

Donald P. Spence, Ph.D.

**ROY SCHAFER:**  
**Searching for the**  
**Native Tongue**

BEYOND FREUD

**ROY SCHAFFER: SEARCHING FOR THE  
NATIVE TONGUE**

**Donald P. Spence, Ph.D.**

e-Book 2015 International Psychotherapy Institute

From *Beyond Freud* edited by Joseph Reppen Ph.D.

Copyright © 1983 by Analytic Press

All Rights Reserved

Created in the United States of America

# ROY SCHAFER: SEARCHING FOR THE NATIVE TONGUE

**Donald P. Spence, Ph.D.**

In taking a long look at the work of Roy Schafer and the major themes he has explored and discussed, it is tempting to try to find a single thread that leads from his initial publications on diagnostic tests to his more recent work on action language and narrative appeal. To search for such a thread is, of course, to put into practice one of Schafer's better-known claims. He has argued for the central place of the narrative in the way we view someone's life and works, and if I am able to make the pieces of his own career fit together in a persuasive fashion, I can make his point even as I am describing it. To find such a thread will, furthermore, help to uncover some of the similarities beneath what seem like differences in his approach to psychoanalytic phenomena and also to show how each phase of his career is, in a certain sense, a reaction to what had gone before. Such an attempt, it should be noted, may also take advantage of hindsight, and as a result, what seems to be a smoothly flowing progression of ideas may be, in fact, quite different from the way they were originally conceived. Nevertheless, this newly discovered sequence may also reveal its own kind of truth, even though it may not match the experience of the author.

But first I must back off and look at the central problem facing any follower

of Freud. When Freud was alive and writing psychoanalytic theory, it was assumed that science was the *only* path to the truth and that the mission of science was to discover the whole truth about the natural world. The human observer was something apart from the thing observed, and any piece of reality was as much an object of study as an apple or a raindrop. To see the world clearly (with an emphasis on the visual metaphor) became the goal of science. Troublemakers such as Heisenberg, Heidegger, and Wittgenstein were still over the horizon.

The visual metaphor and the clear separation between observer and observed are emphasized in Freud's conception of the process of free association and in his well-known metaphor of the patient as passenger on the train, reporting the scene outside the window to a listening seatmate (the analyst). Tangible reality was assumed to be either outside or inside the head (as in "*reality testing*" and "*psychic reality*"); and in the metaphor of psychoanalysis as a kind of archaeology which uncovers (reconstructs) the past, Freud called attention to the tangible nature of what had been-memory is laid down in "*mnemonic residues*," waiting to be uncovered and brought to light. The analyst, listening with evenly hovering attention, was assumed to be the near-perfect observer who, because detached from the subject, was in an ideal position to see and hear with maximum fidelity and minimum error. The patient as observer of his or her inner life was the complement of the analyst as observer of the patient. The symmetry of the two roles is brought out clearly in Freud's (1912) statement that "the rule of giving equal notice to everything is the necessary counterpart to the demand made on

the patient that he should communicate everything that occurs to him.” (p. 112).

The naive realism contained in this model always hovered in the background, despite the gradual accumulation of findings to the contrary. Discovery of the transference was the most obvious embarrassment to this point of view, because what is transference but the realization that reality is not simply “out there,” waiting to be described, that what the patient “sees” is often a product of his or her own experience, and that the subject matter of psychoanalysis largely consists in disentangling the different faces of what is apparently observed (i.e., in finding flaws with the positivistic model)? But the larger world view was not significantly changed because transference was assumed to be a transient disturbance (a treatment-activated “neurosis”) that ran its course from symptom to cure. Even the discovery of countertransference did not significantly affect the world view, because motes in the eye of the analyst were assumed to be subject to repair by way of the training analysis and occasional consultations as the need arose. The perfectly analyzed analyst, listening with “evenly hovering” attention, was the model of the neutral, detached (scientific) observer who was in the perfect position to see the (physical) field clearly. It was not recognized that even this model of neutrality was perhaps listening with a bias toward coherence and continuity, not fully aware that the “story” being heard was only one of many possible ways to understand the patient and his or her associations. Nor was it fully realized that the meaning in the patient’s associations was not always “out there” but many times was influenced by the immediate context of the hour and

that a comparison of patient's and analyst's views of the treatment might reveal significant differences that were not necessarily the workings of transference or countertransference. Similar questions could be raised about the status of the past, to what extent it could be reconstructed in some reliable manner, and to what extent the content of memories was influenced by the context of the session and by the immediate hopes and fears of the patient.

The continuous tension between naive realism and the Freudian model led to various kinds of compensatory strategies. Conceptual terms tended to become more and more ossified, as if the shifting nature of the subject matter could be held in place by sheer repetition of the explanatory concepts. Despite Freud's concession that the metapsychology was to be seen as only a set of temporary conventions that would be replaced by more appropriate terms as the phenomena became better understood (Freud, 1915, p. 117), the metapsychology seemed to take on a life of its own. It could even be argued that philosophical realism played an important role in the choice of such concrete terms as "structure," "mechanism," "splitting," and "barrier" and that the hoped-for reality which could not be seen in practice could be found in descriptions *about* practice. Whatever the reasons, there grew up a tradition of rewriting the clinical event in the largely mechanistic terms of the theory, giving the literature a solidity and a tangibility that had been assumed in practice but never found.

A similar compensation can be found in Freud's tendency to posit real events

in the past as causes of the patient's current symptoms (see Jacobsen & Steele, 1979). It is well known that Freud first assumed that real seduction was the cause of a later neurosis; but even after he recognized that the memory was probably false, he continued to introduce real events in his explanatory accounts. Witnessing his parents' intercourse was the central event in the Wolf Man's neurosis; viewing a monograph in a store window was a significant cause of the Botanical Monograph dream—the hard stuff of reality was at the root of many symptoms. By always moving the hard facts backward in time, they could be maintained as explanatory devices even if never actually discovered in the treatment (see Jacobsen and Steele, 1979, for a fuller discussion of this tendency). Thus, the link to reality was always assumed, and the patient's associations were listened to as *derivatives* or *transformations* of significant pieces of the past.

