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Courting Surprise1—*Unbidden Perceptions in Clinical Practice*

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… we must simply wait until what we desire appears, because that is all we can do. We have no means of getting exactly what we wish from ourselves. —Paul Valéry, The course in poetics: First lesson

The Arrival of Thought

KNOWING THAT WE AUTHOR even the most startling of our own thoughts does nothing to demystify that common experience of merely recording them. The unexpected thought or image or feeling seems to come to us; one feels like a conduit. The experience is ubiquitous enough to have spawned myriad descriptions. Most of this remarkably common and consistent testimony has come from artists, especially and not surprisingly from writers. Here is Joyce Carol Oates: "If I say that I write with the enormous hope of altering the world—and why write without that hope?—I should first say that I write to discover what it is *I will have written* " (1982, p. 1). Gabriel García Márquez: "I'm very curious, as I'm writing this book, to see how the characters go on behaving. It's a true investigation. I could almost say that one writes the novel to see how it will turn out. And to be able to read it" (quoted by Simons, 1985, p. 18). And here is Raymond Carver, convincing and a little touching in his surprise at discovering he is not alone in not knowing what he will write: "(Flannery) O'Connor says she most often did not know where she was going when she sat down to work on a short story. … When I read this some years ago, it came as a shock that she, or anyone for that matter, wrote stories in this fashion. I thought this was my uncomfortable secret, and I was a little uneasy with it. For sure I thought this way of working on a short story somehow revealed my own shortcomings. I remember being tremendously heartened by reading what she had to say on the subject." In the passage which heartened Carver, O'Connor (says Patricia Hampl [1989], from whose essay the quotations from both writers are drawn) was discussing her story, "Good Country People." When she began the story, she did not know "there was going to be a Ph.D. with a wooden leg in it. I merely found myself one morning writing a description of two women I knew something about and before I realized it, I had equipped one of them with a wooden leg." Then, also with no particular plan in mind, she invented and introduced a Bible salesman. "I didn't know he was going to steal that wooden leg, " continues O'Connor, "until ten or twelve lines before he did it, but when I found out that this was what was going to happen, I realized it was inevitable." Apparently the conscious application of technique is no more responsible for good fiction than it is for good psychoanalysis!

And then there are the many famous examples of nocturnal illuminations seemingly foisted upon their sleeping discoverers, such as Coleridge's "Kubla Khan, " and Hilprecht's sudden comprehension of Sumerian cuneiform writing. Mathematicians, scientists, painters, sculptors, composers, choreographers, and no doubt others, have all contributed accounts of discoveries coming together seemingly without the thinker's participation.2 And last come prophecy and madness: The list could not be ended without citing the unbiddenness of visions and delusions.

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This notion that ideas simply arrive in the minds of the genius and the madman is familiar.3 But the possibility that everyone thinks this way is not. Though it has indeed been creative people who have most often captured and conveyed the experience, the phenomenon of finding oneself faced by one's own thoughts is by no means limited to exalted or otherwise altered states of consciousness. Thoughts need not be sublime, nocturnal, or psychotic to be unbidden. As a matter of fact, surprise is not the exception, but the rule. The "unconscious thought" revealed in inspirations and creative dreams is not as unusual or mysterious as it seems. These events are best understood as particularly graphic and dramatic instances of a process that occurs with regularity, and in waking hours as well as sleep. All thought, in this sense, is unconscious thought. It happens, in Heidegger's phrase, "behind one's back." We are onlookers at the outcome of our own ways of grasping the world. My purpose in the present paper is to introduce a version of this view and to point out some clinical ramifications.

Much of this paper is the result of reading the philosophical hermeneutics of Hans-Georg Gadamer (1975), (1976) and finding in his ideas possibilities for clinical psychoanalytic thinking. Gadamer's work has been referenced here and there, but a more focused discussion of Gadamer's relevance for psychoanalysis appears in a separate paper, intended as a companion to this one (Stern, in press).

Patient and analyst work with unbidden perceptions routinely. Most significant perceptions of others—of ourselves, too—arise without conscious intention. They come from elsewhere, unbidden as symptoms or dreams. They are events falling outside expectation, though seldom startling and not infrequent. Often they are the outcome of many small and half-noticed perceptions, the accretion of which, if it is noted at all, may be seen only in retrospect. Because the experience occurs spontaneously—that is, it is not consciously constructed—it is inevitably authentic. It may be a distorted or ambiguous expression of whatever truth it contains, but it cannot be simply wrong. An unbidden thought can be no more wrong than a dream. The problem is to discover how it is right. How does the thought embody a real observation (Fromm, 1951) ; (Levenson, 1981) ; (Tauber, 1954) ; (Tauber and Green, 1959) ? Once such a thought—perhaps merely an inclination to think, a protothought—has arrived, conscious, willful effort is usually essential in evaluating it, honing it, and developing its ramifications. But the original, to be a real contribution, must arise from an intention so much of a piece with living that it is outside the bounds of reflection or control. Authentic perceptions are not uncovered or figured out. The experience of the perception is that one simply knows something or sees something—something about how the other experiences the world, about how the other feels, about one's own experience of the other, etc. This reactive experience is the most common method of interpersonal perception, unpurposeful and prelogical in nature (Tauber and Green, 1959). And though psychoanalysts may sometimes learn about patients in more consciously designed ways (e.g., conscious extrapolation from theory or developmental expectations), the great proportion of analytic observations, and all the most significant ones, are of the common human variety.

