describing, inside and outside the sessions, I was forced to compare different qualities of my 'meeting' with Mrs A according to different circumstances—referred to by Glaser & Strauss as 'theoretical sampling'.¹⁸ Gradually, I noticed and then, when interpretation was more or less difficult, paid attention to, what seemed to happen to interpretations in one circumstance and what in another, and so on. I found the hypothesis about domination and Mrs A's reactions of reversal and fragmentation increasingly revealing and useful to understand the sessions presented and many others with Mrs A. Moreover, because these hypotheses were formed and examined in repeated and still ongoing actual circumstances, there was a constant process of potential disconfirmation, as a result of both *micro* -validation and *macro* -validation.¹⁹ It

¹⁸*Theoretical sampling is the process of data collection for developing grounded theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges. This process of data collection is 'controlled' by the emerging theory (Glaser & Strauss, 1968, pp. 45 et seq.).*

¹⁹*Some validating activities suggested my interpretations or hypotheses were valid (positive examples), others did not (negative examples). As positive examples of micro-validation, there were the series of thoughts I had after Session 4, referred to in the text, which deepened and confirmed the way I was interpreting to Mrs A: her associations about the sloping roof and the opening door. The central clinical problem described in the paper arose from negative macro-validation. My awareness that I had failed to see the significance of being 'usurped' arose in*

macro-validation too. Regarding micro-validation, I have referred to an example of sensing my first interpretation in Session 4 as wrong. I would see the atmosphere and content of the sequence of associations in Session 4, after I had suggested she felt under my thumb, and throughout most of Session 3, as positive examples of micro-validation.

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is perhaps in this sense that other authors have spoken in various different ways of the need to rediscover theory in each case—not by finding examples of it, but by finding that the case required the theory (see Casement, 1985); (Parsons, 1992).

I have mentioned a growing consensus in methodological discussion that theories are not absolutely true but the best guesses we can make for the moment. To what extent, therefore, is my hypothesis valuable at the moment? Do I know more, more confidently, with it than without it? Even something as methodologically sophisticated as a laboratory experiment is a way of making a best guess about what is happening and a way of opening a debate on the value of a particular idea.²⁰ In respect of my hypothesis, there are several ways in which I believe it is valuable: it makes sense of the immediate sessional data, it illuminates a wider field of events I know about Mrs A, it has proved practically useful in the sessions, and it has been predictive. I will tackle each of these assertions in turn, before concluding the paper.

I constructed the hypothesis to make sense of certain kinds of experience I was repeatedly having with my patient and certain kinds of experience I thought she was having with me and with others. I will not reiterate, but there were other data, too, which, once they were developed, I realised this hypothesis seemed to illuminate: the clusters of clinical facts I offered in introducing some background concerning Mrs A among them. For instance, consider Mrs A's initial disagreement with every link I made; her preoccupation with expulsion and being up or down; her delusionally certain way of thinking; her provocation; her long-running difficulty with concentration; her intense difficulty with being in partnerships; her problem with commitment and making choices and her inability to get to grips with and think through her history except as a series of grudges. Each of these clusters involves Mrs A with problems of domination or in coming to terms with feelings of guilt or dependence in the way I have set out. With the stated hypothesis I feel that previously-known facts fitted in and made more sense—for example, I had long known there was a severe problem about dependence or had imagined envy to be most powerfully around in a whole series of her descriptions or her responses to interpretation, but in my opinion these phenomena could be

understood and tackled much better when it was understood that they influenced Mrs A *via her experience of being dominated*.

