IF I KNEW THEN WHAT I KNOW NOW
Theme and Variations

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This paper gives recognition to the immense expansion in psychoanalytic thinking of recent decades. However, the implication (of the title of the panel of which this paper was a part) that advances in knowledge readily translate into advances in technique is seriously challenged, though in a playful format. The format pursues 4 variations on the title theme: 1) I could not know then what I know now; 2) If I knew then what I know now, I would not have been able to use it; 3) I did know then what I know now; and 4) If I knew now what I knew then.

Keywords: technique, maturation of the analyst, development of the analyst

The title of the panel for which this paper was written was: “If I knew then what I know now: Reflections on psychoanalytic experience.” At the start, a title change was considered briefly—one to which I objected. The change was from “if I knew then what I know now” to “if only I knew then what I know now.” A small change; only an “only,” but it seemed to imply regret, and I could not locate that regret in my personal experience.

The organizers saw the point, that the “if only” would give an editorial slant to the theme, and agreed to stay with the current title. I/we have learned a great deal, but various considerations rule out regret, at least for me, and I shall try to give a sense of them all. So my particular talk under the overall heading was actually: “If I knew then what I know now: Theme and variations.” I will start with the theme—if I knew then what I know now—and then introduce four variations. I speak here in the first person because what I have learned may not be what any particular “we” has learned and also because what I have learned may already have been known by various others, who in turn may have had other things to learn.

I shall start with the main theme in some detail. I do indeed feel that there has been an enormous and valuable expansion in the ways I am able to think about mind and about the psychoanalytic process over the years that I have been practicing psychoanalysis and psychotherapy. And the inclusion of that last word, psychotherapy, is one of the expansions as I see it. But I shall return to that shortly.

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As to theories of mind, I am now comfortable in working with multiple models—a mind of conflict that is organized primarily around struggles between powerful, sometimes alien urges, the conscience that condemns them, the defenses that struggle against them, and the anxiety that is the marker of the whole process. That same mind is organized around the history of object relations, internalized in memory with all sorts of nonveridical coloring and emotionally based distortions and powering repetition of these internalized object relations on all internal and external stages of personal functioning. A mind also that carries multiple subjective states of self, struggling with those that are painful or insecurely established, including self-boundaries, self-esteem, continuity and wholeness, genuineness or falsity, and a sense of agency or the lack of it. Additionally, a mind that carries the marks of various defects in ego function and deficits in parental input that leave the person to face life’s tasks with a stunted array of tools and with painful subjective states of shame, craving, rage, overwhelmedness, or others. A rich and complex mind view matches the needs of a psychoanalytic clinician’s everyday experiences with patients.

And as for the expanded view of psychoanalytic process: I can now see its action as taking place, as I did before, on the examined and interpreted stages of past and present life, and of transference and dreams, but not only on those stages. So, also on the multiple stages of the two-person and interactive psychologies, including the here and now of the analytic session, induced states and mutually created enactments, and the informing countertransference that is part of this two-person process. Summing it up, we could say that transference work began with “It’s not me you are talking about, but someone else back then,” and grew to include “It’s not someone out there or back then you are talking about, but me,” and finally today to “It does not matter what you are talking about because things are happening between us right now and that is where the action is.”

I still begin the work with a stance that approximates the trio of neutrality, abstinence, and relative anonymity, but as perhaps already implied by my references to the two-person psychology and the informing countertransference, I no longer see these as absolutes nor even possible. But that has not led me to abandon them as approximations because things in analysis, as in life, are not simply either-or. (And if I’m told that that is illusion, I’d say we should be careful with babies, bathwaters, and concepts—careful about what we throw out. No single idea accounts for all of the variance, and no single idea fits all patients.) So, in my own work, I see that trio as a wise and cautious starting stance until I see how a particular analysis with a particular patient develops. And the components of the trio—neutrality, abstinence, and relative anonymity—sometimes (any of them singly or all of them) become baseline approximations from which I vary and to which I endeavor to return, but also sometimes starting points from which I vary without the intent of return. It depends on my judgment, a judgment made cautiously and backed by considerable experience and thought, about what will be most useful in this particular treatment.