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[2]The dream of "Kubla Khan" appears in Coleridge (1816) ; Hilprecht's dream can be found in Newbold (1896). Other examples are the dreams in which Robert Louis Stevenson regularly received completed stories from the "Brownies" (Stevenson, 1925, p. 44), the process of copper engraving bequeathed in a dream to William Blake by his dead brother (Raine, 1971, p. 43), and Kekulé's dream image of the molecular structure of benzene (MacKenzie, 1965, p. 135). Also see Garfield (1974) and Woods (1947). There are probably innumerable compendia of references to accounts of unbidden discoveries from artists of various kinds, scientists, and mathematicians. Those I have come across include Bruner, (1979), Burnshaw (1970), Ghiselin (1952), Hadamard (1945), Hampl (1989), Kris (1952), Poincare (1952), Raft and Andresen (1986), Rosner and Abt (1974), Rothenberg (1979), and Shattuck (1986).

[3]Familiar not only from our implicit acceptance of the widespread images of our culture, but also from the literature of psychoanalysis—c.f. Fingarette's (1963) discussion of philosophy and psychoanalysis, Kris's (1952) classic and deeply influential essays on art and creativity, and Reik's (1937) work on surprise. Kris, though he proposed a creative synthesis linking artistic creation and psychoanalytic insight, did not take the next step. Unbidden experience remained for him the stuff of inspiration, the exception in thinking, not the rule. Fingarette and Reik, on the other hand, imply that unbidden experience, wondrous as it may be, is routinely the channel through which something new comes to be. Georg Groddeck's (1923) conception of "the It" also deserves mention, since for Groddeck we "are lived" by this force, of which we are entirely unaware. We are unconscious of most of our being, which is not experienced as our own, but as coming from somewhere or something else. Groddeck intends his idea to be a description of all living, not only art or psychosis, and in that sense his book is germane. However, Groddeck's animism, his concretization of the unknown into an actual life force, makes his work of more historical than conceptual significance in the present discussion.

Take something as simple as suddenly knowing that the patient is sad. Seldom does this occur solely as the result of seeing the patient's tears and making an inference. When it does happen that way, the observation is liable to feel forced and unnatural, intellectualized. It feels like a lack of contact; patient and analyst are out of touch. The more usual course is that one simply finds oneself in possession of the information, along with some kind of responsive feeling. How the information has come intoone's possession is seldom considered. And if the observation were then mentioned to the patient, and the patient were to deny it, one would not simply conclude that an error had been made. Rather, and again without having to wrangle over the decision, it would be natural to try to discover alternative ways the perception might be meaningful. Perhaps the perception represents a sense of something nascent or dissociated in the patient's experience. Or perhaps sadness is a common human expectation under the circumstances, in which case it is significant that the patient did not feel it. Or perhaps the analyst concludes the observation is just "wrong." Even in this last case, though, the analyst is unlikely to conclude that the mistake is meaningless. Instead, the experience is treated as if it were a dream, an indirect representation.

When a perception arrives unbidden, one seldom questions its veracity. One assumes there is truth in it; it is just not immediately clear what that truth is. Misperception of the patient is not based on putting too much faith in one's unbidden perceptions. That faith is justified. The failure lies in assuming that the truth in the unbidden perception is there at face value.

If the most important of the analyst's gleanings in the consulting room are unbidden, are strenuous efforts to understand misplaced? Should analysts resign themselves to a role as conduits for the wiser perceptions of their unconscious selves? Obviously not. Just because the experience of being a conduit sometimes accompanies the feeling of being deeply involved does not mean involvement can be artificially recreated by playing the part, clearing one's mind and waiting for inspiration to strike. This would not be what Freud (1912) meant by evenly-suspended attention; it would be what Primo Levi (1989, p. 173) calls "lazy abandonment to the flow of the unconscious, " or what Patricia Hampl (1989) refers to as "the lax habits of the free imagination."

It is easy to agree on this point. But it is not immediately apparent what the meaning of curiosity is in a world in which we have no means of getting exactly what we want from ourselves. Isn't the essence of curiosity the search within oneself for whatever one needs to know? How can that be so if there is no choice but to wait for our most salient thoughts to float into view? How can we look for that which must surprise us?

The fallacy here is the suggestion that unbidden learning is passive learning, that there is no way to influence what arrives in one's mind without conscious intention. Put this way, controversy again evaporates: Though one cannot orchestrate one's own dreams, no one else is responsible for them. To accept the centrality of unbidden observations takes nothing away from the significance of precision, rigor, and curiosity in psychoanalytic inquiry. As a matter of fact, as a later section of this paper ("The Problem of Curiosity") will suggest, holding the conviction that learning occurs in this way requires giving these attributes of our work even more emphasis than they already receive.

But before that point can be considered, the logic of unbidden learning must be established. How can it be that there is only an indirect relationship between the analyst's efforts and what is eventually understood? And for that matter, what is the evidence that most important understanding occurs in this way?

The answer to the latter question is simpler than it might seem. For in a careful analytic inquiry, what is learned must come unbidden. If it did not, if the analyst knew beforehand what could be expected as a result of questions and interpretations and the patient's responses to them, the work would be stale and intellectualized. Everyone is familiar with sessions like that. They are unsatisfying at best, often dispiriting, usually a reflection of some poorly comprehended aspect of the interpersonal field. When inquiry is more successful, it is because the question is clear and the answer is not. There is no way to know what will come next. This attitude is reflected in the way clinicians talk to one another, or put together a case report. When describing how a new thought about the patient or the field arose, for instance, an analyst is unlikely to say, "I figured out that …" or, "I reasoned that. …" Instead the passive voice tends to be used, indicating that one has received these thoughts, that one lacks a clear feeling of agency. One says, "It occurred to me that …" or, "It struck me that. …" Even when the manner of expression is more consistent with awareness of personal agency, such as, "I saw that …" or, "It seemed to me that …, " upon closer inspection it very often turns out that the sequence of cognitive events that led up to the observation cannot be recreated. It is sometimes possible to do so after the fact, and at times, in order to clarify the origin of a conclusion or speculation, the analyst makes a point of telling the patient as much of the thought

process as can be recaptured. But this is the exception, not the rule. Most of the time the whole process takes place unnoticed. It is so natural for clinicians to practice this way—it is so natural for *all* humans to go about their living in this way—that little or no attention is paid to how seldom what one sets out to discover is what one ends up learning.

