Contemporary Psychoanalytic Foundations

Postmodernism, Complexity, and Neuroscience

MARK LEFFERT
## Contents

Introduction ix  
Acknowledgments xvii  
1. Postmodernism and Its Impact on Psychoanalysis 1  
3. Complexity and Postmodernism in Contemporary Theory of Therapeutic Change 59  
4. Neuroscience, August 2007: Memory, Mind, and Psychoanalysis 89  
5. Unconsciousness: The Unconscious and the Not-Conscious 127  
6. Consciousness and the Self 157  
7. Power and Politics in American Psychoanalysis 195  
8. Not in Kansas Anymore 239  
References 259  
Author Index 279  
Subject Index 285
Modern and Postmodern Trends in Psychoanalysis
A Contemporary Integration

Introduction

The advent of postmodern thought in psychoanalysis has brought with it a need for integration and compromise in both theory and technique. To approach psychoanalysis from an entirely modernist perspective has been shown to be unsustainable. We have discussed the importance of adding postmodern textual analysis to our understanding of the analytic encounter. That encounter remains fundamentally between two people embedded in their individual and shared social networks. However fluid and interchangeable their roles are acknowledged to be, an analysis cannot be entirely encompassed by textual analysis or other postmodern concepts.¹ We remain with a number of essential modernist positions and the dual task of identifying them and integrating them with the postmodern. Both modern and postmodern assertions are subject to question and deconstruction and can be discarded if they fail to survive such testing.

Three areas of psychoanalytic thought, each particularly relevant to or informed by postmodern concepts, are discussed. It should be stressed that to the extent that an even partial account of postmodernism is offered here, it is a personal one. Other authors respond differently to these ideas or prioritize different postmodern concepts; their views certainly have standing in the postmodern project, subject to the same kind of critical analysis applicable to those expressed here. We begin with a fuller discussion of the relation of postmodernism to the intersubjective/relational spectrum. Analytic readers exposed to postmodern ideas for the first time often consider them philosophical extensions of these two analytic

¹ A significant aspect of this impossibility is that the participants are also neurobiological entities.
schools and, at worst, an unnecessary complication. But, neither is the case; I intend to show how a postmodern critique applies to intersubjective and relational theory much as it does to other psychoanalytic orientations. The critique focuses on the linked issues of knowability and interreferentiality. I then examine the concepts of narrative and of psychoanalytic space, both of which are particularly informed by these postmodern concepts. Finally, I offer a summary of the critiques leveled by modern and postmodern psychoanalysis against their respective disciplines and turn to bridging the modern and the postmodern, first philosophically and then psychoanalytically.

Postmodernism and the Relational/Intersubjective Spectrum: Issues of Unknowability and Interreferentiality

Within psychoanalysis, postmodern ideas are often viewed as primarily connected to the relational/intersubjective spectrum of analytic thought. Relational analysts prioritize the interpersonal relationship between patient and analyst as both analytic tool and curative factor. They also view the analyst, like the patient, as a subject of analysis, involving varying degrees (depending on the author) of self-revelation by the analyst (Aron, 1991a, 1996; Greenberg, 1991; Greenberg & Mitchell, 1983; Modell, 1991). Intersubjective analysts (Stolorow & Atwood, 1992; Stolorow et al., 1994) conceptualize an analysis as taking place between the subjectivities of analyst and patient to free the patient-self from pathological intersubjectivities. Ogden (1997, 2003) posits that these interactions take place in what he describes as the analytic third, an analytic space that both members of the dyad contribute to and that encompasses the therapeutic process. Both schools do important things. They insist on a two-person model of psychoanalysis, and they reject the concepts of analytic neutrality and the blank screen. They argue passionately for these positions and treat them as necessary, a priori choices. In addition, however, relational analysts see the transference as knowable and analyzable in isolation from other aspects of the analytic relationship, while intersubjectivists regard the patient as objectively knowable-in-isolation through the analyst’s capacity for “sustained empathic inquiry” (Stolorow et al., 1994, p. 45). In doing so, both reject postmodernism’s offer of a pair of linked concepts valuable to psychoanalytic thought: interreferentiality and the unknowability of an individual or relationship in isolation.
An analyst whose work is informed by postmodern thought would say that transference and the real\(^2\) relationship are inseparable, interreferential aspects of the patient–analyst/analyst–patient relationship. These aspects can be discursively separated for heuristic purposes but must subsequently be reintegrated. Transference, countertransference, and the real relationship constantly act on and impinge on one another. A transference interpretation would thus affect the real relationship and the countertransference as well, and at some point this impact would need to be addressed as the subject of analysis.

