



# The International Journal of Psychoanalysis

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/ripa20>

## Chasing infinity: Why clinical psychoanalysis' future lies in pluralism

Alan Michael Karbelnig

To cite this article: Alan Michael Karbelnig (2022) Chasing infinity: Why clinical psychoanalysis' future lies in pluralism, *The International Journal of Psychoanalysis*, 103:1, 5-25, DOI: [10.1080/00207578.2021.1975288](https://doi.org/10.1080/00207578.2021.1975288)

To link to this article: <https://doi.org/10.1080/00207578.2021.1975288>



Published online: 16 Feb 2022.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



PSYCHOANALYTIC THEORY AND TECHNIQUE

## Chasing infinity: Why clinical psychoanalysis' future lies in pluralism

Alan Michael Karbelnig  <sup>a,b</sup>

<sup>a</sup>In Private Practice at, Pasadena, CA, USA; <sup>b</sup>The New Center for Psychoanalysis, Los Angeles, CA, USA

### ABSTRACT

Part of an ongoing political and scholarly effort to move the psychoanalytic project towards greater cohesiveness, the author proposes a standard method, borrowing the phrase from physics, for a structured, eclectic clinical pluralism. She [or he] uses psychoanalytic and philosophical arguments, as well as considerations of patients' personal idiosyncrasies, to conclude that achieving one, over-arching metapsychology will prove impossible. In other words, and despite their ardent efforts, psychoanalytic theorists, including Freud (1895/1991), Rangell (1975, 2006), Greenberg and Mitchell (1983), Wallerstein (1988, 1990, 2002, 2005, 2013), and others, failed to create models accounting for the dynamically interacting variables creating human subjectivity. Their struggles to bridge psychoanalytic theories of mind and method also fell short. As a result, the author suggests, clinical psychoanalysis' ultimate fate lies in organizing what Wallerstein (2005) called the "common ground" (p. 626) into methodology which invites psychoanalytic practitioners to mine the psychoanalytic opus for its "plethora of theoretical metaphors" (Wallerstein, 2013, p. 36), "controlling fictions" (Greenberg, 2015, p. 17), "useful untruths" (Lament, 2020, p. 196), or "regional dialects" (Fulgencio, 2020, p. 15). Cohesively applying a pluralistically based metapsychology to guide clinical processes, rather than provide maps of the mind, offers much-needed unity to psychoanalysis' applied wing.

### KEYWORDS

Psychoanalysis; pluralism; psychoanalytic psychotherapy; psychodynamics; Wallerstein; Greenberg

Insofar as the propositions of mathematics give an account of reality they are not certain; and insofar as they are certain they do not describe reality.

Albert Einstein (1921)

In the end it is the mystery that lasts and not the explanation.

Sacheverell Sitwell (1973)

A good scientist has freed himself of concepts and keeps his mind open to what is.

Lao Tsu (1988)

**CONTACT** Alan Michael Karbelnig  amkarbelnig@gmail.com  In Private Practice at, 117 E. Colorado Boulevard, Suite 425, Pasadena, CA 91105, USA; The New Center for Psychoanalysis, 2014 Sawtelle Boulevard, Los Angeles, CA 90025, USA

To survive in the capitalism-dominated, brand-name-controlled international culture, clinical psychoanalysis needs a unifying vision. A structured, pluralistic approach, customized to the specific needs of patients, provides such a cohering perspective. Collecting Wallerstein's (2005) "common ground" (626) into a *standard method*, the approach invites practitioners to mine the psychoanalytic opus for its "plethora of theoretical metaphors" (Wallerstein 2013, 36), "controlling fictions" (Greenberg 2015, 17), "useful untruths" (Lament 2020, 196) or "regional dialects" (Fulgencio 2020, 15) depending upon patients' lexicons, syntax, personal styles, etc. The method applies three professional behaviours, namely *framing*, *presence* and *engagement* (Karbelnig 2018a, 2018b), to address four psycho-behavioural *phenomena* – the unconscious and its manifestation in the repetition compulsion, transference and dreams (or other signifiers of the unconscious). These phenomena form the symbolic legs of the table on which the proposed pluralistic method rests. The proposed method also provides a much-needed, standardized nomenclature for psychoanalysis.

Because of its phenomenological focus, the system addresses, and in some cases resolves, many scholars' apprehension over pluralism. It achieves Bolognini's (2008) desire for respecting differences, addresses Lussier's (1991) reservations about "hardly reconcilable divergences" (59), resolves Blass's (2010) concerns about exclusion or authoritarianism, and responds to Barros's (2017) worries over "theoretical sleepiness" (188) and Smith's (2005) unease with "theoretical imprecision" (360). Further, the methodology responds to the yearning for an overarching *clinical* model. It offers an organizational system for the many pluralistically oriented clinicians already practising; it facilitates communication between psychoanalysts working with differing theoretical models. In proffering a simple, explainable definition, the standard approach accomplishes Wallerstein's (2009) wish to collect methodology:

into a reasonably terse and lucid statement, precise enough to make one feel that it is a clear enough platform to inform both ourselves and the outer world as to who we are, and what we do, and at the same time encompassing enough to permit all (or the great majority) of us to find our place within it. (688)

Additionally, such organizational scaffolding offers what Foucault (1970) would call an *episteme*, namely a trend, in a given culture and at a particular time, describing "the conditions of the possibility of all knowledge, whether expressed in a theory or silently invested in a practice" (183). These categorizing concepts invite pluralistic or eclectic psychoanalysts, whether silently or stridently engaged in clinical practice, to share a common language. They summon those interested in scientifically studying psychoanalytic processes, whether they are using outcome measures or neurophysiological tests, to use a common, unifying language. Using psychoanalytic and philosophical arguments, as well as considerations of patients' personal idiosyncrasies for support, the effort extends the work of many other psychoanalytic scholars similarly striving to create cohesive clinical methodology. A partial list includes Akhtar (2007), Friedman (1988, 2006), Gedo (1983, 1997), Gill (1983a, 1983b), Greenberg and Mitchell (1983), Killingmo (1989), Klein (1976), Loewald (1975), Modell (2013), Rangell (1975, 2006), Sandler (1969, 1974, 1983, 1992), Schafer (1975, 1981), Strenger (1989), Wallerstein (1983, 1988, 1990, 2013) and me (Karbelnig 2018a, 2018b).

It is important to note, from the start, that scholars still earnestly searching for a singular psychoanalytic model of mind and method will object. Colleagues who, like Green (2005), consider positive outcomes an “enigma’ neither attributable to ‘common ground’ nor to pluralism” (632), may be displeased. Blass (2017), who recently proclaimed, “there is no such thing as integrating disparate models in analytic clinical work” (845), may protest. It would be nothing less than arrogant, not to mention self-contradictory, to suggest that this proposed standard, pluralistic method for facilitating psychoanalytic processes ends such a search. Dialogue, debate and controversy is necessary in all fields, and psychoanalysis proves no exception. A Kleinian interpretation might work well with a patient experiencing intense envy but probably not well with a patient with deep unmet need states. Argument over when to use which model at which time remains legitimate. These prove vital, necessary for greater deepening and exchange. However, sometimes interminable argument serves defensive purposes. It delays or prevents the development of a unifying organizational system such as this one. While I consider bridging theory and method impossible – a topic discussed separately and in depth below – many continue seeking it. Meanwhile, as the debate continues, the sanctuary enjoyed by practitioners in simply identifying themselves as *psychoanalysts* faces imminent danger due to the precipitous decline in the stature of our profession.

### Why the urgency?

The existential threat facing our profession cannot be overemphasized (Zagermann 2018). Governments, corporations and other major institutions increasingly mandate empirically based and objectively measurable interventions in educational and medical settings. Fuelled by economic rather than humanistic concerns, and exerting even greater pressure to constrict the human subject, these dark sociocultural forces uniquely impact psychoanalysis. They insist that clinicians deliver rapid symptom reduction, quantifiable change – whether or not it is in the true interest of patients. Psychoanalysis, because of its emphasis on self-discovery, autonomy and freedom, runs counter to these post-humanist, audit-oriented global trends.

The zeitgeist of empiricism is but one of many perils facing psychoanalysis. Our field resembles an endangered species at risk of extinction. Fewer professionals seek psychoanalytic training, patients seeking psychoanalysis are scarce, the field’s educational institutions struggle, and its professional membership organizations wither. Outside clinicians’ cloistered consulting room, institutes and conferences, the lay public remains woefully ignorant of the nature of the work. When hearing the word *psychoanalysis*, most imagine cartoons of Freud smoking a cigar, furiously scribbling notes while seated behind a prone patient on a couch. International trends towards utilizing a combination of cognitive-behavioural therapy (CBT) and psychotropic medication are easily explained and clearly understood. In contrast, psychoanalysis remains obscure. In confirmation, Holt (1985) expresses, with “depth and urgency”, that “when the foundations of our house are tottering, it makes no sense to argue about rival designs for new wallpaper” (305). Friedman (2006) complains of a “century of yapping dogfights” (689). Stepansky (2009) coins the word “fractionation” (xvii) and, along with Aron and Starr (2013), worries that

psychoanalysis's lack of coherence threatens its survival. Cortina (2016), agreeing with Kernberg (2012), yearns for "suicide prevention" for psychoanalysis (707).