And yet there is no particular distinction in merely not knowing what will happen next. By itself, this is simply lack of discipline, Levi's lazy abandon. And—the other side of the coin—it would be absurd to discount the necessity for consciously designed effort from patient and analyst, as if psychoanalysis, like an adolescent's notion of true love, were only genuine when it comes like a bolt out of the blue. Thus, there still needs to be a conceptual link drawn between the analyst's efforts in the inquiry—that is, expertise—and the eventually productive outcome. How does the inquiry result in observations which could not have been suspected?

Ernest Schachtel's answer to this question would probably be that the truth, unexpected or not, appears as soon as inquiry reveals one's incapacity and unwillingness to perceive the unfamiliar. For Schachtel (1959), truth is the spontaneous apprehension of the world as it really is, stripped of prior interpretations. One opens oneself to this truth through acts of existential courage, blazing a path beyond the socially sanctioned forms of "an already labelled world." Schachtel refers to the attitude within which such openness is possible as allocentricity. In the allocentric attitude one has no particular use or purpose for the other and is therefore free to see him as he is. Elsewhere, I have described how the analyst, breaking the grip of the interpersonal field on his perceptions and regaining the allocentric attitude, articulates in language his unformulated experience of the patient (Stern, 1989). The present paper takes up this thread, describing in more detailed terms the formulation of experience in psychoanalysis.

Although Schachtel was one of the first to see that experience is not a given, but a construction, he believed, in accordance with the existential tradition to which he belonged, that the constructed aspects of experience were false, obscuring a truth which would otherwise be obvious. Allocentricity is a kind of innocence, more characteristic of what Schachtel understood as the pristine (though by no means sweet) perceptions of childhood than of the "closed world" of adulthood. Today this view is less compelling, primarily because of fundamental developments in the understanding of the nature of language. Even in childhood, experience is an interpretation. There was never a raw form. All experience, even pre-reflective experience, can be constructed only according to the possibilities and limitations of language. There is no experience possible outside this range. Humans live within the world language encompasses, and it is meaningless, a misuse of language actually, to make reference to meaning beyond this boundary.[4] As a result, the existential call to throw off our shackles and accept the burden of freedom cannot be heeded with the same fervor and simplicity. It is not that the struggle for liberation means any less; rather, freedom now seems relative, and it is a more complicated thing to reach what can be had of it. The radical choice and risk that were the core of the existential project are harder to believe in. No one can be rid of the assumed roles and received categories of thought that both Fromm (e.g., 1941), (1947) and Schachtel tried to see past. These same categories of thought, because they are embedded in language itself, become the very objects of study. Truth in this view is not understood as a correspondence between one's belief and an entity or principle with an independent existence in the external world. New truths cannot be approached directly, but only by exposing limitations in the understandings we already have.

Thus, contrary to what has been until recently the accepted view, the analyst's observational powers in the consulting room cannot be so simply directed at an unknown presumed to have been already present "in" the patient, independent of any structure contributed by the analyst. Because it cannot be assumed that there is a single truth, it cannot even be claimed that the patient could see it if his eyes were not blinkered by convention. What the patient does not yet know can no longer be portrayed as substantive unconscious content, but instead must be understood as unformulated, partially indeterminate, and actually absent (Bollas, 1987) ; (Spence, 1987) ; (Stern, 1981), (1985), (1989) ; (Stolorow, 1988). Its possibilities are the possibilities of language, and its formulation is an event which will be participated in by both patient and analyst. The unconscious can no longer be conceived as a container. It is more consistent with current practice to say, in line with Heidegger and those who followed him, that for something to be unconscious is for it to be so much present that we live in it instead of seeing it. To describe something as unconscious is to say that it is outside the range of explicit reflection.

[4]Any number of writers have adopted this point of view. An inventive and readable account is the widely known one by Rorty (1979).

In modern hermeneutic views of understanding, of which this line of thought is an example, interest is directed at what is already known, with the intention of stating explicitly the implicit assumptions underlying its construction.5 Once these assumptions have been specified, gaps in the material become evident, and phenomena that have fallen through the cracks of the implicit interpretive scheme may become visible. The analyst pursues an awareness of absence by focusing the most detailed attention on what is present. The emphasis shifts from imposing yet another interpretation to specifying the schemes according to which the material has already been interpreted. Thus the method is usually called deconstruction.6 Levenson (1988) presents such a view, concluding that, "… the real task in therapy is not so much making sense of the data as it is, but resisting the temptation to make sense of the data!" (p. 5). Elsewhere, describing what he believes is the algorithm of psychotherapy he has this to say: "… the therapist listens to the patient's story, gets a background, looks for what are essentially the lacunae—the holes in the Swiss cheese, the gaps in the continuity and coherence of the patient's life story" (1982, p. 9). No less, as Levenson indicates later in the same paper, the analyst looks for lacunae in the continuity and coherence of the story of the treatment itself. The vital question here is how analysts come to an awareness of these gaps.