A brief clinical vignette illustrates this process.\(^3\) Ann asked her analyst to change an appointment the following week. Without waiting for a reply, she proceeded to berate him for his unwillingness to accommodate her. The analyst reflected on the reality that in the past he had usually been able to honor such infrequent requests. He also reflected on his appearance that day and his tone of voice earlier in the hour, both the worse for car trouble that morning. He elected not to comment on any of these realities. Instead, he chose to make a transference interpretation: “Your father never did much for you, either.” His choice was multidetermined, as was Ann’s angry behavior both by transference and by his actual tone of voice and appearance. (The way patient and analyst have interacted is at this point not fully knowable.) His tone of voice was altered by his reflections. The patient responded: “You know, I never even gave you a chance to reply! I don’t like to admit it, but my father made a point of not giving me anything I asked for.” The analyst’s choosing not to carp on his past flexibility or to explore her response to his appearance or changing tone of voice, but instead to interpret transference and thus temporarily separate himself from the father, will affect all the inseparable aspects of the real relationship as well as his feelings toward his patient. At some point and in some fashion, the analysis will need to address these facts and that, in turn, will affect the transference aspects of the relationship. It must be stressed that conducting an analysis from the perspective of a single, encompassing analytic relationship does not guarantee that these clinical choices will be the most useful or “correct” ones, but it does ensure that all of the relationship stays “in play.”

Neither the patient nor the analyst can be understood in isolation from the sociohistorical matrix in which they are embedded (elements of

\(^2\) I prefer “present” to “real,” but the entrenched usage of the latter would make a change here too cumbersome.

\(^3\) All clinical material consists of case composites (see Gabbard, 2001); it is presented for purposes of illustration, not proof.
gender, race, cultural background, and degree of commitment to a particular theory are just a few of the possibilities) or in isolation from each other. This requires a fundamental shift from the annotated monologue of a one-person psychoanalytic model, through the two-person relational dialogue, to an analytic discourse between individuals not fully knowable in isolation from each other or from the social matrix in which they are embedded. To paraphrase Winnicott (1975, p. 99), it would be fair to say that there is no such thing as a patient (and, strictly speaking, no such thing as an analyst).

The Psychoanalytic Narrative as an Organizing Construct

In keeping with an increased prioritization of text, an analytic therapy informed by postmodern theory attaches great importance to the development of new coconstructed narrative as an aspect of a successful therapeutic outcome. A therapy includes a collection of narratives that the patient brings to the analytic encounter and, in collaboration with the therapist, alters or adds to over the course of treatment. Deconstruction\(^4\) of this collection of narratives results in increasing disequilibrium. The narrative reintegration that results is a significant curative factor; it is added to, but does not replace, the usual therapeutic interventions of the analyst. Narratives exist on two levels—as stories about life events and as stories about how the world works. The latter, subjective personal metanarratives, exert enormous control over the way people experience the world and live their lives.

Narratives are composed of memories organized in a particular way; they also contain elements of affect and defense. Unlike many subjects of analytic inquiry, they are conscious, yet they are profoundly influenced by unconscious material. They are loosely organized, both horizontally and vertically, their organization often containing unnoticed contradictory elements. A coconstructed narrative should not be considered a substitute for the elements of an analytic process but rather as one of its outcomes. Evolving or qualitatively changing narrative does not replace work with unconscious material (both the patient’s and the analyst’s) or the analytic relationship, however conceptualized; the recovery of unconscious content is in fact essential to narrative work. If narratives do not change in

\(^4\) Deconstruction targets three knowledge statements that render them unstable. As a process, it seeks signifiers that are found to represent convention rather than fact and acts to expose unquestioned inconsistencies and assumptions.
the course of an analysis, then something is amiss. What a narrative of a particular event does not contain, what has been left out, is as meaningful as what it does. Patients come to treatment with a collection of narratives and leave with another collection, to which new narratives, or emendations to existing ones, have been added. In a successful treatment, the new collection includes, for the patient, stories of increasing explanatory power and freedom.

**Narrative and History**

Any discourse between the modern and the postmodern must consider the relation of history to narrative. The modernist view of history, on which classical psychoanalysis was founded, is that history is veridically knowable and recordable. If unknown, it is discoverable through appropriate research, an approachable ideal. It remains unknown or distorted only through failings in the record or in the research. Narratives by definition include distortion; to refine multiple narratives into a single history is the synthetic task of the modernist historian. A radical relativist position is that history does not exist as such; instead, there are only a number, however large or small, of subjective readings of events, all with the same standing. The position taken by most postmodern authors is that the historical does exist, but that it is “out there,” always at a distance, partially unreachable. Any attempt to know history involves the creation of a text, and that text can be only an interpretation, a narrative, not a veridical history. This is a qualitatively different position than saying simply that history is only approachable, that it can always involve events that remain unknown. It says, in effect, that even if all the events were known, the telling or recording of them would involve the creation of a narrative, differing in significant ways from any other telling or recording. It would still not be an objective history; rather, it would be a unique interpretation. Spence (1982) approaches this issue in a fundamentally different way. He seeks out the difference between history and narrative and then addresses that difference and what it entails. This approach starts from the position

---

5 A reciprocal process takes place within the analyst. Like the patient, the analyst brings a series of narratives to the analytic encounter. Some involve personal experience; others are theoretical metanarratives. In a successful analysis, these narratives also are a subject of inquiry and deconstruction, although most of this process is reserved for the analyst’s self-reflection.