In similar fashion, the unconscious was conceived to be a potentially knowable structure that had form and content and that impinged on the patient's behavior in a reliable and accountable manner. The task of psychoanalysis was to discover its contents and make them available to the patient; the assumption of a knowable reality applied as much to within as to without. The transference was equally analyzable, and once significant distortions had been accounted for, the patient would "see" the analyst as the analyst "really was." It was never admitted that probably no amount of analysis could ever accomplish this task.

Overlaying the growing tension between an outmoded realism and the



nonneutral analyst was the conflict between public and private. Freud never felt it necessary to disclose all the facts in reporting his cases, either because telling too much might risk his authority, because it would jeopardize the doctor-patient relationship, or because it would not add significantly to his power of persuasion (see Freud, 1912, p. 114). Within this tradition of privileged withholding, it became respectable to write about the data instead of making it available; and as this tradition persisted, the clinical details of the case were overlaid by abstract concepts. No such taboos applied to the metalanguage—it could be used with impunity—and so it happened that the specific observations of the clinical hour were translated into more general (and in many cases, meaningless) categories. In the process, the postulates of naive realism could be reaffirmed, and because no one else was present when patient talked to doctor, no one could say whether or not what was described was really “out there.”

We can now call on Wittgenstein to make clear what happened next. As the language of metapsychology became the normal language of psychoanalysis, it became second nature to see the clinical happenings in terms of the theory. All observations became theory laden and yet were reported as though they were the pure stuff of observation. Fit between observation and theory was not always perfect, but because the raw data were never available, the match or mismatch could never be checked. In this way the metalanguage and its naive realism could be perpetuated indefinitely. In some ways, the followers of Freud, because they were wearing his blinders, were somewhat worse off than the founder himself.

Language was slowly poisoning observation, and because of the private nature of the data, no one else could participate in the debate.

We now return to Roy Schafer and to his place within this *Zeitgeist*. Because of circumstances of training and experience, he was at odds with the tradition on several counts. He trained at the City College of New York with Gardner Murphy, a well-known personality theorist, and graduated in 1943; he then entered a long association with David Rapaport, first at the Menninger Foundation in Topeka, Kansas, and then at the Austen Riggs Center. He received his Ph.D. in clinical psychology from Clark University in 1950 and completed formal training in psychoanalysis at the Western New England Institute for Psychoanalysis in 1959. He has been president of the Western New England Society and clinical professor of psychiatry at Yale University; and is currently adjunct professor of psychology in psychiatry at the Cornell University Medical College and training analyst at the Columbia University Center for Psychoanalytic Training and Research. In 1975 he was appointed the first Sigmund Freud Memorial Professor at University College in London, and in 1983, he received the American Psychological Association's Award for Distinguished Professional Contribution to Knowledge.

Early signs of Schafer's impatience with the tradition of privileged withholding appear in his books on diagnostic testing, which are notable for their verbatim excerpts from patient protocols (Rapaport, Gill, & Schafer, 1945-46, Schafer 1948,1954). In these works we have not only diagnostic impressions of a

series of patients but a verbatim record of their responses to the Rorschach test, TAT, Wechsler-Bellevue Scale, and other diagnostic instruments. Schafer explicitly connects the diagnostic summary with parts of the protocol, so that the referents for such diagnostic impressions as hysterical or obsessive character could be found directly in the data. By giving the complete record, Schafer and his collaborators also make it possible for the reader to develop alternative formulations. Standard procedure and standard format, one might think, but consider how rarely we discuss alternative formulations in the clinical literature (Kohut, 1979, is a notable exception) and how we never have access to the complete data from a complete case.

Concern for the clinical data and for the problems of observation and terminology appear in the early pages of *Aspects of Internalization* (Schafer, 1968). The reader of the psychoanalytic literature may well ask, says Schafer in his introduction, "What does this mean?" He sees the need to introduce order into the discussion by first sorting out the terms, adopting clear definitions of the critical phenomena, and, when possible, attempting to talk about these phenomena in plain language accessible to the professional reader. In efforts that anticipate one of the main themes of his later work, Schafer takes pains to demystify the standard psychoanalytic formulation and get rid of the implicit anthropomorphism and demonology of the traditional metapsychology. By trying to bring the clinical phenomena out of the shadows and into the field of observation, Schafer is once again showing the respect for the data that

characterized his earlier books on diagnostic testing and that would appear in his attention to observable behavior in his later book on action language (Schafer, 1976). Traditional metapsychology is seen to be the enemy of observation, not only because it structured the questions to be asked but also because it shifted the discussion away from the concrete “lurking presences” (in the case of internalization) to the abstract “cathected object representation.” Some of this shift might be attributed to a fashionable distrust of Melanie Klein and her too vivid (and hence dubious) demonology; some might be due to a belief that a proper science should use Latin whenever possible, so that “cathected object” sounds more respectable than “lurking presence.” Schafer is one of the first psychoanalytic writers since Freud to take the chance of being clear rather than sounding learned, one of the first to show a concern for language and a willingness to be open and forthright about experience. Theory is important, but not at the expense of the phenomena, and if these cannot be reliably described, defined, and contrasted with one another in a systematic manner, the theory will be a wasted enterprise, superficially impressive but at bottom meaningless.

*Aspects of Internalization* can be read on two, quite different levels. It is, first, an attempt to identify the phenomena of internalization, identification, introjection, and incorporation and to compare and contrast these clinical events. From the clinical descriptions a number of definitions are generated that lead, in turn, to a clarified theory. The examples are often strikingly specific and explicitly linked to theory; thus each section of the chapter on identification amplifies one

part of the lengthy definition that is printed at the beginning of the chapter. Even the definitions are arresting, as in the following example:

An introject is an inner presence with which one feels in a continuous or intermittent dynamic relationship. The subject conceives of this presence as a person, a physical or psychological part of a person (e.g., a breast, a voice, a look, an affect), or a person-like thing or creature. He experiences it as existing within the confines of his body or mind or both, but not as an aspect or expression of his subjective self... The introject is experienced as capable of exerting a particular influence on the subject's state and behavior, and of doing so more or less independently of his conscious efforts to control it [Schafer, 1968, p. 72].