Between Experience and Expectation

How do unbidden perceptions come about? It will be useful to approach this question from the other direction, with an examination of the circumstances in which experience is not known—in which the possibility of lacunae has not even become relevant yet. In this situation experience disappears as fast as it takes place. There is no memory. Nothing can be reflected on because, at least in memory, nothing happened. There is only a present. These are the circumstances within which we live most of the time, as Schachtel saw. But it is a rare event to tune out completely, to remember nothing afterward, as in a fugue state. Rather, one is aware of experience of one kind, one is capable reflecting on it, while experience of a different kind just keeps going past, unnoted. For instance, most analysts would probably agree that they are involved in unseen patterns of interaction with the patient even during the moments when they are making progress on sorting out something else. Let us say, for example, that the analyst is laying out the details of the patient's relationship with Aunt Agatha in precisely the interactive style of this important person. (This is an instance of Levenson's [1983] dictum that what patient and analyst talk about and how they talk about it are transforms of the same content.) And then, as the analyst eventually clarifies with the patient how the two of them are playing the Aunt Agatha scenario, perhaps something else remains unformulated—for instance, how the analyst may now be replicating the way the patient's mother, reacting to feeling deprived by Aunt Agatha, bitterly criticized the aunt, leaving the patient feeling disloyal whether she protested or assented. At this point, the analyst notices that the patient is suddenly in what seem to be low spirits, and he is mystified. What the analyst cannot see, of course, and probably the patient, too, cannot yet see, is that the patient is reacting to finding herself in the no-win situation he is presenting her with. Eventually this interaction, too, is untangled. Maybe it becomes clear, for instance, that the analyst was more proud than he realized about having been able to see himself playing the Aunt Agatha role, and the patient, reacting to this pressure to accept the new clarification, felt resentful but helpless, not being any more willing to hurt the analyst's feelings than her mother's. But as quickly as this is discovered, something else needs to be understood.

It is even simpler to say the same thing about content not explicitly concerned with the transference. That is, becoming able to reflect on one aspect of living does not necessarily raise the likelihood of being able to reflect upon another.

What happens, then, when experience does not register? What was going on when the analyst was acting out Aunt Agatha's part of the interaction? Why is that the analyst often doesn't see what he is doing even though he is sitting there with the express purpose of understanding?

At these times experience and expectation are indistinguishable. When nothing is learned, when things just happen, when experience passes by without being noted, it is because there is no space between what is (unconsciously) anticipated and what is (consciously) experienced. There is no gap between them. As long as that is so, experience disappears as fast as it takes place. It is invisible not because it makes no impression on one's

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[5]The reader interested in hermeneutics in psychoanalysis should consult Protter's work (Protter, 1985), (1988a), (1988b), which is notable for its integration of philosophy and psychoanalysis and for the breadth of its scholarship.

[6]Despite being new and modish, deconstruction has a history in psychoanalysis. One of Freud's most significant imaginative leaps, his recognition of transference (Freud, 1905), was a deconstructive one. Transference (and, it is now clear, countertransference as well) is certainly one of the more important assumed roles, or received categories of thought. What Freud understood was that far from being the obstacle he first took it to be, transference was the single most important object of clinical study. It was not to be excised, but grasped. By seeing the limitations of understanding as an opportunity, Freud committed the first deconstructionist act in psychoanalysis.

mind, but because the impression it makes coincides exactly with expectations one does not even know one has. One cannot spell it out because one has no reason to. It is taken for granted. There is no memory of it because whatever did happen had happened before in such a way that events will now be noticed only if they deviate. And generally, as Schachtel (and Bartlett [1932] before him) taught, the mere existence of expectations tends to preserve the status quo. Paradoxically, though the perception of deviations from expectation is the source of new experience, such perceptions are unlikely precisely to the extent that expectations have gelled. Once in place, anticipations influence the future to conform to their shape. We see what we expect to see—and we actually construct, too, what we expect to see. In interpersonal terms, this means that transference is not only an experience and a set of perceptions, but an influence which is quite often effective in provoking the anticipated response from the analyst. Even when the provocation is not so devastating in its effect that every observer would agree on its impact, the events of the analytic interaction, being as ambiguous as any other social intercourse, can usually be plausibly understood in this way (Gill, 1982) ; (Hoffman, 1984); (Levenson, 1972), (1983). Patient and analyst create expectations in interaction with each other, and responses to these expectations, and it is then the most significant task of the analysis to discover them.

Learning, in the form of an unbidden perception, is what happens when a space appears between experience and expectation. This is true, separately, for analyst and patient. New experience does not arise *de novo* —it emerges from what has come before, it becomes visible as a contrast to what is already known, against the background of the familiar. Gadamer, for whom this is central, says it succinctly: "Only the support of familiar and common understanding makes possible the venture into the alien, the lifting up of something out of the alien, and thus the broadening and enrichment of our own experience of the world" (1966, p. 15). It is from this vast fund of familiar and common understanding that unconscious expectations are drawn, and it is the articulation of these unformulated expectations that makes it possible to broaden and enrich our experience of the world. Learning is impossible precisely to the extent that expectations cannot be brought into language.

The identification and explicit description of expectations is the major task of the analysis. Analyst and patient find their way to speaking the familiar, and then find in what has been spoken other gaps which can be worded, so that the description of experience moves always toward a greater degree of precision and subtlety. New experience emerges naturally and inevitably in the form of alternatives to the familiar.

Clinical Illustration

The process of making expectations visible is not routinely difficult. The usual instances are the everyday bits of learning that go on between any two people, such as the earlier illustration of the sad patient. In that example the expectation did not have to remain unformulated. To detail that very simple interaction will sound awkward and artificial, but with that proviso, perhaps the sequence went something like this: The analyst entered the moment with an expectation born of what had just happened. He simply expected, without conscious consideration, that the patient would feel as he had a moment before. There was no reason to expect otherwise. Suddenly the analyst saw tears, and the patient's tone of voice lowered and softened. His expression changed. Without explicit recognition of the event, the analyst now eased into a position in which his expectation was no longer valid. Immediately and naturally, the current expectation wasas much taken for granted as the old one had been a moment before.