Even a cursory review of major psychoanalytic models reveals the conflicting visions, and foundational inadequacies, of any one metapsychology. For example, and if limited only to theories of the unconscious, Freud (1923/1991) considered it comprised the ego, id and superego, Klein (1946) named "unconscious phantasy" (107) as a foundational unit, and Fairbairn (1952) proposed "dynamic structures" (377). Freud's model offers limited insights into interpersonal dynamics; Klein's (1946) fails to explain how phantasies motivate (see Ogden [1983]), and Fairbairn's (1952) insufficiently incorporates drives. Some, like Freud (1910/1991), Jung (1915), Klein (1946) and Fairbairn (1952), offered fairly comprehensive surveys of the mind. Others, like Winnicott (1992) or Kernberg (1984), expanded upon extant models, offering ideas like the false versus true self dichotomy or the three major personality organizations. Having explained the importance of identifying an organized, pluralistic method, I turn to presenting basic assumptions.

### Boundaries and limitations

The first assumption is that psychoanalysts concern themselves with human subjectivity, namely the conscious and unconscious cognitions, emotions and behaviours comprising the experience of being human. Interestingly, identifying subjectivity as the focus of clinical psychoanalysis addresses one of the many problems plaguing efforts to define the field. Patients consult psychoanalytic practitioners for myriad reasons. Some seek help for the treatment of diagnosable mental disorders delineated in systems such as the International Classification of Diseases. They want relief from the painful effects of childhood trauma, for example abuse or neglect by their parents, or from recent injury, such as a major accident or surgery. In addition to, or even without, any actual diagnoses, many consult clinicians to address struggles with living: relationship problems, unhappiness in work, lack of interest in recreation, and so on ad infinitum. Distinguishing subjectivity as the focus of psychoanalysis also encompasses the wide range of persons seeking clinical help.

Second, the discussion concerns clinical, rather than theoretical, psychoanalysis. It joins the parade of work by prior scholars, like Klein (1976), who a half-century ago created a division between theory and practice. He considered an integrative model unachievable because it required creating subjectivity from objectivity. Along these same lines, Guntrip (1975) thought theory "a useful servant but a bad master, liable to produce orthodox defenders of every variety of the faith" (145). More recently, Stolorow and Atwood (2016) proposed completely severing clinical psychoanalysis from metapsychology, describing it as "a form of phenomenological inquiry" (185) ideally "purged of metapsychological contaminants" (184). However, psychoanalytic practitioners need to use *some* metapsychology in their work. They can borrow from extant psychoanalytic models; they can create unique analogies. I once treated a young man with severe attention-deficit hyperactive disorder who flatly rejected metaphors related to ego functioning, self-fragmentation or confabulated intersubjective transactions. Instead, he insisted, he was piloting a ship overtaken by pirates. The pirate analogy proved most transformative for him.

Third and last, and as a means of avoiding entrapment in bitter controversies regarding session frequency, theoretical preference or use of the couch, the proposed methodology describes what it means to *work psychoanalytically* whether conducting weekly four-hour sessions or holding 50-minute ones five-times-a-week, whether using the couch or sitting face to face with patients, and whether treating mental illnesses or helping patients cope with life stressors ranging from the mundane to the tragic. The three basic assumptions delineated, I further introduce how psychoanalysts have fared in their search for integrative models.

### The elusive search for unification

The culpability for our field's splintering lies not with the limitations of its scholars, but with the complexity of their subject matter. Psychoanalytic theorists face an unattainable task: reducing the dynamic, unfolding processes of mind into a singular metapsychology. Human subjectivity emerges from complex, interactive biological, economic, sociological, cultural and historical processes. Metapsychology tries to create bounded models out of boundlessness phenomena; it tries to render the infinite finite. Reminiscent of Nietzsche's (1886/1989) concept of herd mentality and Lacan's (1991) university discourse, major theoreticians tend to attract followers who, similarly overwhelmed at the complexity of subjectivity, adhere to their models. They open institutes, publish journals, sponsor conferences or otherwise develop group identities.

For a few years after psychoanalysis was introduced by Freud (1910/1991), practitioners agreed with his biologically tinged models. The shared vision was short-lived. Jung (1915) found individuation a compelling force to add to Freud's libido-based, pleasure principle model of motivation. Also, Jung proposed a collective unconscious existing alongside a personal one. Major theoretical formulations grew like weeds from the original Freudian roots, sprouting models proposed by Adler, Abraham, Ferenczi, Fairbairn, Klein and others, ultimately yielding varieties of object relational models and, later, the more contemporary models. None achieved universality; none seamlessly linked theory with method. Atwood and Stolorow (2014) believe psychoanalytic theorists proffered different models because they observed mental functioning through their unique personalities. Further, they thought, variations in their patient populations, for example Fairbairn's work with schizoid patients or Kohut's (2009) with narcissistic ones, affected their perspectives.

The major psychoanalytic theorists behaved like proverbial blind men studying elephants. They discovered or identified similar mental phenomena and named them. Often, their terms overlapped with one another. For example, different theorists – Fairbairn (1952) most prominently – observed children forming negative self-images to accommodate abusive or neglectful parents. Winnicott (1967) believed such children developed a "false self" (371), Kohut (1975) attributed their negative self-images to self-objects compromised by insufficient caregiver attunement, and Brandchaft (2001) coined the phrase "pathological accommodation" (260). These concepts describe essentially identical processes. Such redundant naming of phenomena has occurred throughout the history of psychoanalysis, adding confusion to metapsychology's lack of cohesion.

Like the search for a Christian God led to Calvinist, Presbyterian, Baptist, Episcopal and Apostolic denominations, the psychoanalytic search for mind spawned varied

psychoanalytic schools. Sorenson (2000) validates how psychoanalytic schools developed like religious groups. Theologians also faced infinity – to an even greater extent than psychoanalysts. They, too, developed into competing groups, each one convinced of the veracity of their belief systems but none offering universality. The elusive search for an encompassing, comprehensive psychoanalytic model introduced, I move to present, as promised, the standard model – a structured, eclectic approach – in greater detail.

### The three professional psychoanalytic behaviours addressing universal phenomena

Although Wallerstein (2005) popularized the phrase “common ground” (626), many strived to identify similarities in how psychoanalysts practise. A partial list of scholars who have also identified analogous clinical practices includes Bernardi (2005, 2015), Gill (1983a, 1983b), Wallerstein (2005) Eizirik (2010), Foehl (2010), Renick (1997), Richards (1999), Sandler (1969, 1974, 1983, 1992), Wallerstein (1988, 1990, 2002, 2005, 2009, 2013) and me (Karbelnig 2018a, 2018b). The concepts of framing, presence and engagement (Karbelnig 2018a, 2018b) unify professional psychoanalytic behaviours regardless of practitioners’ theoretical orientation. Elaborating upon these previously mentioned terms, psychoanalysts *frame* the psychoanalytic interpersonal relationship to maintain professional boundaries and create an environment within which psychoanalytic processes develop. They bring their *presence* to patients through empathy, attunement, interest, curiosity and similar behaviours. (Those more relationally oriented practitioners believe that presence becomes part of the psychoanalytic process.) And they *engage* their patients in forms of dialogue, consciously and unconsciously, verbally and non-verbally, and in other, more mysterious ways, such as, for example, through “reverie” (Bion 1963, 19). Prominent among psychoanalysts’ many transformation-facilitating effects, these engagement processes access, disrupt and alter conscious, unconscious or other disavowed features of subjectivity.

Utilizing these three behaviours, clinical psychoanalysts encounter four basic phenomena: the unconscious and its manifestation in the repetition compulsion, transference and dreams (or other signifiers of the unconscious). These categories unfortunately create confusion because the last three are actually subsets of the first one. They warrant separate naming nonetheless because they were specifically isolated by Freud (1914/1991), and later elaborated upon by Lacan (1973/1998) and who, by titling one of his seminars *The Four Fundamental Concepts of Psychoanalysis*, highlighted them. The dynamic unconscious, along with its three primary manifestations, may be considered the universal human phenomena to which psychoanalysis uniquely attends.

These well-established psychoanalytic trends are precisely that – *phenomena*. Psychoanalysts encounter them regardless of their theoretical preference. Which practitioners have not encountered patients with recurring self-destructive behavioural patterns, who idealize or devalue them, and who share dreams, parapraxes or other expressions of the unconscious? (Or which have not projected onto their patients, namely countertransference, subsumed here under the category of transference?) These singularities occur regardless of how psychoanalytic scholars name, categorize or model them. The existence of the unconscious has been firmly established within and without psychoanalysis, including by contemporary academic, cognitive scientists (Lakoff and Johnson 1999).

Psychoanalysts argue over how much drive, internal object relations or early attachment relationships create it. Further, they may disagree about the role, if any, played by the collective unconscious. However, all psychoanalysts agree that an unconscious exists. And they share a deep and abiding interest in it.