6 Similarly, each reading of a narrative is a unique event, by the same or different readers, that yields a new understanding or a new interpretation.
that narrative is the only form of text available to us and then seeks to understand its properties and limitations.

The implications of a narrative rather than historical stance for psychoanalysis and psychotherapy are profound. What is being sought in the genetic past and how it is accessed in an ever-changing present is understood in terms of multiple narratives. The postmodern patient is a moving target, not the modernist’s bull’s eye of an accurate repressed memory waiting to be discovered, interpreted into consciousness, and then replacing forever all other “distorted” representations of that event.

**Narrative and Language**

The language in which a narrative is told affects it in fundamental ways. Different tongues produce different stories. For example, a story about a rainstorm in English will be far different from a story about the same storm in Navaho or Hopi, languages that have dozens of words for different states of water. A similar result follows from the analyst’s use of different theoretical languages that at best can inform and at worst supply a limiting vocabulary that constrains the way therapists speak to their patients and patients think about themselves.

The theoretical orientation of the analyst is incorporated for good or ill into coconstructed therapeutic narratives. Again, different theories result in different stories. They can increase its explanatory power, be relatively inconsequential, or incorporate inhibitions, regressions, and disguises. Theory will make its way into the narratives that the patient subsequently constructs or rebels against. If used in this constraining or limiting way, theory renders the treatment an asocial process recognized as such, on some level, by both parties. This can be most problematic in the work of the theoretically orthodox psychotherapist.

Let me tell you a story. Many years ago, at a meeting of the American Psychoanalytic Association, an invited plenary speaker began a presentation with a clinical vignette. A patient walked into her office and lay down on her couch for his first analytic session. He sighed deeply. She responded, “It must have been a difficult birth.” She immediately clarified that she had meant her response to be taken literally by her patient. *These were the first words spoken in the analysis.* In telling this story, it is not my intent to take issue with the theoretical underpinnings of her statement. Rather, my intent is to observe how this analyst’s statement imposes from the beginning a massive constraint on what can be talked about, responded to, and
understood in the discourse between this analytic couple; the more precisely something is shaped, the more is left out. Of equal importance to what is lost is what the analyst hears and does not hear and teaches the patient to hear and not hear. Similar shaping of the analytic dialogue can occur in countless more subtle ways.

Still worse consequences follow if a therapist speaks theory to a patient accompanied by unanalyzed countertransference and defended by therapeutic zeal. The result is a regressive narrative that can harm the patient to the point of retraumatization. Spence (1989) addressed this problem in his concern about the analyst’s inherent power of “narrative persuasion” (p. 519).

Narrative Change and Transference

Narrative change can occur through the analysis of transference. For example, a woman’s story of her father and his abandonment of her continues to exist at the conclusion of her analysis, but she no longer recognizes him in every man she meets and subsequently forces to leave. The story contains more than transference, however. It is inseparable from the amalgam of life experience with other men that has built up around it and that must be engaged as well in a successful treatment. In this particular situation, it is the concretions formed by lengthy experience of failed relationships that must be dealt with in their own right, not dismissed as displacements.

Narratives are semipermanent structures; they can be prioritized or deemphasized over the course of an analysis. Some narratives can be deconstructed, while others remain unchanged. This is not problematic; older, deconstructed narratives take their place as “others” that inform and add further meaning to the new narrative. Significant narrative damage can also be done in an analysis that has gone awry. A serious negative outcome occurs in false memory syndrome, in which an incorrect interpretation of childhood sexual abuse can become an enduring narrative that does permanent damage. In a therapy that is not successful or only partly successful, regressive narratives continue to predominate, sometimes even in the presence of increasing insight.

Narrative is also a bridge concept at the interface between the postmodern and the modern, embodying elements of both. On the one hand, narratives are pluralistic, at times contradictory, and highly subjective. On the other, we are constantly seeking a narrative connection to the objective,
a more stable and more powerful explanatory narrative that will not automatically be subject to deconstruction. If we eschew an entirely relativistic approach, some of these narratives can be seen as more powerful and truthful, more closely related to the external, and so will be prioritized over others. A modernist aspect thus remains very much alive in narrative work. From the postmodern perspective, multiple narratives of a given series of events, sometimes in dialectical relation to one another, may be validly maintained. This same patient can see her father as a kind, comforting presence that she can tell stories about, while in the middle phases of her analysis she can *simultaneously* tell about his cruel abandonments. Both contain truths that inform each other and need to be preserved. They are different organizations of a complex system. Such a collection of even conflicting narratives can convey a fuller sense of the meaning of an event than can any single one of them.