In this instance there was no interference in the analyst's awareness of his expectation, i.e., neither the analyst nor the patient had any reason to object to the analyst knowing it. The expectation could be disconfirmed and discarded quite automatically: The patient had not been feeling anything obvious; suddenly he was. Seldom would one be directly aware of a preconception of this kind. It isn't necessary. Explicit reflection would quite often be a cumbersome intrusion into otherwise smoothly flowing experience. The important thing is whether one could be aware. Is the expectation knowable? Could it be seen if one had a reason to see it? This is the primary differentiation between those expectations which are problematic and those which are not.

Everyday examples of successful understanding do not draw clinical attention, though. Accounting for these events is primarily an epistemological problem, more properly the business of philosophers than psychoanalysts. Analysts are most interested in the pathology of understanding, especially those instances in which the analyst and the patient cannot see their expectations of one another, as in the following example.

A professional woman in her late twenties sought treatment because of depression over the death of an elderly relative, but it was soon clear that she had been depressed much of her life. We began psychoanalytic work. During the first several months of the treatment, as I got to know her and she got to know me, she relaxed—or so I thought—and a delightful, playful, mildly flirtatious kind of interaction began, and then became more frequent. I noted it, but did not try to say anything about it. It was a delicate and intimate way of relating, and I feared that I could not call attention to it without being clumsy, and that talking about it, at least at this point, could only be experienced by the patient as humiliating and rejecting. Perhaps, I thought, it was the kind of relatedness she needed in order to establish a reliable therapeutic situation with me. (This, incidentally, was not necessarily wrong, despite the later events I shall describe.) I felt I was participating in something that would eventually become clear—or perhaps it would not. Most of the time I was not aware enough for it to matter. I do recall having a suspicion from time to time that perhaps there was some reason to address the subject, a reason I ought to be able to think of and could not. I think this had less to do with an understanding of the field, though, than it did with a worry that I really should hold myself in check, since I was responding in kind without having thought through why.

In describing the interaction to this point, I may be making it sound as if my behavior was the result of conscious decision more often than was the case. It is true that I reflected on the interaction enough to gain the impression that there was nothing actively destructive about it. That much most analysts are able to do most of the time, even when they are caught in the grip of the field. The interaction was also in my focal awareness at those few moments during which I have described feeling a bit suspicious of my compliance—but even then, I did not see what I later learned was most relevant. Other than these partial exceptions, though, and a general attitude of tolerance about it, this aspect of what transpired between us became part of the unformulated background of the sessions, the medium within which we spent the hours. The experience was inattended. I was not curious about it at that time, for I was embedded in it, living it, taking it for granted. The work went on more or less unremarkably about one thing and another, including the patient's fear that I was critical of her and dissatisfied with her, just as she felt her highly accomplished, self-involved, and emotionally distant father was. The patient was well aware that she wanted to appeal to me, and on the one or two occasions when I was able to gently draw attention to the bantering between us, she said that indeed she derived some reassurance from this kind of interaction. It was also clear to her, as I had suspected, that she would be hurt if I did not respond in kind.

For my own part, I looked forward to the patient's hours. I felt helpful and appreciated. The inquiry seemed to be moving along smoothly. I assumed that eventually, after learning enough to make it safe to do so, we would be able to address the bantering more directly and thoroughly. In fact, at that time I am sure I would have guessed, if I had been asked to consider the question explicitly, that the patient probably even shared this prediction about the future course of the treatment.

Then, in the midst of such gentleness and good humor, the patient began to face me with complaints. She wondered whether she should have seen someone more "serious, " perhaps someone who insisted on interrupting her playfulness. She was having too good a time. I was having too good atime. There was not enough going on in the treatment. Things should have been more solemn. Even if she initiatedthe interactions, she said, I should have refused to respond to them.

My first reaction was to feel that it was obvious she was right. How could I have gone along with this? I was chagrined and somewhat guilty, feeling that my behavior had not been appropriate. And yet I could not see clearly how to handle the situation. The inconsistency between the patient's current attitude and her previous conviction that she wished me to respond to her playfully, that in fact she needed such reassurance, did not occur to me yet. Whether or not I knew the very best thing to do, though, I decided that at the least I had to rein myself in.

This decision about my conduct was based upon the guilty application of a rule: Do not respond reciprocally to the transference. I do not even believe one can realistically adhere to this dictum. That is, my decision was (for me) not a sensible one, but a fallback position born of the wish to be a good and useful analyst. It may have relieved me of anxiety about the patient's sudden lack of appreciation of me, but it was not based upon an understanding of my part in the interpersonal situation. In retrospect it is therefore not particularly surprising that it failed. I was merely continuing my participation in another guise, though of course this was completely beyond me at the time. To my horror, and despite my best intentions, I kept making slyly humorous remarks—inhibited and subtle enough to allow them to pass my lips before I really noted what I was doing, but unmistakably playful—especially in the newly sensitive ambiance of our sessions. The patient did not miss my gaffes, either, and let me know that her unhappiness with me was mounting. I began to learn that she felt not only that I was not serious enough, but that I was not taking her seriously enough. I also saw that sometimes I had begun to initiate these playful sequences myself, not waiting for the patient, and that, in fact, I had been participating in this way for some time now. For instance, I might say, on seeing her, with a grin and an exaggerated sweep of the arm, "Well, come on in!" Or she might say she had a bad day, with a shake of her head and humorous overdone woe, and I would say—in tune with the tone of her remark, but with more expressiveness than was really necessary—"A real lulu, huh?" The patient felt this conveyed that I was altogether too ready to have a nice time discussing events which were essentially miserable for her. Another time she was describing a frightening incident with a psychotic cabdriver. She told me how menacing he was. "He was so *big*, " she said, wide-eyed. As was often the case, there was in her tone a kind of innocent wonder that usually struck me as intentionally cute, though not objectionable. I think—again in retrospect—that I enjoyed it. In this instance I responded by saying, in the same tone, "And you're so *little!* " Now, this was not completely out of tune. It did convey an understanding of her feelings. But it is not the way I generally talk to patients. In fact, it is not the way two adults usually converse about a matter of gravity. It certainly is not what one would call sober. And, to her, it was therefore one more piece of evidence that I did not take her seriously.