In order to explain what are often fleeting phenomena, rarely seen for any length of time, Schafer tries to place them in a more familiar context by beginning with experiences that are relatively commonplace. The daydream is one such starting point; from here, Schafer goes on to show how it may often imply a significant shift in reality testing, with the result that the subjective experience is taken as more real than otherwise. Under these conditions, the introject may come into existence as a piece of psychic reality. The role of introject is further broadened by using the model of projection. In this mode, the internalized object is not felt directly, but its influence is mediated by the significant people in one's life. As this projected role is amplified, the person "out there" disappears and his or her place is taken by the projected object (as in a paranoid system).

The main argument of *Aspects of Internalization* is to show how identification, introjection, and incorporation can each be understood as specific

forms of internalization, with each form using a set number of mechanisms and appearing under certain specified conditions. To carry out this task, Schafer must necessarily rely more on subjective experience than theory, because the latter tends to be used inconsistently and often introduces more ambiguity than clarification. In his revised formulation, Schafer makes clear how the subtypes of internalization can be ordered along a primary-secondary process continuum, with incorporation being the most primitive, followed by introjection and then identification. Incorporation refers to the concrete representation of the longed-for object, often in an oral mode; at times it may take the form of a transitional object inside the head. Introjection is a more socialized and less regressive form of internalization—an introject, as noted in the definition earlier, refers to an inner presence that one feels and is influenced by. And finally, identification is the least regressive of the subtypes and the most abstract. One may identify with one's teacher even when not being aware of a conscious presence, and the source of the identification may not be discovered without a good deal of introspection. Not all incorporations are assembled into introjects and not all introjects are turned into identifications; nor is the sequence necessarily developmental or phase specific. There seems to be no need to first compose an introject before going on to form a stable identification, and many times an introject may appear only when identification begins to break down. Thus, the theory of internalization lacks the kind of tidiness and order that would lead to specific developmental or behavioral predictions, and the data are probably more interesting, in their various

manifestations, than any kind of theoretical underpinning. Certainly, the more descriptive parts of *Aspects of Internalization* are more arresting than the theoretical conclusions and (at least to my ear) written with more excitement and urgency.

At a second level, *Aspects of Internalization* can be read as an outstanding demonstration of clear clinical description—a sample of exposition that, if successful, would encourage others to follow suit and think twice before using archaic terms or outdated concepts. By bringing the phenomena out of the shadows of metapsychology and by fashioning a set of contrasting definitions, Schafer is able to find many overlaps between the unusual and the commonplace. In so doing, he is able to sensitize his readers to aspects of internalization that they may experience all the time but are probably not able to label as such. In this branch of psychoanalysis particularly, the data of observation are difficult to identify because they tend to lie on the edges of awareness and are highly dependent on partially regressed stages of consciousness. It follows that to ask a patient directly about the presence of an internalized object is to often cause it to disappear, because the very fact of asking encourages and reinforces secondary-process modes of function. In contrast to the transitional object of the nursery, which we see the infant fondle, talk to, and take to bed, the felt presence of a dead father is never seen, rarely hallucinated, and only referred to indirectly and by implication. It thus becomes doubly significant, in mapping out this shadowy terrain, that the language of observation be used precisely and consistently, and it

is in this regard that *Aspects of Internalization* stands head and shoulders above most of its competitors.

Despite its clear clinical examples and careful use of language, however, *Aspects of Internalization* failed to bring about a much-needed revision in the style and terms of psychoanalytic exposition. The attempt failed in part because the critique of metapsychology was relatively polite and low-key; more specific criticisms were needed, and they would not appear until Schafer's next book, *A New Language for Psychoanalysis* (1976). In addition, the needed stylistic changes were easily overlooked. Good exposition becomes transparent precisely because it offers no problem for comprehension; therefore, the lesson being learned, although doubtless appreciated at some level, may not be part of the reader's conscious experience and is thus quickly forgotten. Three years after Schafer had called attention to the demonology of traditional theory, we were again offered such phrases as: "the phase-appropriate internalization of those aspects of the oedipal objects that were cathected with object libido" (Kohut, 1971, p. 41), and "the internalization of the narcissistically invested aspects of the oedipal and pre-oedipal object takes place according to the same principle" (p. 48). Where is the patient in these descriptions? Where are the data? What country is being described and who are its inhabitants? Metalanguage had so screened off the data of interest from the reader that once again it had taken on a reality in its own right. Far from being the temporary scaffolding of Freud, ready to be dismantled when better models came along, it had acquired permanent status and seemed



bent on edging out the clinical phenomena.

As language became less precise and more abstract, it more than ever began to corrupt observation and diminish the significance of the data. If we are on the lookout for “narcissistically invested aspects of the oedipal object,” we will be seeing and understanding much less of the clinical encounter than if we are on the lookout for lurking presences of the absent father or other concrete manifestations of the different aspects of internalization. Given the fleeting nature of the data in the first place, their recognition is just about doomed by fuzzy language and pretentious concepts. The more rarefied the language, the greater room for argument and controversy.

It may be impossible to speak knowingly of cause and effect, but I suggest that the writings of Kohut and the advent of Kohutian forms of discourse prompted Schafer to be even more specific about the data of observation and to shift his focus from inside to outside the head. If the subtleties of the internalized object were lost in the new language of object relations, then the time seemed ripe to shift the argument to what could be seen—namely, actions—and to recast psychoanalytic theory in terms of what could be *looked* at and *pointed* to—namely, action language. If the outlines of the introject are always shifting and its location debatable, then we can bring it outside the head by calling thinking an instance of action (Schafer, 1976, p. 13). With action language firmly in charge, in Schafer’s (1976) words, we “shall neither engage in speculation about what is ultimately