Freud (1914/1991) repeatedly emphasized these foundational phenomena in his writings. Considering the repetition compulsion as a reflection of the unconscious, Freud (1914/1991) described how patients recreate what they have “forgotten and repressed” (150), not as a memory, but “as an action” (150). In like manner, Freud (1914/1991) wove the concept of the transference into the unconscious *and* the repetition compulsion, writing “the repetition is a transference of the forgotten past not only on to the doctor but also on to all the other aspects of the current situation” (151). His work on dreams, and other expressions of the unconscious, is well known. Jungians also access the personal unconscious as part of their work.

Psychoanalysts may quibble over the prominence of these phenomena, arguing that defence mechanisms, character structures or the problem of unmet need states versus internal conflicts deserve highlighting. These also are concepts unified by their existence as *phenomena*. However, in terms of finding the foundation, the basis for a pluralistic approach, these four foundational phenomena allow for maximum inclusiveness. Far from a meaningless eclecticism, the methodology encourages practitioners to openly greet their patients, observe their personal styles (emotions, cognitions, attitudes, lifestyles, use of language and more) and apply metaphors from various psychoanalytic models, or elsewhere, to describe patterns and structures ranging from unconscious themes to lifestyle choices.

Consider a hypothetical psychoanalytic process illustrating the benefits of fluid access to psychoanalytic models-as-metaphors: a psychoanalyst’s work with a depressed patient uncovers intense discomfort resulting, at least in part, from an excessively harsh superego. The interpretations of the unconscious harsh self-criticism – evident in the transference or in the repetition compulsion – reduce the self-attacks. Then, over time, the psychoanalyst–patient dyad uncovers deep wounds related to unmet need states. The patient recalls a hospitalization during infancy depriving them of regular access to caregiver attention. The tripartite model – while still potentially applicable – begins to encounter limitations. Models from object relations theory, such as Fairbairn’s (1952) observations that neglect correlates with diminished self-valuation (to protect the God-like power of caregivers), may match the patient’s experience better. Alternatively, concepts from attachment theory may prove the most transformative, i.e. understanding the causes and implications of the resultant anxious-preoccupied attachment style. If this same patient subsequently sustains life-threatening injuries in an automobile accident, the clinician might utilize trauma-theory-based metaphors, i.e. dissociation-as-coping-mechanism. The idea of self-states arising from vertical, rather than horizontal, unconscious structures might enhance the patients’ feeling understood, and ultimately facilitate their integration of fragmented subjective experience. The phenomenologically based, pluralistic standard model introduced, I next investigate a vexing problem: what has prevented psychoanalysis, despite existing for more than a century, from developing an integrative metapsychology?

## Psychoanalytic, philosophical and idiosyncratic obstacles to comprehensive models

Introducing psychoanalysis at the heart of the modern period – a historical era privileging science, empiricism and objectivity – Freud strived to convert psychology into a natural science. In his “Project for a Scientific Psychology”, Freud (1895/1991) hoped “to represent psychical processes as quantitatively determinate states of specifiable material particles, thus making those processes perspicuous and free from contradiction” (295). His writing had a distinctively modernist ring to it; it reveals his wish to render the subjective *objective*. Subsequently, the history of ideas evolved. Relativity and quantum mechanics in physics, post-structuralism in linguistics, and critical theory in the humanities raised questions about previously stable, modernist assumptions. A set of historical events in the early twentieth century like the sinking of the (unsinkable) Titanic, the Holocaust and the development of thermonuclear weapons similarly disrupted the presumed linearity of modernism.

These destabilizing themes ushered in postmodernism, a trend embracing dynamism, complexity and relativity (Hicks 2019). Postmodernism takes a rejecting, or at least sceptical, view of so-called objective generalizations. It considers them grand narratives or organizing ideologies. Unlike those embracing German Idealism, clearly characterized by thinkers such as Hegel, Fichte and Schilling, postmodern philosophers fail to aggregate into a well-established group. Jean Baudrillard, Jean-Francois Lyotard and Jacques Derrida are considered among the most influential early postmodern philosophers. In the USA, Richard Rorty considers himself a postmodernist as well as a pragmatist. But, as of yet, no firm list of postmodern philosophers exists.

And although critics of postmodernism fear obscurantism or meaninglessness, they acknowledge that it still has the potential for analytical and empirical knowledge – but only within relativistic bounds. For example, the incompatibility between Newtonian physics and quantum mechanics exemplifies empiricism within relativism. The precursors of postmodern philosophers, like Nietzsche (1901/1968), and Quine (1951, 2013) questioned all classifying or categorizing processes. Nietzsche (1878/2002) used the term *perspectivism*, suggesting that phenomena can only be viewed from one angle at a time. Quine’s (1951, 2013) phrase “ontological relativism” captures the same idea, as does Foucault’s (1970) term *discourses*. Freud’s theorizing morphed along with this evolution in the history of ideas. Within two decades, for example, Freud (1916/1991) expressed doubts over bridging theory and mind. He fondly cited his professor, Charcot, as repeatedly proclaiming, “*ça n’empêche pas d’exister*”, meaning “Theory is good; but it doesn’t prevent things from existing” (Freud 1916/1991, 136n).

Many subsequent psychoanalytic theorists marched in step. Holt (1981, 1985), for example, expressed concern with metapsychology’s lack of clarity, disconnection from clinical work, poorly defined and oft-overlapping concepts, and use of outdated hydraulic or physiological metaphors. Essentially, he endorsed perspectivism. Holt (1985) believed “there are a few sound timbers under there, no doubt, but we have very little idea which ones they are; and we know that there is deep trouble in the philosophical footings themselves” (305). Deep trouble indeed. Human subjectivity is but one angle or aspect of our psycho-biology that exists nested in geographical, historical, social, cultural and other dynamically interacting perspectives.

Mirroring psychoanalysis, philosophy similarly struggles to search for cohesion. Contemporary German philosopher Markus (2015) argues against the possibility of achieving a full understanding of metaphysics. No complete system of any type, not even mathematical, is possible. They necessarily fail to embrace the infinite because they are, by definition, finite. Any model must encompass the act of the model-maker making the model, an infinite regress. Markus (2015) ventured still further along the postmodern continuum, proclaiming that no rule, world formula or even ideology can describe everything, declaring, "This is not contingent on the fact that we have not found it yet, but on the fact that it cannot exist at all" (11).

Further, once proposed, theories or models decay over time – like fresh fruit. Jameson (2017), a philosopher observing this process in his discipline, writes, "Some systems are canonized and as it were mummified, others begin to rot and stink of an intolerable past, still others give off the musty smell of archives and long-shuttered houses" (24). Theories universally fail to elude "the ravages of temporality" (Jameson 2017, 24). As Steiner (2004) quips, "the pursuit of truth is, from the onset, a pursuit" (52). The philosophy of epistemology is vast, its conclusions anything but settled. This exploration of obstacles to a comprehensive psychoanalytic theory strayed into the bottomless vortex of epistemology. Mostly for space considerations, further epistemological musings end here with the assumption that the endless complexity of subjectivity can only be approached using perspectivism. Meanwhile, and in summary, a major obstacle to bridging the gap between theory and method lies in efforts to contain the uncontainable, to map the indescribable. Psychoanalytic theories of mind – mummified or not – necessarily represent incomplete, partial viewpoints. No one model, theory, viewpoint or discourse can capture all phenomena – not in the inside world or the outside one, and not even in the (allegedly) purely material world. Even if physicists obtain their grand unified theory, innumerable phenomena will be left out: governments, for example, or the arts, or your experience of reading this sentence right now.

Additional problems would plague any universal metapsychology. Consistent with Guntrip's (1975), Holt's (1981, 1985), Laplanche's (1997) and others scholars' views of metapsychology as inadequate, any overarching theory risks constricting clinical psychoanalysts' work by limiting the lenses through which they view their patients' experiences. Also, psychoanalysts, even if immersed in more than one theory of mind, may violate patients by subtly, if not authoritatively, encouraging them to utilize certain, specific models in understanding themselves – a form of "bad faith" (*mauvaise foi*) (Sartre 1943/1984, 86). They risk defining, rather than facilitating, patients' capacities for finding models, themes or trends for understanding and transforming themselves. In confirmation, Rangell (2006) argues, "No theory is a straightjacket. An analyst fashions his tool to his use and style – and to the needs of each patient" (233). Pluralistic approaches open up psychoanalysts' perspectives; they lessen the risk of patients' constricting their visions of themselves. What about the effect of individual differences on the search for a theory bridging mind and method?