However, I did not agree with the patient that my behavior had to mean that I was taking her lightly. Why did these bon mots of mine have to be interpreted in only this one way? I felt quite sure that I did take her seriously, no less seriously than I took any other patient.

As it turned out this was wrong, and she was right. On a Friday night, after emitting one of these distressing remarks in a session with the patient, I consulted a colleague whose judgment I respect. I told her the story with the aim of understanding how I could help the patient to look into the problem. My colleague's unexpected response, though, was, "Has it occurred to you that she might have a point?" That was enough to turn my perception of the situation on its head. Quite suddenly I saw that in a very important sense I was not taking the patient seriously, just as she said. The truth of this was underscored by the fact that I had seen the point immediately when my respected colleague had said it, but had not been able to accept the same thing from the patient.

Over that weekend something else occurred to me, and it helped explain what I was doing. I saw that I had come to enjoy the patient's response to my humor, even to look forward to it. This was largely why I had enjoyed the patient's sessions so much. When she had begun to complain, I had felt deprived, a little betrayed, as if the rug had been pulled out from under me. It had felt a bit like being lured into a trap. Everything had been going so swimmingly, so pleasantly! She had been so appreciative!

There was no question that I now saw something I had not seen before about the grip of the field on us both. Since I had to explain the change in my views to the patient, I elected in the next session to lay out everything I had learned about how we had both participated in the establishment and maintenance of the problematic interaction. The patient, sensing my conviction, was greatly relieved. I had no doubt that I would now be able to change the nature of my participation, and in fact I did. It would now have been uncomfortable not to have participated differently (see also Stern, 1989).

It was possible, too, for the patient to participate differently. Perhaps it was even as necessary for her as it had become for me. In short order, she and I discovered that indeed she did encourage me to continue bantering with her, that she had developed with her father the capacity to be the unusually gratifying audience I had found her to be, but that she had done so only out of a sense that this was her sole possibility. She could not be taken seriously by the men she wanted, and I, like her father, was one of that kind. Her bid for my attention had therefore been accompanied by resentment, and her expressions of delight and appreciation had been humiliating. Yet she had been no freer to present herself seriously than I had been to take her that way.

I had been operating on the implicit assumption that my claim to take the patient seriously was based on all the relevant data. I had been assuming (also implicitly) that I maintained this attitude only because it was true and reasonable, and that I disagreed with the patient only because her take on the situation was wrong. It might be said, then, that these assumptions constituted the unseen expectation. The problem with that interpretation is that it can be made in retrospect about any bind that analyst and patient work their way out of. The analyst (and the patient) always assume, incorrectly and without reflecting on it explicitly, that they are taking advantage of all relevant data. The unseen expectation needs to be stated more specifically in terms of the unformulated images the participants had of one another, such as the following: Like the father, I was treating the patient (to a degree) as if she were there to appreciate me, to be delighted by me. I was assuming, it turns out, that there was no good reason why she should object to being my audience. She, on the other side of this, was assuming that I was so self-involved that the only way she could make contact with me was by playing up her delight in me and encouraging me to behave in precisely the way she complained about. When these assumptions became visible—that is, once she and I gained the capability to see that we *had* expectations of one another—a series of new experiences occurred.

The Problem of Curiosity: Seeing What is Questionable

In this particular example I could point to the event—the consultation with my colleague—that allowed me to identify my expectation and formulate an alternative. Ongoing peer supervision is vital for analysts who believe they have no choice but to be embedded, since colleagues seldom have the same reasons to be buried in the interaction and may therefore be able to occupy that uninvolved position which the analyst simply cannot locate.[7]

But not always is it even clear which details to tell one's consultant, nor are colleagues always able to see the problems as clearly as mine did. And of course, even if the analyst knows what to describe, it is unfeasible to consult someone else every time it might be helpful to do so. Most of the time analysts fly solo, relying upon the desire to know, a desire which everything that has been said to this point leads one to believe is only dubiously reliable. And thus the problem of curiosity reappears. For if we have no means of getting exactly what we want from ourselves, if we must doubt that the truth even exists prior to the wish to know it, how does it make sense to think of curiosity?

To be curious is to be determined to know what is already there—what one is already aware of being confronted with–in the most detailed and complete way possible. It is receptivity to questions about matters which, on the face of it, may already seem fully understood. Curiosity means being in the process of differentiating whatever perceptions one has already identified; the unbidden emerges from that which has been meticulously described. The more fine-grained the grasp of what is already visible, the smaller the unexplained blip that can be noticed passing across it. When the analyst questions what he thinks he already knows about the patient, and about his reactions to the patient, uncertainty is preserved. It becomes harder to feel convinced of any single answer. These conditions constitute the climate in which unbidden perceptions flourish. In trying to create them, the analyst is doing what is possible to court surprise.

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[7] Adherents of the concept of parallel process in supervision would have it otherwise, claiming that the supervisor is often buried in an analogue of the therapeutic situation which is unconsciously created between therapist and supervisor. This view, so popular a few years ago that almost every article on supervision referred to it, seems already to have faded in significance. It makes better sense to argue, as Bromberg (1982) and Grey and Fiscalini (1987) have, that when supervisor and therapist become embedded, it is in a mire of their own making—a separate relationship, independent of the therapy being supervised.

Harry Stack Sullivan probably would have believed it was not only unnecessary, but undesirable, to depend on perceptions arising outside volition. At the same time, though, he was very interested in meticulous description. He was committed to the idea that the treatment should assume the shape of a detailed inquiry. His method amounts to a continuous, long term effort to drive a wedge between experience and expectation.8 This way of conducting treatment depends less than classical technique on interpretation and more on finding good questions. The analyst seldom thinks he has an answer to offer. Previous understandings are continually subjected to study and review. Sullivan's procedure is today as easy to state, and as difficult to practice, as it was when he described it. Good questions are still harder to come by than good answers.