Narratives often contain formalized or ritualized mythical elements constructed by the patient or handed down by parents or siblings. Because these narratives privilege a false and usually benign view of what is usually highly dysfunctional family life, their deconstruction is a vital part of an analytic process. Old narratives are elucidated, discovered, explored, and sometimes deconstructed, and new ones are coconstructed with all the usual tools of an analytic therapy.

Personal metanarratives are very different constructions. Rarely spontaneously told, they are to the patient an obvious part of the way things are. They can frequently be inferred by listening to the way in which people speak about their lives, sometimes early on, sometimes quite late in treatment. When asked about a metanarrative, a patient will readily confirm its existence; it is, after all, the way things are. Metanarratives are organizing structures that account for groups of experience and are both fortified by and grow out of groups of narratives. They inevitably bias the ways in which subsequent experiences are understood. From a poststructural perspective, they appear in the clinical situation as constraints that limit freedom and new experience. The integration of a modernist perspective requires one to posit that, while some metanarratives induce pathological constraint, others provide useful guides for navigating the external world. The statement “You can never trust men (or women)” exemplifies the former. Personal metanarratives cannot be directly deconstructed; they are, by their very nature, supported and buttressed with ample evidence. They do not respond to any form of direct action by the analyst, apart from clarification. They can change, however, and the patient is freed from

http://wwwpsychoanalysisarena.comcontemporarypsychoanalyticfoundations9780881634976
them through the work of analysis as a whole and by work on narratives in particular.

A case vignette illustrates the interplay of issues of narrative and metanarrative with more usual or familiar analytic techniques. Susan, a middle-aged corporate executive, had experienced several sudden maternal separations due to her mother’s frequent illnesses during her childhood. She had suffered as a child from recurrent upper respiratory tract infections that were treated with painful antibiotic injections, the only treatment available in the 1940s. These were experienced as massive narcissistic injuries; she became moderately phobic and obsessional within a generally narcissistic character structure. She was ambitious and highly successful; her narcissism contributed to her success, but she seemed oblivious to how it drove people away and made professional advancement more difficult than it might otherwise have been. She was particularly and rudely oblivious to the suggestions of others, always believing she knew best and wanting things her own way. Her emotional life was, predictably, a shambles of bitter failed relationships. During her professional ascent, she had often fought with senior executives over slights, real or imagined, that became deeply painful narcissistic injuries. Years later, she could easily remember, verbatim, wounding comments and how she had responded to them. These narratives appeared over the first 2 years of her analysis in counterpoint to stories of her success. They did not emerge spontaneously but rather in response to a series of genetic interpretations of her depressive identification with her suddenly absent mother and the overwhelming terror, rage, and narcissistic violation she had felt when she was repeatedly held down screaming on the family couch and injected with penicillin. She soon found reasons to become enraged at me, this time lying on my couch—it only seemed to drive her to work harder in her analysis. I interpreted this to her and commented that her whole life could probably be summed up in the phrase “triumph in the face of adversity.” She agreed but, more significantly, nodded and smiled with obvious satisfaction over the triumph.

Her outbursts of anger seemed like attempts to provoke me into immobilizing and hurting her, as the doctors had done during her childhood illnesses. As she began to understand this, we were able to connect it with the battles she fought and the injuries she had sustained throughout her life. But, now the gratification and pleasure disappeared and were replaced by depression. Eventually, though, she returned spontaneously to triumph in the face of adversity. It now seemed to her that it was more like injury as the price of success. With this, the possibility and then the reality of safe

http://wwwpsychoanalysisarena.comcontemporarypsychoanalyticfoundations9780881634976
places and safe relationships, where triumph and suffering are unnec-
sary and fulfillment possible, began to appear.