unutterable in any form nor build elaborate theories on the basis of unfalsifiable propositions” (p. 10). (Schafer is talking about theories of mental activity at the beginning of infancy, but the same argument could be applied to a wide range of elusive phenomena, including the majority of the examples discussed in *Aspects of Internalization*.) Actions have the virtue of being more clearly visible and more clearly “out there” than feelings or thoughts, and there is a certain appeal to bringing all psychoanalytic phenomena out of the person and into the clear light of day. If we cannot speak with certainty about “where” we feel angry or know exactly what is meant by such expressions as “I am angry up to here,” then there is a temptation to redefine emotion as action and simply say “he acted angrily.” But a close reading of *Aspects of Internalization* makes it clear that the pieces of clinical reporting that ring so true and that carry so much clinical appeal in Schafer’s earlier books are the very pieces that will be dismantled by a systematic translation into action language. In return for consensus and agreement, we seem to be in danger of trading away the very stuff of psychoanalysis. If psychic reality must be recast into action language to make it knowable, then we may have given away the very stuff of greatest interest to the practicing analyst. Gone forever—or at least radically transformed—would be the lurking presences, the vague demonic feelings, fleeting *deja vus*, the sense of enthrallment to the past, and the awareness of the uncanny—the full range of subjective reports we have been hearing from patients over the past 100 years.

A positivistic bargain is being struck. If the vague sense of a lurking presence

or a sadistic mother cannot be reliably defined and accounted for in terms of metapsychology—and the failure of metapsychology on this score seems obvious—and if attempts at clinical description that do justice to the data are more poetry than science, out of reach of all but the few, then it might still be possible to improve communication by *calling* the phenomena something else. If our terms are better chosen, perhaps some of our descriptive problems might be solved. What we lose with respect to the nuance and subtlety of observation may be more than offset by an increase in consensus and reliability. This approach seems laudable; but it betrays a concern for description and control that poses serious obstacles to its being accomplished, and its positivistic position may represent a fatal flaw. We have seen how asking questions of certain kinds of fleeting phenomena will cause them to disappear; it would seem to follow that the traditional subject-object separation cannot be applied to certain kinds of data and that other methods of study must be devised.

The problem is that the object to be described—for example, the longed-for absent father, the memory of an early girl friend, or the sense of the analyst as secretly sadistic and vengeful—is not the traditional object of study that can be set apart from the observer and studied in isolation. It is not an action that can be pointed at, not a thing that can be photographed; rather, it must necessarily be studied in context when and where we find it. It is this sensitivity to context and to the stream of experience that Schafer illustrated so well in *Aspects of Internalization*, and to which he returns in his most recent work on the concept of

narrative (Schafer, 1983). But for a variety of reasons, he preferred to set it aside in *A New Language* and shift his focus to observable behavior.

The central theme is sounded in the first chapter (Schafer, 1976). After stating that “it is high time we stopped using this mixed physiocochemical and evolutionary biological language” (p. 3) of metapsychology, Schafer proposes the alternative of action language:

We shall regard each psychological process, event, experience, or behavior as some kind of activity, henceforth to be called action, and shall designate each action by an active verb stating its nature and by an adverb (or adverbial locution), when applicable, stating the mode of this action. Adopting this rule entails that... we shall not use nouns and adjectives to refer to psychological processes, events, etc....

...We must understand the word action to include all private psychological activity that can be made public through gesture and speech, such as dreaming and the unspoken thinking of everyday life, as well as all initially public activity, such as ordinary speech and motoric behavior, that has some goal-directed or symbolic properties...When speaking of any aspect of psychological activity or action, we shall no longer refer to location, movement, direction, sheer quantity, and the like, for these terms are suitable only for things and thinglike entities...In order to state observations in a form suitable for systematic general propositions...we shall use only the active voice and constructions that clarify activity and modes of activity [pp. 9-11].

Here are some of Schafer's (1976) examples: Rather than say “What comes to mind?” the analyst using action language might say, “What do you think of in this connection?” (p. 148). Rather than say, “His repression of this dangerous

impulse was too weak to prevent it from gaining consciousness,” the action analyst might say, “By failing to be sufficiently on guard about not doing so, he thought consciously of the action he wished to perform and would have performed had he not deemed it too dangerous to do so” (p. 206). Instead of saying, “He can’t control his sexual drive,” the action analyst might say, “He continues to act sexually even though he also wishes he did not do so (or rebukes himself for doing so)” (pp. 207-208).

Speaking somewhat later in the book in a more general vein, Schafer (1976) argues that his aim is to eliminate the

unsuitable, confusing, unnecessary and meaningless metaphors and metaphorical preconceptions that are inherent in Freud’s eclectic metapsychological language. In this endeavor I shall be building a technical language using plain English locutions. It is one that should make it possible to specify in a relatively unambiguous, consistent, parsimonious, and enlightening way the psychological facts and relations that are of special interest to psychoanalysts and their analysts” [p. 123].

*A New Language for Psychoanalysis* is divided into three main sections. In the first, “Preparatory Studies,” Schafer presents some of the philosophical difficulties with traditional metapsychology and Freud’s unsatisfactory solutions to what Ryle has called the “ghost in the machine.” Schafer focuses in particular on the problem of the disappearing person and on the fact that metapsychology has no place for the “I” or agent. A brief discussion of some alternatives (Hartmann’s adaptive ego, Erikson’s concept of identity, and Kohut’s narcissistic self) finds them each

unsuccessful to some degree; what Schafer calls the “mover of the mental apparatus” remains clouded behind a screen of theory. Action language is presented as a possible solution to a long-standing theoretical gap. By using what Schafer calls the “native tongue of psychoanalysis,” we should be able to catch sight of the disappearing person.

The second section describes action language, illustrating how it might be applied to a number of clinical situations and how it clarifies such problems as internalization and resistance and the understanding of such disclaimed actions as slips of the tongue, motivated forgetting, and so forth. The third section applies action language to emotion by translating noun into verb or adverb. (Instead of saying, “I am happy about my recent promotion” I might better say, “I view my recent promotion happily”.) This section presents many examples of how common language is heavily dependent on metaphor and how metaphor can be misleading and lead to bad theory. Schafer makes clear how it has invaded metapsychology.