> *… the psychiatrist listens to all statements with a certain critical interest, asking, "Could that mean anything except what first occurs to me?" He questions (at least to himself) much of what he hears, not on the assumption that the patient is a liar, or doesn't know how to express himself, or anything like that, but always with the simple query in mind, "Now, could this mean something that would not immediately occur to me? Do I know what he means by that?" (Sullivan, 1954, p. 19).9*

Curiosity is the imagination and discipline which lead to seeing what is questionable. To be curious is to be sensitive to the possibility of a question. It is the constant suspicion that one's own capacity for thought is woefully inadequate in ways which will eventually become painfully clear. It is a respect for particularity, a respect which for some attains the dimensions of love, or even reverence. For Mies van der Rohe, "God is in the details." Vladimir Nabokov admonishes writers to "Caress the detail, the divine detail."10 Patricia Hampl (1989) comments that, "If, as Nabokov says, the detail is divine, there's nothing much to do but give yourself over to it as one properly does in worship. If there's any question about the divinity of detail, by the way, think of that *one thing* that you can explain to no one but which is precious beyond expression. That is a divine detail. It is also a literary opportunity" (p. 38). Need it be added that it is an analytic opportunity as well?

When a guiding intelligence accumulates details, the result is clarity; and thus clarity is the result of curiosity. But clarity and curiosity bear a reciprocal relation to one another, so that curiosity is also the result of clarity. To the extent that onecannot cite particulars about something—an event, a person, an interaction—one does not know how to be curiousabout that thing. Not knowing how to be curious, though, is not worthy of condemnation, at least not when it occurs, as it so frequently does, in the experience of someone who is dedicated to understanding. Often the closestone can come to being curious is wanting to be. Or being puzzled about why one cannot be. The state of being unable to see what is questionable is a way station on the path to an open question. To be unclear can be as muchan opportunity as a liability. Primo Levi (1989) tells us, "It is obvious that perfectly lucid writing presupposes a totally conscious writer, and this does not correspond to reality. We are made up of ego and id, spirit and flesh, and furthermore nucleic acids, traditions, hormones, remote and recent experiences, and traumas; therefore we are

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[8]This is not to say that Sullivan would have agreed with the emphasis here. In fact he would have argued, and emphatically, that one helps one's patients precisely to the extent that one *does* perform a directed search for the truth. Sullivan had a deep conviction about the accuracy of positivism. Thus it may seem contradictory to cite him in support of the view being developed here. To this objection the best reply is that Sullivan's clinical attitude and his ideas retain liveliness and relevance even in a different epistemology. Sullivan's interest in the complexities of the clinical interaction, which he focused on because of his belief in the significance of the observable, happens to be the same emphasis one has to take from a hermeneutic view (see text).

[9]While Sullivan would not agree with Gadamer's epistemology, there is a close correspondence between the two writers' understanding of the significance of questioning. Each insists on finding a grip from which to continue expanding thoughts which already seem complete. It is partly because of the centrality of inquiry to the conduct of Interpersonal Psychoanalysis that Gadamer has much to offer the Interpersonalist (see Stern, in press). As illustration of this correspondence, compare the following quotation to the quotation from Sullivan in the text.

> As a student of Plato I particularly love those scenes in which Socrates gets into a dispute with the Sophist virtuosi and drives them to despair by his questions. Eventually they can endure his questions no longer and they claim for themselves the apparently preferable role of questioner. And what happens? Nothing at all occurs to them that is worth while going into and trying to answer.
>
> I draw the following inference from this observation. The real power of hermeneutical consciousness is our power to see what is questionable (p. 13).

[10]Van der Rohe is quoted by Bruner (1987), Nabokov by Hampl (1989). See Levenson (1988) for an emphasis on particularity in psychoanalysis which is also derived from a hermeneutic view. Levenson concludes that it is in "asking some good questions" that the therapist has the best opportunity to be helpful.

condemned to carry from crib to grave a doppelganger, a mute and faceless brother who nevertheless is co-responsible for our actions, and so for all our pages" (p. 170). And so, too, responsible for all our psychoanalytic work. Curiosity is the never satisfied insistence on knowing the doppelganger, the unknown psychoanalyst who is there in the room, too, and who will always be just beyond acquaintance, forever moving and forever still, occupying the same shadows on the far side of every new understanding. No writer knows deeply what he has written, Levi tells us; and no analyst, we can echo, thoroughly understands the course of an analysis.

It should also be emphasized what curiosity is not: It is not mere inquisitiveness, the asking of questions. Questions are the most visible evidence that curiosity is operative, but they are an outcome and not the phenomenon itself. The answers given by the patient to the spoken questions in a detailed inquiry, for example, are not themselves the most interesting understandings. The most interesting and significant observations arrive unbidden following the answers to questions. They become possible because of what is brought to light in the patient's response, but exactly how they are related to these concrete and volitional responses very often remains unknown.

Contrast all this to the conventional view of curiosity derived from the epistemology of correspondence: If the truth is out there somewhere, or maybe "in there" somewhere, curiosity is the desire to look for it, or at least the willingness to tripover it. Understanding should not depend on expectations, but on a direct link between what is perceived and what is actually out there. Expectations are not considered the soil in which understanding must root, but the source of distortion and error. They are to be exposed, excised, and cleanly done with, returning us to that unprejudiced state of being in which we can be inscribed by the impressions of the world around and within us. And when a very good and plausible explanation for something has been spoken, it can be said that curiosity has been satisfied. The truth is like buried treasure, and it has been found. We can stop looking. We can trust ourselves, actually, in a way that modern hermeneutic epistemology forever deprives us of. If preconceptions are ubiquitous, and if the greatest clinical necessity is constantly to question them, then there is no final answer to any question that arises in the course of the treatment. Since each understanding is contextual, what Issacharoff and Hunt (1981) call a "new truth," it will be displaced by fresh understanding as the work proceeds. There is an excitement to this, but also a kind of sadness, because every new truth becomes a prejudice. Every understanding is eventually a betrayal. Analysts are always on the verge of relinquishing their proudest moments, understandings that sometimes have been hoped for and awaited over long periods of time. It is no accident that Gadamer often refers to disconfirmations as disappointments.