Psychoanalytic Space as Field, Frame, and Ground

Previous discussions of where an analysis takes place have tended to con-
flate two very different kinds of place: the literal and the psychological
analytic space (Leffert, 2003). The former, usually an office and a waiting
room, is constructed by the analyst, while the latter is a coconstructed
psychological place of being, significantly influenced by the literal space
(in the case of telephone sessions, even the former is coconstructed). The
literal space is subject to all the postmodern pluralities of knowability and
subjective reading. What makes the nature of the “psychological space” a
postmodern problem is that, in describing it, we find that the space has
contradictory properties whose mutual influence cannot be separated.
Classical theorists have implicitly considered the space, when they have
considered it at all, as a kind of frame, whereas relational theorists have
abandoned this concept, labeling it static, and replaced it with field theory
in which patient and therapist are seen as constituting fields of mutual and
reciprocal influence (e.g., Beebe & Lachmann, 1988). Both formulations
are problematic because neither can by itself account for the properties of
the space. Analytic space exists in a shifting figure–ground relationship
with its subjects—the patient and the analyst. The qualities of the ground
are thought about all too little. Particularly when addressed in connection
with the transference-countertransference aspects of the therapy, it has
the properties of a field in which the subjects constitute centers of mutual
(although not necessarily reciprocal) influence in the psychological space
of the analysis. This is a relational concept without edges or demarcations.
But, the analytic space also has edge properties. It is characterized by being
a kind of frame, separating it from what takes place outside the analysis.
Metaphorically, frames have inner and outer edges. The inner surface rep-
resents its container function, holding things in, particularly affects and
projections, while the outer surface constitutes a boundary, which pro-
tects the space and the patient–analyst dyad from the intrusion of what is
outside. The analytic space functions in all these ways and manifests all
these properties. Frames, if we look at their dynamic properties, are not
really all that static. What compels a postmodern interpretation of ana-
lytic space is that these two mutually contradictory sorts of properties are
interreferential. The nature of the field of mutual influence at any moment
is influencing the nature of the frame’s container or boundary properties, while *simultaneously*, the frame is influencing the nature of the mutual influence. This quality of inseparable interreferentiality is the hallmark of a postmodern situation.

The literal analytic space is also richly evocative. The analyst’s office reveals a great deal about the analyst, what the analyst wishes to convey about himself or herself, and what the analyst wishes to convey about the analytic situation. This is unavoidable; even an empty or “neutral” office speaks volumes about its occupant. These elements influence the unfolding analysis from the first hour. The patient’s experience of the space is also interreferential, at times shifting, for example, between safety and danger and altering the analyst’s perceptions as well. The introduction or removal of objects from the space affects both participants.

The analytic office is not experienced in isolation but rather is inseparably embedded in a social and historical matrix. Gaston Bachelard evocatively describes in *The Poetics of Space* (1958/1994) the way occupied spaces—the house, a chest, a nest—are imbued and encrusted with meaning and emotion, not just for the individual but also as social and historical signifiers. His phenomenological discussion applies to the analyst and patient situated in the analytic space. The office and waiting room can, for example, evoke elements of sanctuary, the confessional, the analytic office of popular culture, or the medical office. The office is almost always experienced as inhabited by the analyst, rarely as empty. This image is usually a comforting one. It serves to always locate the analyst and make him or her seem the keeper of a vigil. Bachelard evokes the image of an anchorite whose presence in a small cabin in a dark forest at night is signified by the presence of the lamp in the window. The inner surface of the door can at times represent a source of dangerous intrusion and at others a means of escape. The often-neglected waiting room has meanings very different for the patient than for the analyst. Try the experiment of sitting in your waiting room alone for a few minutes with the doors closed. The door is suddenly a barrier through which you have highly defined and limited access and from which two familiar people, one somewhat known and the other completely unknown, will predictably emerge.

Over the course of the last century, the couch has become a powerful, folkloric object. The jokes it is the butt of serve to mask the cultural anxiety connected to it. The couch is at once an isolation chamber, a kind of

---

7 The image can be misinterpreted as denying the analyst a life of his or her own, other relationships (particularly sexual ones), or an existence other than as a selfobject.
therapeutic machine, and a doorway into the unknown. The experience of freedom to think, feel, and express oneself comes only with the analysis; it is not brought to the analysis, as are the other referents.

I attend to, ask about, and comment on the analytic space as a fluctuating and evolving part of an analysis, as ground that significantly influences the figures of the analytic dyad, inquiring about its special and changing properties. The space is quite separate from the person of the analyst. A colleague wondered, for example, why an analyst with a warm voice could not create a warm experience of analytic space in an austere office. This question elides the difference between person and place. In such a case, a patient will register the difference and wonder why the warm-sounding analyst has a cold office. This could be a potentially useful area for mutual exploration if brought to either’s consciousness and if the analysis is one in which the patient feels permitted or empowered to raise such issues.

A patient with what only later emerged as a history of childhood sexual abuse found the literal space of my office neutral at first but soon observed that it would be terrifying if I were between her and the door. It had become a potentially dangerous container. At that time, the physical distance separating us and the field of mutual influence it represented were experienced as threatening and too close, requiring her to move further away from me; field and container had the same valence. Later, the distance felt safe, and she could use the physically closer couch again; the frame now evidenced a boundary function protecting a safe space from intrusion (on occasion, temporary shifts back from protective boundary to dangerous container occurred). Still later, when it proved necessary to continue the analysis via telephone, she experienced the telephone as a failure on my part to provide a safe, enclosed space for her and her analysis; we were unable to coconstruct such a psychological space.