One problem is apparent from the outset. In an effort to divorce himself from the traditional Freudian metaphor, Schafer must also cut himself off from popular speech and from the way we have grown up thinking about our body and our feelings. For example, the use of location to express altered states (as in, “I must have been out of my mind”) is a tradition beginning long before Freud. In an effort to speak unambiguously about important issues, action language may do quite the opposite and make them seem strange and foreign because they are being

described in unfamiliar language. This dislocation becomes most apparent when dealing with the lurking presences and other vague experiences so well described in *Aspects of Internalization*, because these represent actions only in the weakest sense of the word; to describe them in action language risks turning them into unfamiliar specimens.

As Meissner (1979) has argued in his recent critique, metaphor is meant to be taken metaphorically: "I would have to wonder whether Schafer's approach to such language is entirely too literal and fails to take into account the significance of figures of speech....I am not arguing here that such propositions cannot be interpreted in the sense that Schafer gives to them....The issue that I am addressing...is that such expressions do not necessarily connote that [literal] meaning" (p. 293). Metaphor can be misleading if taken literally; on the other hand, if taken poetically it can capture an important truth about ways of thinking and feeling that we all share and on which theory must build. Metaphor may be particularly useful in at least two contexts: in the generation of new theory where we need tentative formulation (Freud's comments on temporary conventions come to mind), and in the dialogue with the patient, where we are attempting to capture a vague experience for the first time. To insist on action language when the patient is fumbling for the best expression may often inhibit the discovery process that psychoanalysis tries so hard to foster. To insist on action language while building theory may unnecessarily restrict the scope of the enterprise by limiting our attention to phenomena that can be clearly described.

Schafer was particularly impressed by the way in which language in general and the passive voice in particular can be used in the service of resistance, and one of the most original chapters in *A New Language for Psychoanalysis* is titled "Claimed and Disclaimed Action." Language is easily used to project ideas of helplessness and disclaimed responsibility, as in "the impulse seized me," "my conscience torments me," "this hour just rushed by," and "doubts creep into my mind." In each of these cases, metaphor becomes defense because the patient is acting as if things just happened to him or her rather than the patient causing them to happen. But the metaphor can be heard on two levels. To hear it as a metaphor is to give the patient credit for using it in a figurative sense, saying something like, "my conscience torments me—so to speak," which opens the way to analyzing the defense. To hear it as a literal statement of the patient's view of life, on the other hand, is to run the risk of challenging the patient who is following the basic rule and saying what comes to mind. Thus, to treat speech in the literal way that Schafer suggests is to seriously complicate the analytic relationship by saying to the patient, in effect, "You must say whatever comes to mind but you will be held responsible for each and every word." As I have written elsewhere (Spence, 1982): "To call attention to instances of disclaimed action would seem to imply to the patient that he is really not free to say whatever comes to mind but that, in a subtle and all-embracing way, he is being held responsible for his thoughts and—what is more—being held responsible by the analyst. Thus one could argue that the adoption of action language may seriously jeopardize the



analytic contract” (p. 171).

Now, it is certainly basic to psychoanalysis to assume as Schafer (1976) does, that the patient “actively brings about that from which he or she neurotically suffers” (p. 145), and some of Schafer’s most telling anecdotes describe ways in which passive victims are led to see that they have been all the while secretly arranging their misfortune. But should these accounts of disclaimed responsibility be analyzed in the traditional manner of gradual interpretation and working through, or by a specific focus on the patient’s words guided by the belief that each psychological event, process, experience, or behavior is some kind of action? The emphasis on the right and wrong way of saying things (what Anscombe, 1981, calls “linguistic legislation”) would seem to raise serious questions as to whether associations can truly be free, whether tentative formulations are open to dispassionate study, and whether the patient and analyst are collaborating in a mutual enterprise of trust and discovery or one in which the patient is always put in an adversary position. Even though Schafer has intended his new language to be a replacement for metapsychology and not a recipe for how to practice psychoanalysis, it is inevitable that sensitivity to issues of avoiding and claiming responsibility would necessarily have an effect on treatment (see Spence, 1982).

By focusing on action and activity, on visible over invisible, and on clearly stated rather than roughly approximated, Schafer inevitably turns from id to ego and, in so doing, raises serious questions about the central standing of the

unconscious. And yet, here is where psychoanalysis begins its quest and acquires its distinctive character. As Meissner (1979) writes:

If the patient comes to the analysis bearing a burden of unconscious conflicts and resistances, hidden motives and significances embedded in his current and past life experience, it is that with which the analyst must work. If these aspects of the patient's experience are experienced somehow passively—granted that they may involve the disclaiming action that Schafer describes—the analyst must begin by accepting that passivity and that condition of disclaimed action and engage the patient in a process which draws him towards a lessening of resistance, an increasing availability to conscious exploration of unconscious motives, meanings, and conflicts, and thus gradually lead the analysand in the direction of a more action-based orientation. In other words, psychoanalytic theory needs to be a *theory of non-action*. [p. 306; italics added].

If we follow Meissner and claim that psychoanalysis is a theory (and even more, a practice) of nonaction, we begin to see why Schafer's proposals seem to generate such controversy. And it may also offer a clue to one of the troubling characteristics of metapsychology—the fact that the person disappears in a field of force and a network of hypothetical structures. We have seen that one of the main goals of *A New Language for Psychoanalysis* was to make the patient visible again, and it was this concern that led to the stress on action and responsibility and the concept of human agency. But it may be that only by making the person inactive and not responsible (as in the classic treatment situation) can we ever discover the deeper reasons for that individual's hopes and fears. And it may be that only by creating a theory which is explicitly not about the person as conscious agent can we begin to generate a suitable context of explanation.