The standard, pluralistic method overtly embraces the unique focus of psychoanalysis on human individuals. Practising psychoanalysts encounter one patient at a time. If striving to understand the motivations behind a man's homicidal impulses towards a female romantic partner, the sexual drive of an 18-year-old male, as opposed to an 84-year-old male, requires individual consideration. Patients share many commonalities, i.e. emotional

experiences, personality styles, value systems, a propensity to form social relationships, and an awareness of the inevitability of death. At the same time, however, they display *striking* differences: in lifestyles, sexual orientation, ethno-cultural practices, socioeconomic status, religious belief systems, degrees of trauma sustained, and more. The dialectic tension between human commonalities and differences stands at the forefront of psychoanalytic practice. Patients presenting with a sore throat to internists will be subjected to a fairly consistent set of procedures. Their physicians will, typically, obtain a history, examine the mouth and neck, and order laboratory tests. Patients presenting for psychoanalysis can expect no such standardized procedures. If they report a “sad feeling” at the beginning of a session, the ensuing psychoanalytic process varies depending on the personalities of the participants, their aesthetic styles and the theoretical preferences of the psychoanalyst (Karbelnig 2016).

For example, consider a few types of hypothetical patient. Patients with highly cognitive styles, like those with autistic spectrum type conditions, may well find the one-person Freudian or Kleinian models more impactful. They might struggle if asked to comment on feelings about the psychoanalytic relationship, or even to reflect on more general, characteristic relationship themes. At the far other end of the cognitive-emotional spectrum, patients, particularly those with borderline personality features, may find a psychoanalysts’ warmer, more self-disclosing style threatening – but for entirely different reasons. They might interpret expression of a psychoanalyst’s care for them too literally. In contrast, those displaying what Kernberg (1984) described as a neurotic personality structure might feel moved by their psychoanalysts’ care, thoughtfulness and respect.

Just recently, I found myself making a frankly behavioural intervention with a patient – an unusual form of engagement for a psychoanalyst. The patient, a law professor, has consulted me four times a week over the past 10 years to reduce a strikingly self-defeating, masochistic style. He feels ashamed that, despite raising to the highest levels of scholarship in constitutional law, he has married and divorced three times. Facilitated by our intensive work together, he has now maintained a stable romantic relationship for the past five years. He insists upon greater reciprocity between him and her. He enjoys greater intimacy. In our last session, he described sexual encounters in which his lover repeatedly made efforts to stimulate him even after he lost his erection. I pointed out that, from the realm of behavioral psychology, persisting in this behaviour, rather than interrupting it, could reinforce the erectile problem. I can only imagine how some of my more classically oriented colleagues might react to my offering such a direct suggestion. Nonetheless, the spontaneous intervention – still relevant to his propensity to devalue his needs in relationship to others – proved helpful. It demonstrates the utility and breadth of eclecticism, and the utility of the words framing, presence and engagement.

Having discussed barriers to an overarching metapsychology, I turn now to reviewing the continuum of scholars’ opinions regarding attaining a metapsychology bridging theory and method. Some seek a grand unifying model. Others accept clinical pluralism as a temporary step along the road of finding cohesion. Some believe, as I do, that clinical pluralism is the field’s ultimate fate. Others consider pluralism impossible, even harmful. To prevent transforming this paper into a multivolume tome, I survey key samples of opinions.

## Psychoanalysts searching for a grand unifying metapsychology

Developing, or strictly adhering to, one metapsychology or another can be attributed to an understandable need to reduce the anxiety psychoanalysts feel in reaction to complicated human subjectivity. The greater the terror of infinity, the greater the temptation to adhere to an ideology or belief system. Camus (1956/1991) writes:

There is not one human being who, above a certain elementary level of consciousness, does not exhaust himself in trying to form formulas or attitudes that will give his existence the unity it lacks. (262)

Psychoanalysts, too, have exhausted themselves seeking an overarching model of mind. Beginning with the most hopeful for integration, and already having noted Freud's early efforts, Rangell (1997) proposed a "total composite theory" (585), integrating drives and object, self and ego, and the pre-Oedipal and the Oedipal to find "unity and harmony" (586). Although temporarily endorsing clinical pluralism, Rangell (2006) continued looking for a grand unified theory, hoping that "the link between theory and practice should be continuously mutual" (234). Renick (1997) initially viewed pluralism as "reflecting our lack of understanding ... [but not] ... an ideal to be pursued as final" (548). Wallerstein (2002) considered the clinical cohesion offered by pluralism "the trajectory of psychoanalysis" (1247). However, he, too, rejected it as a final model, holding out for an empirically based, encompassing model of mind and practice.

One recent effort, namely *neuropsychoanalysis*, deserves special emphasis. It has recently gained in popularity, including spawning a psychoanalytic journal bearing its name. Solms (1996), credited with founding the domain, believes that an all-encompassing model is "represented in the tissues of the brain" (331). Regarding Solms' (1996) ideas, many scholars, such as Blass and Carmeli (2007), systematically refute neuropsychoanalysis as an integrative psychoanalytic model, suggesting it addresses biology only "at the expense of psychological meaning, truth, and ideas" (37). Modell (2008), countering earlier attempts to reduce subjectivity to neurology, and, therefore, also disagreeing with neuropsychoanalysis, suggests we psychoanalysts avoid considering belief in illusions as a false conception, writing that, if self is illusory, then "these are illusions without which we cannot live" (362). Alternatively, and as Kety (1960) noted, an improved understanding of the neurobiology of memory will be achieved, but it will not account for the subjective experience of an individual memory.

Some psychoanalysts doubted that the discipline would succeed in bridging theory and practice but fell short of endorsing clinical pluralism – at least initially. Sandler (1969), for example, proposed a "basic psychoanalytic model" (79), which highlighted psychic adaptation, identified a basic regulatory principle with associated psychic structures, and incorporated conflict and object relations processes. Later, however, Sandler (1974) clarified that, specifically concerning clinical work, "a further frame of reference may be necessary" (original emphasis, 61). Here, he implies the limitations of any model of mind. Still later, Sandler (1983) recommended psychoanalysis be considered "a body of ideas rather than a consistent whole" (original emphasis, 37). Holt (1981) recommended that future psychoanalysts concentrate on clarifying, developing and organizing clinical theory. Holt (1981), who also suggested integrating systems theory (addressed below), also gave up the search for an overarching model, writing, "I think it is fair to say that

metapsychology is virtually dead" (Holt 1985, 292). Bolognini (2008, 2011), who seems open to clinical pluralism, argues for "meeting and exchange while respecting difference and plurality" (Bolognini 2008, 56).

What about the broader applicability offered by systems theories? They certainly provide another angle or perspective but one similarly unlikely to qualify as an overarching metapsychology. The Austrian biologist, von Bertalanffy (1969), credited with creating general systems theory (GST), delineated the complexity involved in multisystem, holistic interactions. His model has been applied to biology, chemistry, cybernetics and other fields; GST overlaps with the concept of holism, which, in turn, extends perspectivism by studying parts within wholes and wholes within parts. Introduced by Smuts (1926/1986), the term *holism* refers to a philosophy that describes complex systems through encompassing dynamic connections between parts and wholes. In other words, holism views complicated organizational entities, such as human subjectivities, as irreducible to interacting parts like the superego torturing the ego, or conflicts arising within dynamic structures. No one part can be considered a part from the others.

Systems theories in psychoanalysis have, thus far, focused mostly on psychoanalyst–patient systems. Prior to its introduction into the psychoanalytic opus, the concept of interpersonal systems became popularized in the family therapy literature, primarily in the work of Bowen (1994) and Whittaker (1982). Stolorow (1991) was among the first psychoanalysts to refer to systems models. Miller (1999) journeyed further, describing psychoanalysis as a "messy business", adding that "every interaction is the product of a multitude of influences from the patient and the analyst and from the present and the past" (377). Galatzer-Levy's (1995) dynamic systems model integrates concepts from quantum mechanics, relativity and chaos theory into "a different form of theorizing than has previously been used in psychoanalysis" (1110). However, even systems theories risk invalidation by unexpected variations. For example, slight increases in levels of the hormone cortisol (internal), combined with betrayal by a spouse (external) and followed by other variations, introduce systemic deviations elapsing more rapidly than systems theories encompass.

### Psychoanalysts promoting clinical pluralism

Akhtar (2007) clearly advocates for clinical pluralism, believing that "attempts to create new and alternate models are often nothing but elaborations and nuanced reformulations of the old and established paradigms" (702). While arguing for the inclusion of drive in any conception of metapsychology, Gill (1988) remarks, "a human being is a biological organism as well as a person" (46). Matte-Blanco's (1981) use of multilevel theoretical metaphors, which work in concert with one another, assumes the incompleteness of any one psychoanalytic theory. Matte-Blanco (1981) believes that differing, even conflicting models can be synchronized, in a process he describes as an "epistemological seesaw" (484).

Richards (1999), who initially sought a unifying methodology partially to address "the politics of exclusion" (9), concluded that only by recognizing "the overdetermined influences that sustain all ideological allegiances – again not excluding our own – can analysts cope with the pluralism of our time in a rational and judicious manner" (25). The use of the word *ideological* reveals his own embrace of perspectivism. Richards (1999) believes well-

reasoned, thoughtful application allows for a synthesis of the scientific and the hermeneutic, the relational and the inter-subjective, and other seemingly irreconcilable dichotomies. Similarly, Bernardi (2005) thinks that synthesizing the empirical and the hermeneutical perspectives creates “pluralism in a simple manner” (664). He suggests that practitioners utilize different psychoanalytic models for developing “alternative hypotheses in which, more than these theories’ premises, what is important is the extent to which they fit the clinical material at hand” (Bernardi 2005, 750). The theme of adapting psychoanalytic models to the phenomenology of patients and patient-analyst dyads – precisely the standard clinical model proposed here – runs through the writings of other scholars already utilizing pluralism clinically. Eizirik (2010), who emphasizes the artistry inherent in psychoanalysis, pleads, “Let us try to accept the differences and to respect the otherness, as well as understanding that we share common traditions, values, and a peculiar way of approaching the human mind” (375).