Integration and Hybrid Structures

There are at least five major postmodern critiques of psychoanalysis. The first faults its reliance on reified metanarratives in the form of competing metapsychologies. The second critiques the premise that the members of the analytic pair can be completely separate rather than interreferential. The third cites its failure to consider the implications of the fact that analyst and patient are embedded in a particular social and historical matrix. The fourth is directed at the widespread analytic attempts to treat the various interreferential elements of the analyst–patient relationship—transference,
countertransference, working alliance, and real relationship, either contemporaneous or genetic—as if they could be, at least in part, separate and nonreferential. The fifth is aimed at the failure to take adequate account of how reliance on a particular theory shapes the therapeutic discourse, which is then used as evidence to support the theoretical metanarrative.

For their part, modernists have lodged five critiques against postmodern psychoanalysis. First, there is a reality out there, and postmoderns deny the relevance of its existence. The second takes issue with all postmodern arguments as radical relativism. Third is that postmodernism is only a literary critique, not a discipline in its own right, and the fourth is that it leaves us with no metatheory that has any standing. The fifth and final critique is that it does away with the empirical validation of data and ideas. The second and third have been dealt with in the preceding part of this chapter; the other three remain.

A Critique of Both Modern and Postmodern Stances

Both sets of critiques are in their own way compelling. Is there a way to theoretically bridge modern and postmodern thinking in psychoanalysis, simultaneously preserve the compelling aspects of each, and find a way to accept theoretically their inevitable contradictions? Can they be maintained as mutually informing “others”? These same questions are now also being asked in the “hard sciences,” questions that have led to the development of the field of science studies.

Bruno Latour has expressed similar concerns about the modern/postmodern dichotomy, its limitations, and what is lost in allegiance to either side in the conflict. We are confounded by the dilemma of just where to place psychoanalysis. In *We Have Never Been Modern* (1991/1993), Latour identifies postmodernism as somewhere in the general area of radical relativism and neopragmatism, in the manner of many postmodern critiques. His particular concern is postmodernism’s complete separation of the sciences from the realm of the social and of the humanities; this he views as an “abdication of thought as well as [a] self-inflicted defeat” (p. 61). Lyotard (1988b), whom Latour cites, separates them in a manner particularly disparaging and pessimistic with regard to sociohistorical

---

8 Latour might very well disagree with this and maintain that his arguments apply to all domains of the postmodern project because of their very nature, regardless of how radical or conservative they are.
studies, but more moderate postmoderns separate them as well, as if to spare science the criticisms they level against the social and the historical. Latour observes that the postmoderns have largely dealt themselves out of the science game, while the moderns have acted similarly with respect to the pluralist humanities. Latour also identifies a third category, the premodern, which he identifies with contemporary “primitive societies” (he prioritizes power differential with this terminology). The term premodern also refers to pre-18th-century Western culture and, sadly, to aspects of contemporary global culture.

In critically approaching this problem, Latour (1991/1993) identifies two fundamental modern epistemological processes that are applied to an objective “nature” and a human “culture.” The first he calls translation, by which he means that society is rapidly and constantly creating new nonlinear hybrid networks of all the elements of science and culture relevant to a particular issue. He uses as an example of an atmospheric hybrid that includes such things as rising CO₂ levels, global warming, the psychology of heads of state, and the politics of the developing Third World. Translation, as applied to psychoanalysis, would involve stringing together a matrix of theory or metapsychology, neurobiological and developmental research, and clinical data in the form of multiple hybrids. The second he calls purification, by which he means the creation of two ontological zones, the natural or scientific and the human or social, to which appropriate elements of the hybrids can be assigned. This literally involves breaking off pieces of the hybrids and tossing them into the science “box” or the social “box.” These processes, taken together, are what Latour refers to as the “modern critical stance” (p. 11). He posits first a dichotomy between these zones and then a second dichotomy separating both from the hybrids. Postmoderns readily embrace this procedure in that it allows them, as they see it, to preserve science and objective reality from their ontological critiques.

Similar acceptance can be found in the work of relational postmodern analysts who celebrate psychoanalysis as a hermeneutic discipline. Stern (2002) “rejects the possibility of any kind of ‘objective’ or non-constructed truth” (p. 175) and contends that “what is basic is the ongoing and dialogic process of hermeneutic analysis” (p. 174). The modern critical stance provides a kind of cordon sanitaire: As long as translation and purification are kept separate, the modernist enterprise survives. Hybrids can proliferate, but modernism has no tools for dealing with them; any attempt to do so by deploying translation and purification
together breaks down hybrids. The tools a modernist possesses work only in the natural or scientific zone.