By putting the stress on the patient as agent, Schafer has necessarily weakened our sense of psychic reality and its fleeting phenomena. One sense of the loss comes out in comparing *Aspects of Internalization* with the chapter on internalization in *A New Language for Psychoanalysis*. In the former, psychic reality was described with a dramatic richness of language that seems almost poetic; in the latter, the descriptions are more prosaic and less familiar. "It is our custom," writes Schafer in *A New Language for Psychoanalysis* (1976), "to speak of introjects as though they were angels and demons with minds and powers of their own. We speak of them not as an analyst's construction and description of experience but as unqualified facts....We forget...that the introject can have no powers or motives of its own, and no perceptual and judgmental functions, except as, like a dream figure, it has these properties archaically ascribed to it by the imagining subject" (p. 163). In other words, the ascribing should be taken as a form of action, and its products become the responsibility of the patient. But this renaming tends to decrease the extent to which the analyst can empathize with the patient's experience, making the analyst less sensitive to just how haunting the presence may feel. And to say that the patient is only ascribing these properties does not lessen their impact, just as calling transference reaction unreal does not make it disappear. Here is an instance in which the sense of an introject as angel or demon captures an important part of the experience; it represents a piece of clinical data that we lose by turning to action language. And to the extent that the translation does not match the patient's experience, we run the risk of increased

misunderstanding and losing touch with the data.

Schafer hoped that action language would replace metapsychology; we now begin to see reasons why this will not happen. Not only does it fail to capture the richness of the clinical data; it also fails as an explanation. Although, as we have seen, it is not close enough to inner experience to give a sense of familiarity and recognition, it is ironically too close to provide a suitable explanation. This failure comes about because the person as agent represents only the conscious part of the psychoanalytic domain. To use action terms to generate a general theory is something like trying to explain what happens inside the atom by studying the psychology of the nuclear freeze movement. The failure of Schafer's alternative makes us realize the need for some kind of abstract system that describes experience but is not cast in the terms of experience, much as the theory of color vision describes a common happening but is framed in terms of frequencies rather than perceived hues.<sup>1</sup>

What needs to be kept in mind is Freud's observation that the explanatory system is only temporary and will undoubtedly be revised as new facts are discovered. As a provisional model, it is clearly not meant to be taken literally; it is only the metaphor for the moment and useful only as it seems to provide explanation. But it must also preserve a certain distance from the phenomena to be explained, and we now begin to see that the problem of the disappearing patient may have been a sign that Freud was on the right track. Although terms

like “force” and “direction” may seem too crudely mechanistic, they have the advantage of being psychologically neutral—a key requirement for any general theory. To frame the model in terms of subjective impressions (as in self psychology) is to rule out the possibility of making any kind of meaningful discovery about the mind, because it rules out any investigation in the unconscious.

How then can we summarize the impact of Schafer’s revisionary program? Beginning with the distaste for metapsychology and its crude physics of force and mechanism, *A New Language for Psychoanalysis* held out the hope of returning to the data of behavior and to the “native tongue of psychoanalysis”—action language. Although at times cumbersome to apply and not suited to everyone’s tastes, in other contexts it helped us think more carefully about clinical facts, sensitizing us to certain locutions and letting us see farther into the everyday language of the analytic hour. Certain kinds of expressions (in particular, the references to disclaimed action) were being heard for almost the first time and in a rather new way. By showing us what new meanings could be uncovered that were not anticipated by Freud, Schafer paved the way for new ways of reading the text of the hour and opened the door to new ways of listening.

But there were difficulties with the new language as well, and in many ways, it did not behave like a long-lost native tongue (see Schafer, 1976, p. 362). To translate anger into “acting angrily” or resistance into “engaging in actions

contrary to analysis while also engaging in analysis itself” (p. 224) is to complicate rather than clarify, and some would argue that the meaning lost in going to action language is every bit as great as the meaning lost in going to metapsychology. And the translations are not always transparent. *A New Language for Psychoanalysis* tends to read as if observations were there for the making; we now realize that all observation is theory laden and that Schafer’s native tongue is no exception. Action language, because it deemphasizes unconscious and passive experience and emphasizes responsibility and conscious choice, carries significant implications for the process of treatment. Many of these implications are not explicit, and some of the criticisms of Schafer may stem from private readings of the words “active” and “passive,” readings that he never intended but that his program must accommodate.

In certain respects, the most significant impact of *A New Language for Psychoanalysis* has been to whet our appetite for a general theory. The difficulties in dealing with the unconscious and with affect in action language would seem to suggest that some kind of abstract metatheory is a necessary next step. It is also clear that this metatheory cannot be written in the units of everyday experience. Since action belongs to a relatively restricted domain of behavior, a good part of our emotional and unconscious life simply cannot be expressed properly in these terms (the chapters on emotions are the least convincing of the book). The ground where we choose to build our theory must be equidistant from both ego and id, from conscious and preconscious, from past and present; and the units of this

theory must lend themselves to translation into clinical concepts (and vice versa) with no significant loss of meaning.

Even though action language has been found wanting, the discussions around it have opened up central issues that are basic to the future of psychoanalysis. By identifying certain kinds of expressions that appear in the patient's language and by showing how they may carry certain implications for the treatment, *A New Language for Psychoanalysis* has significantly increased what might be called our sensitivity to surfaces. By calling attention to the way in which patients use and hide behind language and by hearing literally (and often for the first time) certain stock expressions of the trade, action language has increased our ability to listen carefully. In this respect, it belongs to a well-founded analytic tradition. Schafer's attention to the data of the consulting room is consistent with his earlier books on testing and their emphasis on verbatim protocols. The emphasis on language and the text of the analytic hour puts the focus on units that can be studied, measured, and stored. Even though they are clearly not the whole story (see Spence, 1981), they are clearly data that cannot be ignored.

What, finally, is the status of Schafer's "linguistic legislation"? The current interest in how patients and analysts really speak may have produced a significant and humbling change in our attitude toward the actual data. Schafer took the position that sloppy language leads to sloppy thinking (a direct outgrowth of the Wittgenstein school) and that by cleaning up the way we (patients and analysts)

speak about ourselves and our feelings, we can gain greater precision and build better theory. But it is now becoming apparent that the language contains its own wisdom and that careful attention to the native tongue of metaphor and common speech may teach us important things about the clinical encounter, things we can learn in no other way. The close look taken by Dahl and his colleagues (Dahl, Teller, Moss, & Trujillo, 1978) at the way analysts really speak and the coding scheme developed by Gill and Hoffman (1982) to analyze the appearance and interpretation of pieces of the transference are efforts in this direction. As computer procedures come into play and allow us to store and retrieve vast files of patients' speech, we may discover regularities that we never knew existed. Thus, metaphor may not only be used in the service of resistance, as Schafer has pointed out, but subtle shifts in wording may signal subtle shifts in defense. If analysts are educated about such shifts, they will be able to deepen their awareness of the meaning of the hour and improve the timing of their interpretations.