And I have no problem integrating all of these many pieces (including diverse conceptions of the core issues of mind, multiple stages on which the analytic drama is enacted, and the trio of variables in the analyst’s listening stance) under the general heading of patient variables. They are not only theoretical and technical preferences, and they are certainly not uniquely “correct” theoretical and technical formulations that have somehow “won” in the psychoanalytic battle of ideas. No, rather particular ones among them have become formulated because they match aspects of patients in particular analyses and then remain available to be drawn upon whenever they match another person’s functioning as it appears in analysis. Or, put otherwise, they each account for a percent of the variance in an analysis, singly and in every imaginable combination. They
enrich my listening range and, I hope, thereby, my work. And additionally, I conclude from my reading of my own experience that any of the issues of mind can be expressed on any of the analytic stages——thus, issues of drive, ego, object relations, or self experience can be expressed in the dream, in talk of the current or past life, in enactment, in the transference, induced in the countertransference, or whatever. And inversely, whatever is expressed on any of the analytic stages will, when thoroughly understood, turn out to be reflective of one or more (usually more) of those same issues of mind. And all of this, although represented in the literature, I ultimately only really learned through clinical experience——when a situation with a patient made something compelling for me or, more significantly, when a patient demanded that I understand something differently from the way I had been understanding it—and placed those new learnings ever after in my professional tool kit.

I carry all of these understandings in the back of my mind as “hypotheses.” Not hypotheses in the science sense that they will be confirmed or disconfirmed by the accumulation of more data. But hypotheses in the sense of the clinical situation at hand—that they might just be relevant for understanding this particular patient. (This was a view I first located when I was teaching psychoanalytic developmental theory to psychiatric residents. By the late 1980s, any mention of penis envy would arouse protest. I found that in making it clear that I did not consider that a universal, and certainly not the “bedrock,” of female development as Freud saw it——nonetheless it was wise to hold it in mind as an hypothesis in the sense that it might just help understand some particular patient someday and that one limits one’s clinical listening unnecessarily if ideology is allowed too much of an upper hand.)

And back now to my reference to psychotherapy. Today I draw a less sharp line between psychoanalysis and psychotherapy, comfortable with the idea (expressed by many before me) that with each patient, I do as much psychoanalysis as I can and as much psychotherapy as I feel the situation requires. I’ll not attempt to define the difference, and in truth, the distinction is not always sharply drawn. One can, as only one example, be doing psychotherapy with one’s voice tone while doing psychoanalysis with the content voiced. And this, too, is something that I know more clearly now than I ever could have back then because it comes from clinical experience with a wide range of patients and thus the need to adapt to varying intrapsychic and interpersonal constellations. Ultimately, this flexibility in the work permits me to do my job for the patient in a way that I think justifies my claim to being a professional—not simply a psychoanalyst, but a person who deals in psychic pain and faulty adaptation, and deals with them in ways that my best judgment tells me is correct. And along these lines, I have always considered myself a psychologist first and a psychoanalyst second because the former is the broader identification——though I will settle today for thinking of myself as a professional, working however my best judgment tells me to work, this (e.g., professional) again being the broader self-definition.

So much for the main theme: If I knew then what I know now. Now to my 1st variation.

**Variation # 1: I Could Not Know Then What I Know Now**

This is implied in what I have just been saying——that I learned through experience. Psychoanalytic knowing is a developmental process in ourselves, not a matter simply of reading and hearing something in supervision——though those matter, too. I could have “known” then what I “know” now, but not in the same way that I know it now. I could not have known it through struggles and impasses and discoveries with patients, nor
through painful failures (sometimes recoverable from, sometimes not), unfortunately a kind of pain shared by the patient through whom I learned. Nor, through reading and supervision, could I have “known” in the same way that I came to “know” through intellectually mind-opening moments when a patient taught me and I became convinced and broadened my horizons. So, I could not have known then what I know now because it takes time and experiential learning.

And the same is likely to be true for those who today are relatively young as therapist/analysts. One knows all sorts of things, but not yet the limitations of those things, nor the ways in which they may get in the way of coming to know other things equally valuable. I suspect that the value of many specific, but now rejected ideas (rejected by one or another person or group), will have their value rediscovered by many; this is because they were not developed lightly and were indeed formulated in the heat of intense psychoanalytic moments and found to be highly serviceable. We are always caught between the need for organizing ideas on the one hand and tolerance for ambiguity on the other in our daily work. In my opinion, we are best off knowing a great deal in the back of our minds and knowing nothing, so to speak, as we start with each patient—until we learn what “knowings” we have to draw upon right here and now in this particular treatment and varyingly as the treatment goes along.

Variation #2: If I Knew Then What I Know Now, I Would Not Have Been Able to Use It

This is closely related to what I have just been saying, but nonetheless worth differentiating from it. Both address developmental processes—the one just described the developmental learning process; this one describes the developmental process of personal maturation.

Psychoanalytic knowing is not only a matter of hard-won experience, as I have just been describing, but a matter of personal maturing as a clinician and as a human being. It takes time as a clinician to develop an adequate capacity to sit with the full barrage of emotions and impulses—in ourselves and in our patients—that mark our everyday professional lives. And it takes time to develop the capacity to maintain an adequate, and sometimes shifting, level of intimacy and distance in the work. How our personal lives are going ordinarily affects our work, and it takes time for that to fall into place and get sorted out. It takes time to develop a tolerance for ambiguity, to sit comfortably with a sense of ignorance, and to have earned the trust that something will become clear in time.