Foehl (2010) encourages constructive criticism of models without necessarily privileging one over another. He believes that psychoanalysis facilitates creative, complex personal explorations. Acknowledging the limits of any theory, Foehl (2010) notes that psychoanalytic processes reveal “more in its depth and wealth than we can ever capture or know” (81). Along these same lines, Schafer (1979), who pointed out that heterogeneity exists even within specific metapsychologies, concludes that “in doing analysis we help people realize that things are a lot more complicated than they ever dreamed” (360). Pine (1998), another promoter of clinical pluralism, believes that psychoanalytic method “is likely to vary from patient to patient, from time to time in each analysis, and from one analyst to another, on the basis of both training and personal predilection” (67). Jumping to more recent scholarship, Greenberg (2015) fears that a unified psychoanalytic metapsychology “will elude us forever” (30).

### Psychoanalysts opposing clinical pluralism

Several scholars strongly oppose clinical pluralism, considering it erroneous, even harmful. Smith (2005) laments how pluralism requires psychoanalysts to surrender to a “measure of theoretical imprecision” (360). Lussier (1991) argues against stressing commonalities in clinical practice, imagining a future psychoanalysis “composed of subgroups sharing something vital in common, but also divided by hardly reconcilable divergences” (59). He resists the idea of a clinical common ground. Green (2005) hopes to unite model and method, considering commonalities illusory. Calling it “mythical pluralism” (627), Green (2005) thinks it prevents the resolution of dichotomies and contradictions, a conclusion also reached by Calich (2006).

Barros (2017) similarly considers pluralism a dead end, fearing it will foster “a state of theoretical sleepiness” (188). Further, it leaves open certain questions, like how psychoanalysis works. Holzman (1985) worries that, by separating the clinical from the theoretical, the empirical side of psychoanalysis will vanish. Its status as a field of observation, and as a means of experimentation, will become marginalized. Finally, Blass (2010) fears that pluralism might diminish what is meant by psychoanalysis, contain internal contradictions, might lead to conformism and “will undoubtedly arouse tension and dissent” (97). But, meanwhile, the price paid for avoiding any definition of what psychoanalysts *do* is immense. How can a systematization of common ground invite authority or

conformity? In truth, and by eliminating emphasis on any one metapsychology, the standard model is anything but exclusivist.

## Conclusion

Psychoanalysts ideally greet their patients with a large database of psychoanalytic theories and extensive experience with the varieties of human subjectivity. Instead of privileging their knowledge foundation, like an infectious disease specialist with a broad understanding of bacteria and viruses might, psychoanalysts instead carefully observe their patients unwittingly display unconscious themes. They enjoy expertise in facilitation (accessing unconscious themes), explanation (using a variety of metaphors) and transformation (through typical psychoanalytic procedures ranging from transference interpretations to confrontations to focused empathy). Further, and unlike cognitive-behavioural approaches or psychotropic medications, clinical psychoanalysts seek to increase patients' autonomy and freedom. Patients are active rather than passive participants. Psychoanalysts utilize spontaneity, reactivity and improvisation (Ringstrom 2001, 2007, 2008, 2012) to artistically facilitate unique, transformative patient experiences (Karbelnig 2014).

In a contribution establishing psychoanalysis as empirically effective, Shedler (2010) identified psychoanalytic or psychodynamic approaches as having seven basic features: they focus on painful affect, on how patients avoid these negative emotions, on past experiences, on development, on interpersonal relationships, on recurrent patterns, and on how these themes present in the psychoanalytic relationship itself. These seven basic elements are better, easily and more succinctly encompassed by the four central psychoanalytic phenomena noted earlier. Further validating identifying the utility of applied theoretical pluralism, Gazzillo et al. (2018) measured change processes in 27 fully conducted psychoanalyses. They concluded that clinicians' "dynamic competence" (defined as the capacity to address conflicts, confront defences, interpret unconscious dynamics and communicate well with patients) and their "relational competence" (191) (comprising warmth, amicability, capacity for expressing subjective points of view and effectiveness in addressing moment-to-moment shifts in patients' feelings) most significantly predicted positive change in patients. The measures of clinical effectiveness were independent of any specific theoretical model applied. In other words, these scholars confirm that facilitative behaviours, for example framing, presence and engagement, rather than authoritative knowledge bases, best effected personal change.

As noted, and with respect, some psychoanalysts, i.e. those adhering closely to one theory or another, will reject clinical pluralism. Wallerstein (2005), for example, who practised the standard clinical model himself, nonetheless hoped for "a vision of an ultimately coherently unified structure, clinical *and* theoretical, that, like cognate scientific disciplines, ... [that] ... will lend itself to the systematic (and empirical) theory testing" (original emphasis, 626). In my view, testable precision will not be achieved within psychoanalysis. Each psychoanalytic journey remains too unique, too subject to unpredictable variables. The difficulty of surrendering to the impossibility of a unifying metapsychology brings to mind what Steiner (2004) refers to as "nostalgia for the absolute" (5).

Does that mean psychoanalysis stands alone in this chasm between theory and practice? Not at all. All helping professions practise in ways different from the purity of the

models upon which they rely. Medical specialists gather immense data regarding specific domains. Nephrologists study kidneys, pulmonologists lungs, and cardiologists hearts. Lawyers specialize in specific legal realms such as employment law. They familiarize themselves with the relevant laws, regulations and precedents. However, these professionals still *apply* theory in unique ways. Physicians creatively implement whatever treatment options best fits the needs of the specific patient. Patients with diabetes, for example, have commonalities in their endocrine system dysfunction. And, yet, each patient presents the diabetic symptoms in unique ways requiring physicians to improvise. In like manner, attorneys research relevant case law and legal precedents but then similarly tailor their interventions to the specific needs of their clients.

Psychoanalytic processes resemble philosophical explorations (Stolorow 2015). Markus' (2015) similarly considers philosophical journeys as ventures "into the infinite" (220). Psychoanalysts need not have a singular metapsychology, or even limited group of them, to unify their clinical work, set out on their endlessly complex journeys. But the profession needs *some* vision, some identification, some branding, to prevent its self-destruction – a fate feared by many contemporary psychoanalysts. In final conclusion, this detailed, critical analysis of the evolution of clinical pluralism substantiates its capability. The proposed standard method, which identifies three cross-theoretical professional behaviours for addressing four foundational psychoanalytic phenomena, invites practitioners to utilize psychoanalytic theory as metaphor. It responds to the urgent need for a cohesive psychoanalytic approach. The method's explainable but flexible system places it firmly alongside CBT and psychotropic medication as an effective treatment of mental disorders. At the same time, it describes how psychoanalysis helps patients without mental health diagnoses to alter destructive relational or lifestyle patterns, and deal with other common life stressors. Further, the proposed methodology invites use of a common nomenclature by psychoanalysts of varied theoretical persuasions.

Privileging clinicians' access to the richness of metaphors offered by variegated psychoanalytic theory encourages maximum openness in practitioners. Our field's myriad theories inform practitioners about psychopathology, trauma, coping strategies, intimacy, psychological development and more. Their capacity to expand, rather than restrict, human subjectivity, guards against the ever-encroaching audit culture noted earlier. Recently, Ogden (2018), true to form, emphasizes the creative, exploratory nature psychoanalytic processes. He writes, "Once an experience has been 'figured out,' it is dead. Once a person is 'understood', he is no longer interesting, no longer a living, unfolding, mysterious person" (412–413). Precisely because of its breadth of perspectives, clinical pluralism increases psychoanalysts' capacities for helping unfolding, mysterious persons transform themselves. And now the field can consider a unifying nomenclature for such pluralism in the words framing, presence and engagement.