The Innocent Analyst

It is painful enough not to be able to believe any longer in the simplicity of the existential call to freedom. But what of the clinical values, anchored in those same existential views, that have guided the practice of generations of analysts? What of openness to the other? What of the authentic intention to see the other clearly? If human beings can never be rid of so-called distorting influences, if the patient's truth can never simply impress itself on the listening analyst, then is it realistic to maintain the ideal of the analyst's openness to the patient? Must we conclude that Schachtel's allocentric attitude and Buber's I-Thou are romantic illusions, the naive expressions of an outmoded epistemology?

If openness is illusory, it is not only Schachtel and Buber whose work will have to be dismissed. Other artists, philosophers, and critics have proposed similar ideas, each attempting to describe what Shattuck (1986) calls "a subtle mental operation which seeks to achieve freshness and particularity of attention" (p. 416). Shattuck's list of these writers includes Keats ("Negative Capability"), Bergson ("a more direct vision of reality"), Ruskin ("innocence of the eye"), Laforgue ("the natural eye"), Husserl ("bracketing"), Shklovsky ("defamiliarization"), Brecht ("distancing"), Rilke ("let each germ of feeling come to completeness quite in itself"), and Heidegger ("releasement"). To be required to discard all these ideas in the service of the vision of some brave new epistemological world would be a good reason to throw out the vision instead. We know we experience openness to our patients, as these writers knew they experienced openness to the world around them. There are times that the patient's experience is as clear as one's own, and the more this happens (as long as the treatment bears out that one's grasp was accurate) the more effective the treatment. How can this be reconciled?

If there is a way to understand openness as an achievement, a result of knowledge and effort and not just a return to an imagined state of unfettered perception, then the clinical experience and the epistemology cease to be contradictory. And there is such a way. It requires, though, that the analyst give up any vestigial belief in being a sensor, in being capable of registering the truth merely by being receptive. It requires sacrificing the reassuring view that the truth is really there behind the veils. If openness is redefined according to hermeneutic views, it becomes a more complex and uncomfortable matter, an accomplishment for which innocence is not required, at least not innocence as it is most commonly understood.

Roger Shattuck (1986), though addressing himself to literature and not to psychoanalysis, takes on similar questions in the same recent essay in which he cited the writers listed above.

Similarly, it is always too late to find a response to the patient which is not rooted in preconception. Is innocence, then, the illusion it seems? Is the innocent analyst a myth?[11]

Shattuck continues:

> *Yes, of course [it is a myth], as long as that term is construed to mean not damaging falsehood but useful fiction. We have a whole set of such devices that allow us to live beyond our immediate experience—the state of nature in philosophy, the corporation in economics and law, infinity in mathematics, salvation in religion. … We are dealing with the most subtle of all hermeneutics. Candor is a goal, not a given … the attitude does not result from a lapse back into inexperience, a newly costumed anti-intellectualism. On the contrary, the "new" in Rilke and the "remaking" in Laforgue point toward an advance beyond experience, an ulterior innocence derived from and building on our encounter with life, not know-nothingism, but a tolerant wisdom in the face of what we both know and don't know (p. 416).*

Innocence does not have to be pristine to be meaningful. It is not a return to a child's-eye view of the world, as in the romantic conception. On the contrary, it is the result of learning. The capacity for innocence is an accomplishment. To psychoanalysts, whose work and commitment require constant exposure to the difficulty of self-knowledge, this way of understanding openness is not only fitting but just. Analytic ideals survive intact. As a matter of fact, bringing together faith in the value of openness with the respect for learning that runs so deep in psychoanalysis actually strengthens the ideal.

Openness is that same ongoing willingness to question everyday expectations that has come up over and over again in this paper, a state of explicit familiarity with, and acceptance of, the strictures of one's own character and culture. Openness is, in a word, wisdom. This is obviously not to claim that analysts qualify as wise just because analytic work requires the formulation of expectations. But clinical practice does demand a high level of openness. The analyst develops a "work ego" in the course of treatment and training, a capacity for self containment and self reflection which may originally have been the training analyst's, but which is now the analyst's own, and which will become the patient's (though most patients will never have reason to employ it as consistently as the analyst needs to during sessions). Analysts are at their bests in the office. There is a minimum of interruption in the capacity to disconfirm the preconceptions emerging in interaction with the patient. The freedom to disconfirm varies, of course—with the mood one brings to the hour, the content under discussion, and most of all, with the vagaries of the interaction. But the foundation of psychoanalytic competence is that analysts are relatively free, within the special analytic setting, to allow themselves the unbidden experience that marks the formulation of expectations.

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[11] Spence (1987) examines some of the same questions from a hermeneutic point of view which is in most ways consistent with the one I am presenting. As a matter of fact, he entitles one of his chapters "The Myth of the Innocent Analyst, " by which he means that anyone, analysts included, in order to understand, must work from a prior commitment to some grasp of the material to be interpreted. Ergo a loss of innocence, at least in the blank slate sense. But Spence does not then go on to redefine innocence in terms consistent with his hermeneutic point of view. He really does mean that the innocent analyst must now be considered a myth. As the following text indicates, I believe the description of the analyst as innocent remains meaningful.

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