But, most importantly, with regard to our ability to use what we officially “know,” is the time it takes to develop one’s own voice as a clinician. And this, as I see it, has two components. First, the capacity to include what one has been taught, but to question it, to let it be influenced and altered by experience with patients, and to have both courage and caution in moving forward with what one feels one is learning. For me, that was helped by my strong academic and research background—one in which the essential lesson was that theories come and go or are modified, and that data are confirmed, disconfirmed, added to, and modified. So, the result is that little is sacred text, though much is respected text. And second, regarding finding one’s own voice, is that I believe that for each of us, our ultimate clinical voice is a combination of what we have taken from our own analyses, what we have been taught by supervisors and patients, and our own personality. That last is inevitably a central part of the equation; it is not analyzed away, “neutralitized” away, “anonymitized” away, or anything else. And it takes time to make the personal equation work with us and for us in the clinical work—and most importantly, not against the
patient. (This view that all new developmental tasks are slowly shaped by us according to our own personal way of doing things so that what was once to varying degrees foreign becomes part of the “me,” was an idea I first came across in Peter Blos’s (1962) description of the inner shaping of adolescent sexuality. He described how this moves from a general biological influx to a highly personalized, character-specific style. It becomes “characterologically stabilized,” an idea which I later applied to both parenthood and work (Pine, 1982)—here the work of psychoanalyzing—which we also shape in our own character-specific ways.) So, if I knew then what I know now, I would not have been able to use it as fully as (I hope) I can now because the personal maturation and shaping would not yet have taken place.

Some years ago, Kurt Eissler (1976) gave a talk on the aging analyst. It was published in modified form, and so it is not really available in its fullness. But it was of great interest and bears on what I have just been saying. He did not, as I recall, speak primarily about loss of function that can come at any age if life circumstances or illness or character pathology come to take a toll. But he spoke of simple things like an increased ability to sit, without restlessness, for longer periods. I recall his speaking about a softening of ambition—one having come to terms with who one is and who one is not—so the older analyst may not have to prove his worth (to himself or herself) with each new patient, thus sparing the patient the burden of the analyst’s ambition—personal ambition or excessive therapeutic ambition. Personal maturation of the analyst lies in many places.

Variation #3: I Did Know Then What I Know Now

I knew back then what I know now in the sense of the book-for-adults written in children’s book style and called All I Really Need to Know I Learned in Kindergarten (Fulgham, 1986) The knowings in that book are things like “Don’t hit”; “Say ‘please’ and ‘thank you’ ”; “Take turns”; “Tell the truth”; and the like—the ordinary rules of human behavior that make social living possible.

So, too, for the ordinary rules of human behavior that make psychoanalytic work possible: “Listen carefully to your patient”; “Remember what you’ve learned but be open to surprises”; and be reliable, understand yourself in the situation and keep yourself under restraint (I see no reason to change this today—it does not have to eventuate in dullness or absence of affectivity or spontaneity). And then there were the not-so-ordinary rules of human behavior but the psychoanalytic ones that I also knew then as I know them now. Rules, really guidelines, like: Think in terms of a dynamic unconscious, of what underlies what is being said and not said; think in terms of conflict; think in terms of the patient’s life, past and present, and also of his or her relation to you; and think in terms of metaphor (things mean more than they seem to). None of that has changed. And in this sense, I already knew then what I know now. I might add to or modify some of what I have just listed, add a few qualifiers and ifs and buts, but not essentially change anything.

And there is a second part to all of this. Although I did know then what I know now, there is also a significant way in which I did not appreciate its significance. That is, I knew how to behave back then as I know now, and as I have said, I see no reason to change it, but I did not understand its full power. Reliability, careful listening, honesty, commitment, nonjudgmentalness, keeping oneself in the background, and allowing full space for the other—all of these, as above, were part of what I knew already in my kindergarten years of doing psychoanalysis. I thought they were the background, the context, for good work. And I still believe they are.