Postmoderns have the same problem because they first deploy purification. Although undertaken to protect nature and science, it unfortunately also renders them inaccessible to postmodern discourse. Thus, postmoderns are unable to construct hybrids because they have denied themselves access to science, without which there is nothing to translate and no way to create the necessary linkages. Their tools work only in the human and social zone.

Premoderns have their own problems. The first is that they lack the ability to comment on their own critical stance; such commentary falls within the purview of ethnologists and anthropologists. Of the three groups (moderns, postmoderns, and premoderns), they alone are authorized to look directly at hybrid networks since moderns are limited to the scientific and postmoderns the social. However, they are only authorized to look at and report on premodern hybrid networks. An ethnologist “is perfectly capable of bringing together in a single monograph the myths, ethnosciences, genealogies, political forms, techniques, religions, epics, and rites of the people she is studying” (Latour, 1991/1993, p. 7). The ethnologist is not authorized to study us in this manner. Why not? This is because we are supposedly modern, and the modern critical stance has no place for such narration. The premoderns add a third category to the social and the scientific: the divine. Premodern hybrid networks are different from modern networks in other ways. They are locked together so that, if there is any movement, all three sorts of elements, the social, the scientific, and the divine, must move as one.9 In other words, the social and scientific orders are not permitted to change without some accommodation from the religious, and the scientific cannot change without some accommodation from the social as might occur in the guild social system. (If this begins to sound a bit like orthodox psychoanalysis, it is not a coincidence.) This is obviously a slow process, and the creation of new premodern hybrids is even slower. However, the premodern offers us a way out of our dilemma for “as soon as we direct our attention simultaneously to the work of purification and the work of hybridization, we immediately stop being wholly modern, and our future [and our world] begins to change” (p. 10). If we were to study our world in the ethnological, premodern way, our definition of that world would change.

9 Reflect, for example, on Galileo, stem cell research, or the antiabortion movement.
Latour’s Bridging Hybrid Concept

The problem for both the modern and the postmodern, as Latour knows, is that hybrid networks are also precisely where the action is. The only solution is to bridge the modern and the postmodern, accepting some aspects of each and living with the messy paradoxes that ensue. What he does not say is that the hybrid networks are really hybrids of elements capable of modernist interpretation, elements capable of postmodern interpretation, and even, on occasion, premodern elements, the three arranged in nonlinear arrays of mutual influence. At the level of hybrids, both modern and postmodern tools (quantification and textual analysis are but two examples) can apply.

In *Pandora’s Hope* (1999), Latour moves on to less-difficult terrain. He describes the growing discipline of science studies as the field that connects the sciences to the human—that is, the social and the historical. Latour is particularly concerned with the impossibility of rationally knowing any subject in absolute isolation, as well as the dubious (from either a modern or a postmodern perspective) enterprise of scientific purification. In the atmospheric hybrid mentioned, CO₂ levels and the psychology of heads of state are interreferential; scientific research into correlations with the burning of fossil fuels or political/psychological investigations of heads of state, *if carried out in isolation*, will shed no light on the problem. What Latour has developed is a method of critical thinking that retains and combines some aspects of modern, postmodern, and premodern thought while rejecting others, to provide just the sort of bridge concept we have sought. Latour (1991/1993) was seeking an amalgam of these three very different stances that incorporates some aspects of each while rejecting others. I cannot begin to do him anything approaching full justice here; Latour retained from modernism the ability to construct very long hybrids and the validity of experimentation, the existence of universals, and some relative ability to separate the natural and the social. He rejected the absolute separation of natural and social, universality, and rationality. From the premodern, he retained the premodern categories used to conceptualize hybrids and the nonseparability of things and signs while rejecting the need to *always* link the social and the scientific. From the postmodern, he retained interreferentiality and “constructive” deconstructionism while rejecting belief in modernism, critical deconstruction, irony, and anachronism (pp. 134–135).
Psychoanalytic Hybrids

An analysand, an analysis, a patient–analyst dyad, and a theoretical structure can all be described in terms of nonlinear hybrid structures. I would suggest that while this is, in effect, what many of us do all the time, we do so without thinking about the theoretical and epistemological implications of what we are doing. More important, we tend to gloss over the fact that there has to be an epistemological and ontological basis for how we frame what we do, and we must deal with the consequences of the framing. A psychoanalytic hybrid for a particular patient might consist of a string of clinical process, narrative, the sociohistorical context branching in at certain points, metapsychology (here used to refer to the deployment of one or more “competing” psychoanalytic theories relevant to particular points on this hybrid), neurobiology, and developmental research. A theoretical or etiological hybrid for a patient might include, for example, conflict theory, the presence of projective identification, intersubjectivity theory, complexity, and bipolar disorder. A therapeutic hybrid for the same patient could include interpretation of unconscious conflict, defense analysis of projective identification, an engagement of mutual subjectivities, and pharmacotherapy with a mood stabilizer.