### Translations of summary

**Poursuivre l'infini : le destin de la psychanalyse dépend du pluralisme clinique.** Partie prenante d'un effort politique et académique pour amener le projet psychanalytique vers une plus grande cohésion, l'auteur de cet article propose une méthode standard axée sur un pluralisme clinique, structuré et éclectique, selon une formulation empruntée à la physique. Elle ou (il) utilise des arguments psychanalytiques et philosophiques, ainsi que des observations tirées des idiosyncrasies

personnelles de patients, pour parvenir à la conclusion qu'il est impossible de donner corps à une métapsychologie unique et globale. Autrement dit, et en dépit de leurs efforts soutenus, les théoriciens de la psychanalyse, y compris Freud (1895/1991), Rangell (1975/2006), Greenberg et Mitchell (1983), Wallerstein (1988, 1990, 2002, 2005, 2013) et d'autres encore, n'ont pas réussi à créer des modèles permettant de rendre compte des variables dont l'interaction dynamique donne vie à la subjectivité humaine. Leurs luttes pour construire une passerelle entre les théories du psychisme et la méthode ont également échoué. Par conséquent, selon l'auteur, le destin ultime de la psychanalyse clinique réside dans l'organisation de ce que Wallerstein (2005) nommait le « terrain d'entente » (p. 626), en une méthodologie invitant les praticiens de la psychanalyse à extraire de la mine de l'opus psychanalytique la « pléthore de ses métaphores théoriques » (Wallerstein, 2013, p.36), « fictions totalitaires » (Greenberg, 2015, p.17), « contrevérités utiles » (Lament, 2020, p.196) ou encore « dialectes régionaux » (Fulgencio, 2020, p.15). L'application cohérente d'une métapsychologie plurielle et son utilisation pour guider les processus cliniques plutôt qu'une cartographie du psychisme, offre une unité des plus nécessaire à la branche clinique de la psychanalyse.

**Auf der Spur der Unendlichkeit: Das Schicksal der Psychoanalyse liegt in den Händen des klinischen Pluralismus.** Als Teil eines andauernden politischen und wissenschaftlichen Bestrebens, das psychoanalytische Projekt zu mehr Kohäsion hinzuführen, bedient der Autor sich bei einem Ausdruck aus der Physik und schlägt eine Standardmethode für einen strukturierten, aus verschiedenen Quellen schöpfenden klinischen Pluralismus vor. Er führt psychoanalytische und philosophische Argumente sowie Betrachtungen persönlicher Idiosynkrasien von Patienten an und kommt zu dem Schluss, dass es sich als unmöglich erweisen werde, eine einzige, allumfassende Metapsychologie zu verwirklichen. Oder anders formuliert – und trotz ihrer leidenschaftlichen Bemühungen – sind psychoanalytische Theoretiker wie Freud (1895/1991), Rangell (1975, 2006), Greenberg und Mitchell (1983), Wallerstein (1988, 1990, 2002, 2005, 2013) und weitere an der Entwicklung von Modellen gescheitert, die jene dynamisch aufeinander einwirkenden Variablen berücksichtigen, durch die menschliche Subjektivität entsteht. Ihre Anstrengungen, eine Brücke zwischen den psychoanalytischen Theorien von Geist und Methode zu schlagen, blieben ebenfalls hinter den Erwartungen zurück. Der Autor legt nahe, dass demzufolge das endgültige Schicksal der klinischen Psychoanalyse darin besteht, das von Wallerstein (2005) als „gemeinsame Grundlage“ (S. 626) Bezeichnete als Methodik zu gestalten, die praktizierende Psychoanalytiker dazu auffordert, dem psychoanalytischen Werk seine „Fülle theoretischer Metaphern“ (Wallerstein, 2013, S. 36), „Steuerungsfiktionen“ (Greenberg, 2015, S. 17), „nützliche Unwahrheiten“ (Lament, 2020, S. 196) oder „regionale Dialekte“ (Fulgencio, 2020, S. 15) zu entnehmen. Eine auf Pluralismus begründete Metapsychologie zur Lenkung klinischer Prozesse einzusetzen, statt Abbildungen des Geistes zur Verfügung zu stellen, kann der angewandten Psychoanalyse dringend notwendige Einigkeit bringen.

**Inseguire l'infinito. Il destino della psicoanalisi sta nel pluralismo clinico.** Situando il suo intervento nel contesto dell'attuale tentativo, politico e scientifico, di dotare il progetto psicoanalitico di maggiore coerenza interna, l'Autore propone un metodo standard (espressione presa a prestito dalla fisica) facendosi fautore di un pluralismo clinico strutturato e ad un tempo eclettico. Rifacendosi ad argomenti psicoanalitici e filosofici, ma anche a considerazioni sulle personali idiosincrasie dei pazienti, egli perviene alla conclusione che non sarà mai possibile raggiungere una metapsychologia unica e onnicomprensiva. In altre parole, nonostante tutti i loro sforzi, i teorici della psicoanalisi - tra cui Freud (1895/1991), Rangell (1975, 2006), Greenberg e Mitchell (1983), Wallerstein (1988, 1990, 2002, 2005, 2013) e altri ancora - non sono riusciti a creare modelli in grado di spiegare le diverse variabili che, interagendo tra loro in maniera dinamica, danno luogo alla soggettività umana. Parimenti, anche i loro tentativi di creare un ponte tra le teorie psicoanalitiche della mente e il metodo analitico non hanno raggiunto il loro obiettivo. Alla luce di tutto ciò, l'autore suggerisce che il destino ultimo della psicoanalisi clinica sta nel riorganizzare ciò che Wallerstein (2005) ha chiamato "common ground [terreno comune]" (p. 626) all'interno di una metodologia che inviti coloro che praticano la psicoanalisi a sondare l'intero edificio psicoanalitico facendo tesoro della sua "abbondanza di metafore teoriche" (Wallerstein, 2013, p. 36), di "narrazioni che controllano" (Greenberg, 2015, p. 17), di "non-verità utili" (Lament, 2020, p. 196), o di "dialetti regionali" (Fulgencio, 2020, p. 15). L'impiego coerente di una metapsychologia fondata sul pluralismo allo scopo di guidare i processi clinici (piuttosto che di produrre mappature della mente) offre al versante clinico della psicoanalisi un'unità di cui si avverte molto il bisogno.

**En pos del infinito: el destino del psicoanálisis depende del pluralismo clínico.** Como parte del esfuerzo político y académico, en curso, para que el proyecto psicoanalítico avance hacia una mayor cohesión, el autor propone un método estándar, tomando prestado la frase de la física, para un pluralismo clínico ecléctico y estructurado. Mediante argumentos psicoanalíticos y filosóficos, así como consideraciones sobre la idiosincrasia de los pacientes, concluye que será imposible lograr una metapsicología general. En otras palabras, los teóricos psicoanalíticos, en particular Freud (1895/1991), Rangell (1975, 2006), Greenberg y Mitchell (1983) y Wallerstein (1988, 1990, 2002, 2005, 2013), a pesar de sus ardientes esfuerzos, no consiguieron crear modelos que expliquen las variables dinámicas que crean la subjetividad humana. Sus tentativas de cerrar brechas entre las teorías de la mente y el método psicoanalíticos tampoco alcanzaron su cometido. Por ello, el autor sugiere que el destino último del psicoanálisis clínico depende de la organización de lo que Wallerstein (2005) llamó “terreno común” (p. 626) en la metodología, que invita a los profesionales del psicoanálisis a explorar la obra psicoanalítica en busca de su “plétora de metáforas teóricas” (Wallerstein, 2013, p. 36), “ficciones controladoras” (Greenberg, 2015, p. 17), “falsedades útiles” (Lament 2020, p. 196) o “dialectos regionales” (Fulgencio, 2020, p. 15). En vez de aportar mapas de la mente, la aplicación cohesiva de una metapsicología pluralista que guía los procesos clínicos ofrece la tan necesitada unidad que requiere la rama aplicada del psicoanálisis.

## Funding

The author(s) reported there is no funding associated with the work featured in this article.

## ORCID

Alan Michael Karbelnig  <http://orcid.org/0000-0001-5376-052X>

## References

- Akhtar, S. 2007. “Diversity Without Fanfare: Some Reflections on Contemporary Psychoanalytic Technique.” *Psychoanalytic Inquiry* 27 (5): 690–704.
- Aron, L., and K. Starr. 2013. *A Psychotherapy for the People: Toward a Progressive Psychoanalysis*. New York, NY: Routledge.
- Atwood, G. E., and R. D. Stolorow. 2014. *Structures of Subjectivity: Explorations in Psychoanalytic Phenomenology and Contextualism*. 2nd ed. New York, NY: Routledge.
- Barros, E. M. R. 2017. “Rethinking Psychoanalytic Education: Some Critical Points for Reflection.” In *The Future of Psychoanalysis: The Debate About the Training Analyst System*, edited by Peter Zagermann, 179–196. New York: Routledge.
- Bernardi, R. 2005. “What After Pluralism? Ulysses Still on the Road.” *Psychoanalytic Inquiry* 25 (5): 654–666.
- Bernardi, R. 2015. “What Kind of Discipline is Psychoanalysis?” *The International Journal of Psychoanalysis* 96 (3): 731–754.
- Bion, W. R. 1963. *Elements of Psycho-Analysis*. London, UK: Heinemann.
- Blass, R. B. 2010. “Affirming ‘That’s Not Psycho-Analysis!’ On the Value of the Politically Incorrect Act of Attempting to Define the Limits of Our Field.” *The International Journal of Psychoanalysis* 91 (1): 81–89.
- Blass, R. B. 2017. “Committed to a Single Model and Open to Reality.” *Journal of the American Psychoanalytic Association* 65 (5): 845–858. doi:10.1177/0003065117737750.
- Blass, R. B., and Z. Carmeli. 2007. “The Case Against Neuropsychoanalysis.” *The International Journal of Psychoanalysis* 88 (1): 19–40.
- Bolognini, S. 2008. “Freud’s Objects. Plurality and Complexity in the Analyst’s Inner World and in his Working Self.” *The Italian Psychoanalytic Annual* 2: 43–57.
- Bolognini, S. 2011. “Secret Passages Towards the Unconscious.” *The Italian Psychoanalytic Annual* 5: 75–87.
- Bowen, M. 1994. *Family Therapy in Clinical Practice*. New York, NY: Rowman and Littlefield.