But I now understand they are more than that. With the expansion of my develop-
mental orientation, with the experience of rearing my own children, with recognition of some of the things that mattered to me in my own two analyses, I had no trouble coming to see these things (reliability, careful listening, and the like) as so called “nonspecific” factors in the psychoanalytic situation that contribute varyingly, for one person or another, to the gains made through the process. What I did not recognize and therefore did not appreciate for years, and have learned through clinical experience, is how specific these so-called nonspecific effects are for one or another person. And one does not know this in advance. But I recall the transforming effect upon the therapeutic alliance that took place when a particular patient realized I was listening to him and attempting to understand even when he was angry at me, an experience totally foreign to his prior experience, and providing a transformative experience as well as a base for subsequent work together. And I think of another patient, a young woman, whose life had been filled with abrupt losses and interruptions of relationship, who became aware, and told me, only very late in a successful analysis, that her experience of me as always on time and of never having been out without prior notification had given her something within relatedness that simply had not been part of her inner world. Or another patient who angrily taught me to keep myself in the background and to not intrude (as had been so much part of his past—which I did not know when I back then “intruded” with questions or interpretations that seemed nonintrusive enough to me), a patient for whom the personal space under his control in the office (once I came to respect that space) was, again, an indispensable and quite specific effect of the ordinary analytic situation—but not so ordinary for him. I knew back then how to behave. I did not know much about the nonspecific effects of my behavior. I knew even less about the specific effects of these behaviors. And I also did not know back then the reverse—how certain (to me) ordinary aspects of the analyst’s behavior could be retraumatizing, something that I shall not go into here—as I (Pine, 1994), and others, have discussed it elsewhere. Overall, though I knew back then how to behave, I did not know much about the nonspecific effects of my behavior. I knew even less about the specific effects of these behaviors. And I also did not know back then the reverse—how certain (to me) ordinary aspects of the analyst’s behavior could be retraumatizing, something that I shall not go into here—as I (Pine, 1994), and others, have discussed it elsewhere. Overall, though I knew back then how to behave, I did not know the full repercussions, plus and minus, of this behavior. I have come to be able to move this “background” of my analytic behavior, into my mental foreground when it seems necessary.

Variation #4: If I Knew Now What I Knew Then

And finally, my fourth variation on today’s theme. This is why I objected to the “If Only I Knew Then What I Know Now” title, the one implying regret. The theory of mind and technique that I worked with back then—broadly the “structural theory” of “American ego psychology” and so-called “classical” technique (though Samuel Lipton [1977] showed long ago how unclassical it was)—produced a way of working that was enormously rich. My introduction to clinical work, through those theories of mind and technique, opened up worlds to me. And, in turn, I felt (and still feel) that they enabled me to open up worlds to my patients. The work, in retrospect, does not seem characterizable as more rigid, for I suspect that the psychoanalyst’s “art” or humanness, including this then-young-and-new psychoanalyst who is writing this today, compensated for much of what could otherwise have been rigidity. The variations in voice tone and duration of speech, the awareness of the place for “tact” and appropriate timing of intervention, as well as untheorized variations in response that probably included recognition of self and object relations and ego defect and intersubjective/interpersonal “two-person-psychology” issues were probably all there—unnoticed by the analyst, and certainly untheorized. Free association and watchfulness of transference were enormously powerful tools to sustain focus on the patient’s intrapsychic life with great potential benefit to the patient. And the
sustained focus on the so-called drives and the defenses against them, and on their representation in fantasy, opened up worlds—worlds not only of urge and wish and defense but of every conceivable detail of human function, today theorized more fully with concepts of object relations, self representations, affectively powerful self states, ego defects, environmental deficiencies, and the two-person world. And the assumption that neutrality, abstinence, and anonymity fully characterized the analyst’s stance did not in general cause any special troubles for the work, no more trouble certainly than today’s widespread assumption that that trio does not characterize the analyst’s stance. My own personal analyses were like all of the things just listed, and one of them (the second one) was invaluable to me. The difference between the first and the second had largely to do with the analyst’s personal competence, I believe—not any change in theory of mind or of technique.

So what have I said here? Starting with the panel theme, I have recognized what is implicit in its title: If I knew then what I know now, and I spoke of all that I feel I have learned. Others have learned other things. I hope everyone has learned (or will come to learn) a lot more than he or she knew in his or her particular “back then.” And I have outlined four variations on this theme. First, I could not know then what I know now (to really know it, it has to come from experience). Second, if I knew then what I know now, I would not have been able to use it (it takes a certain personal maturing, and finding one’s own voice, not simply “application” of what is known). Third, I did know then what I know now and knew I knew it (in the sense of “everything I had to know I learned in kindergarten”), but regarding some of these things I knew back then, I could not appreciate their full significance—like the specific impact, for some patients, of the so-called “nonspecific” factors in an analysis such as reliability, listening, nonjudgmentalness, and putting the patient at the center of attention. Fourth, if I knew now what I knew then—a statement through which I give recognition to the power of psychoanalysis in the era in which I grew up in it.

And with that, I come to a halt. I will not speculate on: If I knew now what I will come to know a few years hence. But I have found psychoanalytic work to be a continuous change process for me as a person and certainly for me as an analyst. It keeps one intellectually alive.

References