With the hypothesis, I felt for the first time that Mrs A's insomnia could be quite precisely understood rather than only vaguely comprehended. I now thought her current symptoms of insomnia directly related to the consequences of the mental operation of fragmentation she had been conducting in a situation where she was dominated by the awareness of dependence forced on her unpleasantly by a variety of factors, including the departure of her secretary and her growing emotional realisation of the potential within the analysis. I was actually also able to see, reviewing the sessions, that she had partially informed me about the unconscious awareness of the link between insomnia, domination and fragmentation herself through the two references to labyrinths in the material I have reported earlier. A labyrinth seemed to depict in those sessions her sense of being horribly dominated and also to suggest that Mrs A's insomnia was caused by what she was waking up to seeing but would not see. On the second occasion, after wondering why I was 'not arguing' with her when she had ignored an interpretation—that is, as I would now see it, while suddenly worrying whether she had dominated me and I was lost—Mrs A described the fantasy that I was at that moment trying to lure her into a labyrinth lit by very bright strip lights, in which it was impossible to close her eyes. She had added that when she has insomnia she has sorts of visions: she feels as

²⁰*Psychoanalytic discussions of methodology have often been limited by recourse to inappropriate models of investigation. There has been for some time now a large body of work on the logic of investigation in non-experimental situations as well as, of course, on the logic of investigation in the human sciences, which offer the potential for understanding via the inherent capacity of the human mind to understand and give meaning to another mind (see, for example, Blalock, 1961); (Campbell & Stanley, 1963); (Edelson, 1983); (Steiner, 1992).*

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if, although her eyes are closed, that they are wide open and with burning lights coming into them underneath. In that session she had complained bitterly about the unfairness and the unpleasantness of this and the awfulness of the situation.

Other matters which have been of concern in the analysis are also illuminated by the hypothesis. For example, Mrs A's experience of her household and her daily routine, her reaction when I have had minor illnesses and cancelled a

session, her difficulties with various categories of employees and helpers, all made much more sense when I realised these experiences were primarily about feeling dominated and the consequences of reversing and fragmenting that experience.²¹

The hypothesis has also proved useful in orientating the analysis: particularly in easing countertransference pressures and understanding and managing Mrs A's provocation as well as in formulating interpretations so they could make sense to Mrs A and could be least difficult for her. The difficulties discussed earlier about meeting have been very significantly modified. This has led to a discernible change in the quality of the sessions and it has become increasingly possible to explore some of the very difficult feelings Mrs A has around guilt, dependence and other feelings. She also went through a period of several months virtually without insomnia—including two short breaks. Moreover, when during this period she sensed difficulties she has been much more insightful and thoughtful, with good effects. She has used disengagement less often and remembers better what has been happening. Altogether, since the period I have reported there has been a greater sense of a space for thought and observation and the development of a number of new themes consistent with increasing mental development.

To me, it is important that the hypothesis also seems to have predictive value—with the advantage that a prediction can be made which can then, with the passage of time, be ruled true or false, thus helping to develop a feeling of confidence in the hypothesis. I think I have indicated that my reviewing process outside the sessions demonstrated to me that when the conditions under which we met altered, that is to say when I could enable Mrs A to sense that I really knew of her anxiety about being trapped and dominated and of the meaning and consequences of fragmentation, she was consistently more able to explore difficult and painful material. Similarly, I have pointed to a number of situations where with the benefit of the hypothesis I can see that I failed to talk to Mrs A directly about her there-and-then experience of domination, on several occasions apparently provoking disengagement and fragmentation.²² More detailed and systematic note-taking and analysis than I have been able to undertake would, I think, have shown some close correlations: interpretations unthoughtfully directed or framed in a way which could convey an experience of being dominated to Mrs A seemed consistently to prove counterproductive and to require very rapid corrective interpretation.

Many of the observations which the hypothesis has now made sense of and illuminated were actually quite well known to me and had impinged enough to

be somehow part of my working orientation. I had long recognised as important, for instance, Mrs A's tendency to lose contact or her preoccupation with being up or down. Moreover, when I looked through all my notes once again recently I found that even in the aforementioned session which I presented to my colleagues, I had actually interpreted Mrs A's belief that we were both preoccupied with positioning. However, such observations, outside the consistent framework of links generated by the hypothesis, had not really helped my interpretations, my countertransference nor Mrs A's anxiety about domination, up to then.