Modernist tools such as experimentation and data analysis are best for approaching an understanding of some elements of the hybrid (e.g., the neurobiological and the developmental). Postmodern tools, particularly construction and deconstruction, interpretation, and textual analysis, are most suited to metapsychology and narrative. Clinical process and context are best approached with a combination of both sets of tools.

There are a number of advantages for psychoanalysis in such methodology. It provides a means of handling disparate analytic data and experience. In making a place for both the discursive and the neurobiological, it offers a way to think about textual analysis, for example, and psychopharmacology that does not fall into the modern/postmodern dichotomy. Representing all of these elements of an analysis in diagrammatic form becomes an interesting possibility. What is lost is the opportunity to demand priority for any particular theoretical orientation, to make science claims on its behalf, or paradoxically, to dispense with neuroscience to take up permanent residence in hermeneutics. This has been a not-infrequent psychoanalytic pastime.
Discussion

Psychoanalysis has, for some time, faced a problem not dissimilar from that encountered by Davey Staunton, the protagonist of Robertson Davies’s novel *The Manticore* (1972/1990). In the novel, Davey leaves Toronto and New York to get away from the Freudians and seeks a Jungian analysis in Zurich. He knows nothing about the Jungians except that the Freudians hate them, but he also “took with a grain of salt” what his Jungian analyst had to say to him about theory while being deeply moved by what she said about his life.

I attempted here to deal simultaneously with this problem, the Babel of competing metapsychologies, and the advent of postmodernism on the analytic scene. It must be acknowledged, of course, that for the theoretically orthodox psychoanalyst I am offering a solution to a problem that either does not exist or can best be solved in the future via a search for a more perfect theory. Postmodernism, for the working analyst as well as the philosopher, offers as much opportunity for orthodoxy as for innovation; it can be a slippery slope from epiphany to constraint. The eclectic analyst employing interventions based on different, even divergent theories, as the clinical situation seems to dictate, faces problems that are too easy to ignore. By using theory in this way, the analyst is changing the status of what once were deployed as privileged, unique metapsychologies (regardless of whether they actually manifested any validity). To use them in any other way requires defining what they are anew, both epistemologically and ontologically.

It is clear to me that a postmodern approach has a great deal to offer psychoanalysis. Narrative and space are concepts seldom explored or clinically used by a psychoanalysis governed by modernist principles. Deconstruction and preservation of *différance* can be useful analytic tools, with a range of application different from that of interpretation. They have unique relevance for working with narrative and with the sociocultural matrix in which patient and analyst are embedded. They have informed my own work, as I illustrated with composite vignettes.

At the same time, it is also clear that a postmodern orientation cannot completely replace modernist elements in a psychoanalytic stance. As I noted, valid critiques have been lodged against both modernist and postmodernist psychoanalytic stances. The result has been something of an impasse. Latour’s (1991/1993) philosophical critique of both modernism and postmodernism has led to his development of the hybrid concept as a
theoretical way out of this impasse, a way that permits consideration of its linked scientific and social components. In the process, he preserves modern and postmodern functions that are useful while rejecting those that are not. He creates a hybrid conceptual space in which all of these processes can be deployed and allowed to flourish. In this space, the arrangement of elements need not only be confined to strings but also can exist in more complex relationships that include boundaries, degrees of affinity, and at times interweavings.

What are the effects of a hybrid epistemological and ontological approach on analytic theory building? As in Latour’s (1991/1993) discussion of the consequences of a hybrid formulation for modernism and postmodernism, there is loss and gain. What is lost is the ability to assign authority to or claim privileged standing for any particular theoretical orientation, be it Freudian or relational. Analytic theory can no longer be treated as science theory. This is not a major loss, if for no other reason than the general lack of success of such efforts before the appearance of postmodernism on the psychoanalytic scene. There are two important gains. The first is that it provides ontological standing for the use of multiple theories, addressing the problem with the free-floating eclecticism described. Of equal importance, it preserves multiple theories, providing an opportunity for constructive critiques (among them Latour’s constructive deconstruction) and allowing their very otherness to inform one another. This preservation of divergent autres allows them to mutually enhance their respective meaning and power. It should be noted that this is very different, in fact quite opposite, from frequent analytic attempts to deal with competing theories by searching for common ground. Commonality can exist between different theories, and where it does, it should be noted, but it need not be sought. Psychoanalysis has to accept a degree of postmodern disorder but in the process need not consider itself a failed science. The manner in which postmodernism might inform a clinical theory of therapeutic change has not been considered. In now doing so, it will be necessary to introduce a second conceptual framework, that of complexity theory.