In Schafer's most recent book, *The Analytic Attitude* (1983), he has turned back to more classical times. Although there are occasional pieces on action language, the overall tone seems more conservative and closer to Freud. Even the chapters on narration and the discussion of the patient as a teller of stories seem to be making manifest what was latent in Freud's approach. In one section, for example, Schafer tells us that "Freud used two primary narrative structures, and he often urged that they be taken as provisional rather than as final truths" (p.



213).

The analytic attitude as seen by Schafer can be characterized as one of empathy and trust, which generates an atmosphere of safety. There are many technical ways of achieving this atmosphere, some of which Schafer discusses at length, but the theoretical advantages are also emphasized and clarified. Only by fostering an atmosphere of safety (see Schafer, 1983, chapter 2) can the analyst create the conditions for both the identification of resistance and its dissolution; for understanding the patient's story in all of its complexity; and for seeing clearly the transference and how it changes over time. Safety permits the patient to show himself or herself in all aspects—naked and clothed, present and past, angry and happy. Safety is central because discovery is seen as the key to treatment: “The appropriate analytic attitude is one of *finding out*...what the analysis itself will be or be concerned with; where the principal work will be done;...how this work will best be done;...and how to establish a termination of the analysis” (Schafer, 1983, p. 21).

Neutrality becomes a central part of the atmosphere of safety. The ideal analyst should be curious and open to surprise. Schafer (1983) says the analyst should take “nothing for granted (without being cynical about it) and [remain] ready to revise conjectures or conclusions already arrived at [and] tolerate ambiguity or incomplete closure over extended periods of time...” (p. 7). The avoidance of either-or thinking is another aspect of this neutrality and has an

obvious relation to the construction of multiple histories (Schafer, 1983, chapter 13) and to the tolerance of different schools of treatment (see chapter 17, “On Becoming a Psychoanalyst of One Persuasion or Another”).

What is less emphasized in this picture is the influence of what might be called the analyst’s world view. Analysts come to their task from a special background of training and experience; as a result, they hear the material from within a certain context. Many descriptive terms have already acquired specific meanings, and as a result, the analyst will inevitably form images of the significant figures in the patient’s life—images determined by a turn of phrase that the analyst finds familiar or influenced by reference to a particular piece of history with which the analyst has personal associations. Once formed, these images tend to persist, and though they may be sensed as incomplete, they are less often sensed as wrong, waiting to be corrected. Moreover, correction can never be fully realized because one of the more effective corrections—a face-to-face meeting with the person in question—will probably never happen. Although it is certainly true that analysts should remain always ready to revise their conclusions, Schafer seems to underestimate the difficulties of this task. No one would disagree with the importance of neutrality and empathy and open-mindedness, but more attention could be paid to the technical and philosophical problems entailed in this quest.

Schafer’s picture of the neutral analyst tends to overlook the fact that all

observations are theory laden and that certain kinds of material can *only* be understood by first forming a provisional model. There seems to be a contradiction between neutrality and forming a provisional hypothesis. True enough, as Schafer says (1983) the “simplistic, partisan analyst, working in terms of saints and sinners, victims and victimizers, or good and bad ways to live” (p. 5) is clearly shortchanging the patient; on the other hand, provisional models are always needed to provide a context for isolated impressions and to suggest areas that still wait to be discovered. The determining role of the primal scene is one such model; the possibility of such exposure and its impact on the patient, both immediate and delayed, is a constant concern of many analysts. In similar fashion, when working with a patient who is the oldest child they will be sensitized to such events as the birth of the second child and be constantly on the alert for its derivatives.

The use of provisional models can be witting or unwitting. If it is too much of the second we may speak of countertransference; If too much of the first, of failure of empathy (as in the cool, detached analyst who is always forming hypotheses and “testing” them against the “data”). What is less well understood is that much of psychoanalytic theory is still provisional; that assumptions about primal scene exposure or sibling rivalry represent one class of hypotheses that may not be confirmed and need to be replaced by others. Thus, one of the common violations of neutrality stems from an overcommitment to theory and an emphasis on certain parts of the received wisdom.

The issue of alternative explanations is taken up at length in *The Analytic Attitude* chapter on multiple histories, and a number of different models are developed and discussed in the subsequent chapters on “Narration in the Psychoanalytic Dialogue,” “Action and Narration in Psychoanalysis,” and “The Imprisoned Analysand.” Analysis as journey is one example, as Schafer (1983) makes clear (with references to the *Odyssey*, the *Divine Comedy*, *Huckleberry Finn*, and *Ulysses*): “The journey is one of the world’s great storylines....We know that in the dreams of analysands all journeys are, among other things, trips through transference country” (p. 259). Using this model helps the analyst to decode certain kinds of dream material and to understand the emergence of certain kinds of childhood memories—travel *then* may be related in subtle ways to travel *now*. Another model, developed at length in Chapter 16, is the model of analysis as prison. Schafer develops with great sensitivity the positive and negative aspects of this storyline. The happy prison and the safety of closed places may be seen as an ironic extension of Schafer’s earlier emphasis on the importance of safety in the analytic attitude; under certain circumstances, the analysis becomes too safe and threatens to become interminable. The prison model has obvious links with the use of passivity as defense and resistance, two of the major themes in *A New Language for Psychoanalysis*. And from another point of view, the model of the happy prison (safe, but going nowhere) is the complement of the journey of discovery in which each day brings new adventure and a new outlook.<sup>2</sup>

Where does the narrative come from? In the last part of the chapter on “The

Imprisoned Analysand,” Schafer (1983) begins to explore this question with the provisional suggestion that the story is developed jointly by both parties: “By this I do not mean that they have developed it in a happy collaboration; I mean rather that each has made a contribution, often of different sorts, at different times, and with different degrees of awareness, reflectiveness, and conflictedness” (p. 278). How does this mesh with neutrality? It is becoming clear, as Schafer goes on to point out, that the story is not simply being uncovered. This follows from the fact that multiple narratives can be constructed and that several different models can account for the same pieces of clinical material. Good analysts seem to work within the hermeneutic circle, using a provisional model (what the European philosopher Hans-Georg Gadamer would call “fore-understanding”) to build a scaffolding to support the early data, taking subsequent data to reframe and extend (or dismantle) the scaffolding, and using the revised framework to see further into the patient’s story and to discover new pieces of information.