- Brandchaft, B. 2001. "Obsessional Disorders." *Psychoanalytic Inquiry* 21: 253–288.
- Calich, J. C. 2006. "Pour Faire Travailler la Topique Laplanchienne. Le Concept d'Inconscient Selon Jean Laplanche." *Psychiatrie Française* 37 (3): 34–42.
- Camus, A. (1956) 1991. *The Rebel: An Essay on Man in Revolt*. Reprint. New York: Vintage.
- Cortina, M. 2016. "Quo Vadis? The Future of Psychoanalysis." *The Psychoanalytic Review* 103 (6): 793–817.
- Einstein, A. 1921. "Geometry and Experience." Lecture Delivered to the Prussian Academy of Science, Berlin, Germany.
- Eizirik, C. L. 2010. "Analytic Practice: Convergences and Divergences." *The International Journal of Psychoanalysis* 91 (2): 371–375.
- Fairbairn, W. R. D. 1952. *Psychoanalytic Studies of the Personality*. London, UK: Tavistock.
- Foehl, J. C. 2010. "The Play's the Thing." *Contemporary Psychoanalysis* 46 (1): 48–86.
- Foucault, M. 1970. *The Order of Things: An Archeology of the Human Sciences*. Translated by A. Sheridan. New York, NY: Vintage Books.
- Freud, S. (1895) 1991. "Project for a Scientific Psychology." *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume I (1886–1899): Pre-Psycho-Analytic Publications and Unpublished Drafts*, 281–391.
- Freud, S. (1910) 1991. "The Future Prospects of Psycho-Analytic Therapy." *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XI: Five Lectures on Psycho-Analysis, Leonardo da Vinci and Other Works*, 139–152.
- Freud, S. (1914) 1991. "Remembering, Repeating, and Working-Through." *The Standard Edition of the Complete Psychological Works of Sigmund Freud XII (1911–13)*: 143–156.
- Freud, S. (1916) 1991. "Introductory Lectures on Psycho-Analysis." *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XV (1915–1916): Introductory Lectures on Psycho-Analysis (Parts I and II)*, 1–240.
- Freud, S. (1923) 1991. "The Ego and the Id." *The Standard Edition of the Complete Psychological Works of Sigmund Freud XIX (1923)*: 1–66.
- Friedman, L. 1988. *The Anatomy of Psychotherapy*. Hillsdale, NJ: Analytic Press.
- Friedman, L. 2006. "What is Psychoanalysis?" *The Psychoanalytic Quarterly* 75: 689–713.
- Fulgencio, L. 2020. "Incommensurability Between Paradigms, Revolutions and Common Ground in the Development of Psychoanalysis." *The International Journal of Psychoanalysis* 101 (1): 13–41.
- Galatzer-Levy, R. M. 1995. "Psychoanalysis and Dynamical Systems Theory: Prediction and Self Similarity." *Journal of the American Psychoanalytic Association* 43: 1085–1114.
- Gazzillo, F., S. Waldron, B. S. Gorman, K. Stukenberg, F. Genova, C. Ristucci, F. Faccini, and C. Mazza. 2018. "The Components of Psychoanalysis: Factor Analyses of Process Measures of 27 Fully Recorded Psychoanalyses." *Psychoanalytic Psychology* 35 (2): 184–195.
- Gedo, J. E. 1983. "Saints or Scoundrels and the Objectivity of the Analyst." *Psychoanalytic Inquiry* 3: 609–622. doi:10.1080/07351698309533517.
- Gedo, J. E. 1997. "Reflections on Metapsychology, Theoretical Coherence, Hermeneutics, and Biology." *Journal of the American Psychoanalytic Association* 45: 779–806. doi:10.1177/00030651970450030401.
- Gill, M. M. 1983a. "The Interpersonal Paradigm and the Degree of the Therapist's Involvement." *Contemporary Psychoanalysis* 19: 200–237. doi:10.1080/00107530.1983.10746605.
- Gill, M. M. 1983b. "The Point of View of Psychoanalysis." *Psychoanalytic Contemporary Thought* 6 (4): 523–551.
- Gill, M. M. 1988. "Metapsychology Revisited." *Annual of Psychoanalysis* 16: 35–48.
- Green, A. 2005. "The Illusion of Common Ground and Mythical Pluralism." *International Journal of Psychoanalysis* 86 (3): 627–632.
- Greenberg, J. R. 2015. "Therapeutic Action and the Analyst's Responsibility." *Journal of the American Psychoanalytic Association* 63: 15–32. doi:10.1177/0003065114561861.
- Greenberg, J. R., and S. A. Mitchell. 1983. *Object Relations in Psychoanalytic Theory*. Cambridge, MA: Harvard University Press.
- Guntrip, H. 1975. "My Experience of Analysis with Fairbairn and Winnicott (How Complete a Result Does Psychoanalytic Therapy Achieve?)." *International Review of Psychoanalysis* 2: 145–156.

- Hicks, S. R. C. 2019. *Explaining Postmodernism: Skepticism and Socialism from Rousseau to Foucault*. New York, NY: Connor Court Publishing.
- Holt, R. R. 1981. "The Death and Transfiguration of Metapsychology." *International Review of Psychoanalysis* 8: 129–143.
- Holt, R. R. 1985. "The Current Status of Psychoanalytic Theory." *Psychoanalytic Psychology* 2 (4): 289–315.
- Holzman, P. S. 1985. "Psychoanalysis: Is the Therapy Destroying the Science?" *Journal of the American Psychoanalytic Association* 33: 725–770.
- Jameson, F. 2017. *The Hegel Variations: On the Phenomenology of Spirit*. New York, NY: Verso.
- Jung, C. G. 1915. "The Theory of Psychoanalysis." *Psychoanalytic Review* 2: 29–51.
- Karbelnig, A. M. 2014. "The Sanctuary of Empathy and the Invitation of Engagement: Psychic Retreat, Kafka's "A Hunger Artist," and the Psychoanalytic Process." *The Psychoanalytic Review* 101 (6): 895–924.
- Karbelnig, A. M. 2016. "The Analyst is Present: Viewing the Psychoanalytic Process as Performance Art." *Psychoanalytic Psychology* 33 (Supplement 1): 153–172. doi:10.1037/a0037332.
- Karbelnig, A. M. 2018a. "A Perilous High Wire Act: Framing Psychoanalytic Relationships with Severely Traumatized Patients." *The Psychoanalytic Quarterly* 87 (3): 443–478.
- Karbelnig, A. M. 2018b. "Addressing Psychoanalysis's Post-tower of Babel Linguistic Challenge: A Proposal for a Cross-Theoretical, Clinical Nomenclature." *Contemporary Psychoanalysis* 103 (1): 69–109.
- Kernberg, O. F. 1984. *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven, CT: Yale University Press.
- Kernberg, O. F. 2012. "Suicide Prevention for Psychoanalytic Institutes and Societies." *Journal of the American Psychoanalytic Association* 60: 707–719.
- Kety, S. S. 1960. "A Biologist Examines the Mind and Behavior." *Science* 132: 1861–1870.
- Killingmo, B. 1989. "Conflict and Deficit: Implications for Technique." *Journal of the American Psychoanalytic Association* 70: 65–79.
- Klein, M. 1946. "Notes on Some Schizoid Mechanisms." *International Journal of Psychoanalysis* 27: 99–110.
- Klein, G. S. 1976. *Psychoanalytic Theory: An Exploration of Essentials*. Madison, CT: International Universities Press.
- Kohut, H. 1975. "The Future of Psychoanalysis." *Annual of Psychoanalysis* 3: 325–340.
- Kohut, H. (1977) 2009. *The Restoration of the Self*. Chicago, IL: University of Chicago Press.
- Lacan, J. (1973) 1998. *The Seminar of Jacques Lacan, Book XI: The Four Fundamental Concepts of Psychoanalysis*. Edited by J. Miller. Translated by A. Sheridan. New York, NY: Norton.
- Lacan, J. 1991. *Seminar Book XVII: The Reverse Side of Psychoanalysis*. Paris: Editions de Seuil.
- Lakoff, G., and M. Johnson. 1999. *Philosophy in the Flesh: The Embodied Mind and its Challenge to Western Thought*. New York, NY: Basic Books.
- Lament, C. 2020. "Useful Untruths: Another Look at Pluralism in the Clinical Setting." *The Psychoanalytic Quarterly* 89 (2): 195–218.
- Lao-tsu. 1988. *Tao Te Ching*. Translated by Stephen Mitchell. New York, NY: Harper & Row.
- Laplanche, J. 1997. "The Theory of Seduction and the Problem of the Other." *International Journal of Psychoanalysis* 78: 653–666.
- Loewald, H. W.. 1975. "Psychoanalysis as an Art and the Fantasy Character of the Psychoanalytic Situation." *Journal of the American Psychoanalytic Association* 23: 277–299.
- Lussier, A. 1991. "The Search for Common Ground: A Critique." *International Journal of Psychoanalysis* 72: 57–62.
- Markus, G. 2015. *Why the World Does Not Exist*. Translated by G. Moss. Cambridge, MA: Polity Press.
- Matte-Blanco, I. 1981. "Reflecting With Bion." *Rivista Psicoanalytica* 27 (3-4): 480–492.
- Miller, M. L. 1999. "Chaos, Complexity, and Psychoanalysis." *Psychoanalytic Psychology* 16 (3): 355–379.
- Modell, A. H. 2008. "Horse and Rider Revisited." *Contemporary Psychoanalysis* 44 (3): 351–366.
- Modell, A. H. 2013. "Metaphor, Meaning, and the Mind." In *Metaphor and Field: Common Ground, Common Language, and the Future of Psychoanalysis*, edited by S. Montana Katz, 59–66. New York, NY: Routledge.