²¹*The extent to which these occurrences exemplified the hypothesis were only clear to me in discussion with a colleague in the drafting of this paper.*

²²*There were several examples. Firstly, as mentioned, when my actions spoke louder than my words when she felt I was stuffing her with shit, she responded by disengagement. Secondly, also mentioned, when she was reporting the quarrels with an usurper and I failed to see and interpret this in terms of her ideas about our relationship. Again disengagement was the consequence of the dream interpretation in these circumstances. Thirdly, in Session 3, the chopping up of my words followed trying to talk about responsibility without sensing the paralysing impact of them on her.*

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EXTERNAL CRITERIA

Of course, it is a common experience to find that a single investigator is blind to certain kinds of error or does not think of available alternative explanations. The psychoanalyst, working by participant observation, must suffer in the same way. Moreover, the specific nature of our work, in which we are appropriately and usefully caught up in the transference-countertransference process, means that our perception at any one time is necessarily skewed. To explore this kind of effect, I have argued the case for attention to conceptualisation and seeking to spell out hypotheses carefully as well as the use of *macro*-validating activities over a period of time. These are important ways to limit the danger. Nonetheless, any validation will be more persuasive to me and to most others if I can bring in a third party and that observer can support what I see. Discussion and exploration of alternative hypotheses with colleagues offers still greater opportunity for the partial refinement and partial or wholesale abandonment of an hypothesis than I have argued can be a benefit of spelling it out to oneself. To take matters further, so that I could have more confidence in my

hypothesis, I would need to engage in more formal and regular discussion with colleagues about the extent to which they see the same evidence for my propositions as I do.²³ Are there, contained within my report, more likely explanations for the ongoing problems the patient and I have had meeting and using each other?

Psychoanalytic clinical discussion groups do not normally conduct themselves in a particularly disciplined way and tend to be more preoccupied with the valuable task of identifying what the analyst has not yet seen than with trying to look at what is presented in terms of the hypothesis put forward and the extent to which it, or another, is better at explaining *the phenomena being focused on*. Nonetheless, I believe such groups could perfectly well function to provide a further test of the kind of ideas I have put forward. The ongoing nature of the analysis, providing new situations to observe, provides a particularly powerful way of testing predictions in a group situation.

I have been concerned with an hypothesis about what was happening in some analytic sessions that would require colleagues to see if they agreed with me and among themselves about qualities of meeting and about the way Mrs A seems to use the information I give her in various circumstances. I think such variables can be observed in each repeated clinical occurrence. They strike me as ones which a group could develop a reliable method of recognising, and, therefore, in this area of psychoanalytic work, if not in all, we can determine actuality and so allow theory and observation to be at least somewhat separated.²⁴ Given the will, I believe that trained psychoanalysts using the kind of detailed report I have given here can validate grounded hypotheses of the kind I have put forward.²⁵ Together, the data and the hypothesis open a debate which, I believe, has a very different potential for realising an informed consensus than would otherwise be the case.

I would like to end by stressing that my talk of grounded hypotheses is intended for activities carried on outside the sessions—macro-validating. In the sessions this kind of thinking is alien. Outside, however, I believe that if we can bring ourselves to engage in detailed hypothesis development and discussion—focusing on core clinical problems such as a

²³*Boesky (1992) gives some very good examples of the value of discussion for bringing out suppressed assumptions and premisses.*

²⁴*To be sure, recognition of such phenomena is not achieved using a barometer or a ruler, but using psychoanalytically-honed ordinary human conversational*

capacities to sense tension, evasion, fear, sticking to the subject, developing a subject, etc. Such capacities can be applied reliably to making various kinds of complex assessments (Brown & Rutter, 1966); (Tuckett et al., 1985).

²⁵*The emphasis in this paper has been on the process of developing Grounded Theory and its potential contribution to validity. In this final section I am attempting to discuss the potential for psychoanalysts to agree between each other. I advocate the exploration of alternate hypotheses within the framework of groups of psychoanalysts discussing case material and making independent judgements which can be assessed as to their reliability. I do not, therefore, see an opposition between Grounded Theory and verification—see also Brown, 1973; Tuckett & Kaufert, 1978.*

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difficulty with 'meeting' or using each other's contributions, such as Mrs A and I were having—then we can widen our sense of validity and strengthen our discipline. I have suggested that such validation requires consideration of the kind of conceptual distinctions I have introduced here.

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