Thus, neutrality would seem to consist in the ability to be sensitive to new narratives (new scaffoldings) as they emerge in the material and as they suggest themselves during the analysis, *not* in the absence of models. The analytic attitude becomes a deepened awareness of possible storylines. We can no longer go back to the myth of the analyst as blank screen who evenly registers all information by giving equal weight to each new item; if this is neutrality, it is as outmoded as the Monroe Doctrine. At the same time, as the analyst appears less neutral than we once assumed, it becomes increasingly urgent that we develop a neutral

metatheory—a theory that can handle all possible narratives and provide a framework for all clinical observations. Thus, the focus shifts from the neutral analyst (an impossibility) to a neutral theory, and it is in this domain that we may look for Schafer’s contributions in the years to come.

In coming back to the complexities of the analytic attitude and in trying to go beneath the surface of the experience, Schafer has returned to the poetic strains of *Aspects of Internalization* and its respect for the clinical phenomena. His tone seems more mellow and less didactic. Gone are the legislative turns of phrase that marred many portions of *A New Language for Psychoanalysis*, and the reader feels a greater familiarity with the people and the landscape being described. Ambiguity seems less an obstacle to understanding (recall the criticism of metaphor in *A New Language for Psychoanalysis*) and more a potential source of wisdom (as in the idea of multiple histories). Schafer seems more willing to take the patient’s story at its own words and to treat it with the same kind of respect we show a text. The impatience with bad usage or faulty observation that ran through much of *A New Language for Psychoanalysis* has been replaced by the respect for the clinical happening that came out so clearly in *Aspects of Internalization*.

In developing the importance of psychoanalysis as narrative, Schafer (1983) underlines the importance of the tale and of how it is told; the importance of context and structure over isolated fact; and the variety of ways in which a life can

be presented and understood. “The truth of a psychoanalytic fact,” he writes, “resides ultimately in the way it fits into the system of interpretation within which it and its significance have been defined” (p. 277). To emphasize the relational nature of truth is to push back the Ice Age of Positivism and to argue against the traditional subject-object separation of Big Science. The patient’s history is no longer an object of study like a bluebird or a molecule, but a constantly changing story that the patient is writing and rewriting, together with the analyst, inside and outside the analytic hour. We are just beginning to listen.

## REFERENCES

- Anscombe, R. (1981). Referring to the unconscious: A philosophical critique of Schafer’s action language. *International Journal of Psycho-Analysis*, 62, 225-241.
- Dahl, H., Teller, V., Moss, D., & Trujillo, M. (1978). Countertransference examples of the syntactic expression of warded-off contents. *Psychoanalytic Quarterly*, 1,7, 339-363.
- Freud, S. (1912). Recommendations to physicians practicing psychoanalysis. *Standard Edition*, 12, 111-120.
- Freud, S. (1915). Instincts and their vicissitudes. *Standard Edition*, 14, 117-140.
- Gill, M. M., & Hoffman, I. Z. (1982). A method for studying the analysis of aspects of the patient’s experience of the relationship in psychoanalysis and psychotherapy. *Journal of the American Psychoanalytic Association*, 30,

137-167.

- Jacobsen, P. E., & Steele, R. S. (1979). From present to past: Freudian archeology. *International Review of Psychoanalysis*, 6, 349-362.
- Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.
- Kohut, H. (1979). The two analyses of Mr. Z. *International Journal of Psycho-Analysis*, 60, 3-27.
- Meissner, W. W. (1979). Critique of concepts and therapy in the action language approach to psychoanalysis. *International Journal of Psycho-Analysis*, 60, 291-310.
- Rapaport, D., Gill, M. M., & Schafer, R. (1945-46). *Diagnostic psychological testing* (2 vols.). Chicago: Year Book Publishers.
- Schafer, R. (1948). *The clinical application of psychological tests*. New York: International Universities Press.
- Schafer, R. (1954). *Psychoanalytic interpretation in Rorschach testing*. New York: Grune & Stratton.
- Schafer, R. (1968). *Aspects of Internalization*. New York: International Universities Press.
- Schafer, R. (1976). *A new language for psychoanalysis*. New Haven: Yale University Press.
- Schafer, R. (1983). *The analytic attitude*. New York: Basic Books.



Spence, D. P. (1981). Psychoanalytic competence. *International Journal of Psycho-Analysis*, 62, 113-124.

Spence, D. P. (1982). On some clinical implications of action language. *Journal of the American Psychoanalytic Association*, 30, 169-184.

## Notes

- 1) The problems of focusing on the person as agent are further demonstrated by a look at the object school of Kohut and his associates. Depending on subjective reports to generate the units of our theory puts us at the mercy of unreliable witnesses and invisible data; once we move inside the head, we have given up any hope of consensus or external validation.
- 2) Not to be overlooked is the model that assumes that the narrative lies in the clinical material, waiting only to be “discovered.” Freud took some pains to emphasize this model of analyst as archaeologist in order to counter charges of suggestion and influence, and it has come down to us as part of the received wisdom. One of the implicit themes of *The Analytic Attitude* is that this model is probably wrong.

## About the Author

DONALD P. SPENCE, Ph.D., is Professor of Psychiatry at Rutgers Medical School, University of Medicine and Dentistry of New Jersey, and Visiting Lecturer at Princeton University. He received his Ph.D. from Teachers College, Columbia University, was certified in psychoanalysis at the New York Psychoanalytic Institute, and was formerly a professor of psychology at New York University.