- Nietzsche, F. (1878) 2002. *Human, All Too Human*. Translated by R. J. Hollingdale. Cambridge, UK: Cambridge University Press.
- Nietzsche, F. (1886) 1989. *Beyond Good and Evil: On the Genealogy of Morals*. Translated by W. Kaufmann. New York, NY: Vintage Books.
- Nietzsche, F. (1901) 1968. *The Will to Power*. New York, NY: Vintage Books.
- Ogden, T. H. 1983. "The Concept of Internal Object Relations." *International Journal Psychoanalysis* 64: 227–241.
- Ogden, T. 2018. "How I Talk With My Patients." *The Psychoanalytic Quarterly* 87 (3): 399–413.
- Pine, F. 1998. *Diversity and Direction in Psychoanalytic Technique*. New Haven, CT: Yale University Press.
- Quine, W. V. 1951. "Two Dogmas of Empiricism." *The Philosophical Review* 60: 20–43.
- Quine, W. V. 2013. *Word and Object*. New York, NY: Martino Fine Books.
- Rangell, R. 1975. "Psychoanalysis and the Process of Change—An Essay on the Past, Present and Future." *International Journal of Psychoanalysis* 56: 87–98.
- Rangell, L. 1997. "Postscript and a New Synthesis." *Journal of Clinical Psychoanalysis* 6 (4): 573–586.
- Rangell, R. 2006. "An Analysis of the Course of Psychoanalysis." *Psychoanalytic Psychology* 23: 217–238. doi:10.1037/0736-9735.23.2.217.
- Renick, O. 1997. "Discussion Remarks." In *Into the Second Psychoanalytic Century. One Psychoanalysis or Many? The Unitary Theory of Leo Rangell, M.D.* 548." *Journal of Clinical Psychoanalysis* 6: 451–612.
- Richards, A. D. 1999. "A.A. Brill and the Politics of Exclusion." *Journal of the American Psychoanalytic Association* 47 (1): 9–28.
- Ringstrom, P. 2001. "Cultivating the Improvisational in Psychoanalytic Treatment." *Psychoanalytic Dialogues* 11: 727–754.
- Ringstrom, P. 2007. "Scenes That Write Themselves: Improvisational Moments in Relational Psychoanalysis." *Psychoanalytic Dialogues* 17: 69–99.
- Ringstrom, P. 2008. "Improvisational Moments in Self-Psychological Relational Psychoanalysis." In *New Developments in Self Psychology Practice*, edited by P. Buirski and A. Kottler, 223–238. Lanham, MS: Jason Aronson.
- Ringstrom, P. 2012. "Principles of Improvisation: A Model of Therapeutic Play in Relational Psychoanalysis." In *Relational Psychoanalysis*, edited by L. Aron and A. Harris, 447–478. Harris, NY: Taylor and Francis.
- Sandler, J. 1969. "Towards a Basic Psychoanalytic Model." *International Journal of Psychoanalysis* 50: 79–90.
- Sandler, J. 1974. "Psychological Conflict and the Structural Model: Some Clinical and Theoretical Implications." *International Journal of Psychoanalytic* 55: 53–62.
- Sandler, J. 1983. "Reflections on Some Relations Between Psychoanalytic Concepts and Psychoanalytic Practice." *International Journal of Psychoanalysis* 64: 35–55. doi:10.1300/J256v03n01\_03.
- Sandler, J. 1992. "Reflections on Developments in the Theory of Psychoanalytic Technique." *International Journal of Psychoanalysis* 73: 189–198.
- Sartre, J.-P. (1943) 1984. *Being and Nothingness: A Phenomenological Essay on Ontology*. Translated by H. Barnes. New York, NY: Washington Square Press.
- Schafer, R. 1975. "Psychoanalysis Without Psychodynamics." *International Journal of Psychoanalysis* 56: 41–55.
- Schafer, R. 1979. "On Becoming a Psychoanalyst of One Persuasion or Another." *Contemporary Psychoanalysis* 15: 345–360.
- Schafer, S. 1981. *A New Language for Psychoanalysis*. New Haven, CT: Yale University Press.
- Shedler, J. 2010. "The Efficacy of Psychodynamic Psychotherapy." *American Psychologist* 65: 98–109.
- Sitwell, S. 1973. *For Want of the Golden City*. New York, NY: John Day.
- Smith, H. F. 2005. "Dialogues on Conflict: Toward an Integration of Methods." *The Psychoanalytic Quarterly* 74: 327–363.
- Smuts, J. C. (1926) 1986. *Holism and Evolution*. Gouldsboro, ME: Gestalt Journal Press.

- Solms, M. 1996. "Towards an Anatomy of the Unconscious." *Journal of Clinical Psychoanalysis* 5 (3): 331–367.
- Sorenson, R. L. 2000. "Psychoanalytic Institutes as Religious Denominations." *Psychoanalytic Dialogues* 10 (6): 847–874.
- Steiner, G. 2004. *Nostalgia for the Absolute*. Toronto: House of Anansi Press.
- Stepansky, P. E. 2009. *Psychoanalysis at the Margins*. New York, NY: Other Press.
- Stolorow, R. D. 1991. "The Intersubjective Context of Intrapsychic Experience: A Decade of Psychoanalytic Inquiry." *Psychoanalytic Inquiry* 11 (1/2): 171–184.
- Stolorow, R. D. 2015. "A Phenomenological-Contextual, Existential, and Ethical Perspective on Emotional Trauma." *Psychoanalytic Review* 102: 123–138.
- Stolorow, R. D., and G. E. Atwood. 2016. "Experiencing Self-Hood is not "A Self"." *International Journal of Self-Psychology* 11 (2): 183–187.
- Strenger, C. 1989. "The Classic and the Romantic Visions in Psychoanalysis." *Journal of the American Psychoanalytic Association* 70: 595–610.
- von Bertalanffy, K. L. 1969. *General Systems Theory: Foundations, Development, Application*. New York, NY: Braziller Press.
- Wallerstein, R. S. 1983. "Self-Psychology and Classical Psychoanalytic Psychology: The Nature of Their Relationship." In *The Future of Psychoanalysis*, edited by A. Goldberg, 19–63. New York, NY: International Universities Press.
- Wallerstein, R. S. 1988. "One Psychoanalysis or Many?" *Journal of the American Psychoanalytic Association* 69: 5–23.
- Wallerstein, R. S. 1990. "Psychoanalysis: The Common Ground." *International Journal of Psychoanalysis* 71: 3–20.
- Wallerstein, R. S. 2002. "The Trajectory of Psychoanalysis: A Prognostication." *The International Journal of Psychoanalysis* 83: 1247–1267.
- Wallerstein, R. S. 2005. "Will Psychoanalytic Pluralism be an Enduring State of our Discipline?" *The International Journal of Psychoanalysis* 86 (3): 623–638.
- Wallerstein, R. S. 2009. "Defining Psychoanalysis: A Review and a Commentary." *Psychoanalytic Dialogues* 19 (6): 675–690.
- Wallerstein, R. 2013. "Metaphor in Psychoanalysis and Clinical Data." In *Metaphor and Field: Common Ground, Common Language, and the Future of Psychoanalysis*, edited by S. Montana, 22–38. New York, NY: Routledge.
- Whittaker, C. 1982. *From Psyche to System: The Evolving Therapy of Carl Whittaker*. Edited by J. R. Neil and J. P. Kniskern. New York, NY: Guilford Press.
- Winnicott, D. W. 1967. "The Location of Cultural Experience." *International Journal of Psychoanalysis* 48: 368–372.
- Winnicott, D. W. 1992. *Through Paediatrics to Psycho-Analysis*. New York, NY: Brunner-Routledge.
- Zagermann, P., ed. 2018. *The Future of Psychoanalysis: The Debate About the Training-Analyst System*. London, UK: Karnac.