Antidotes and Alternatives: Perspectival Realism

and The New Reductionisms

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ABSTRACT

Both philosophy and psychoanalysis are currently full of discussion and excitement, under the rubric of cognitive science and neuroscience, about the possibility of eliminating the troublesome old concept of mind, with its tendencies to dualism. Current psychoanalytic writing is filled with talk about the brain, and, under the name of neuropsychoanalysis, hopes to show that Freud's early project to interpret all psychological phenomena in terms of brain location failed only because the science of his time lacked the tools and the complexity he needed to complete the project. Late twentieth-century postmodernism, especially beloved for its relativistic refusal of psychoanalytic claims to know, has remained the predominant antidote to neuropsychoanalytic reductionism. Perspectival realism—a fallibilistic, process, and systems view—shares these virtues without the relativistic, and ultimately solipsistic, commitments.
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Macbeth: Canst thou not minister to a mind
diseased,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And with some sweet oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart? (Shakespeare)

Plurality should not be posited unnecessarily.
(William of Ockham).

Into the continuing reconsideration of the comparative curative powers of
interpretation and relatedness in psychoanalysis, intersubjective systems theory has
contributed the concept of an antidote (Orange, Atwood, and Stolorow, 1997).
Antidotes, felt as needed to counteract crushing and unbearable organizing principles,
may be sought in addictions, sexual perversions, and aggressive, grandiose activities².

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¹ Once again I am indebted to my colleague friends George Atwood, Lynne Jacobs, and Robert Stolorow
for their extensive comments and encouragement. In addition, the members of my phenomenology study
group, Doris Brothers, Elizabeth Corpt, Edwin Hersch, Lynne Jacobs, Michael Reison, and Max Sucharov,
provided extremely useful feedback, and I am very grateful.

² I am thankful for the clarification provided by Buirski and Monroe
(2000): "The term antidote, suggesting a cure that works by
counteracting the effects of a poison, lacks precision. The underlying
crushing affect states are not cured but covered over. Like painting
over rust, the underlying affliction continues to eat away underneath
the healthy-looking surface. A medical analogy, such as the continuous
need for insulin to control diabetes, might fit better. The insulin
does not cure the disease process. Rather, it offsets the adverse
We see the interpretive process of psychoanalysis, that progressive articulation of emergent emotional understanding from within an intersubjective system, as a relational alternative to these rigidly held emotional convictions (Orange 1995) or organizing principles (Stolorow, Brandchaft et al. 1987) that can poison our lives, as well as to their antidotes.

Similarly, I want to offer a philosophical alternative to the reductionisms that I perceive as resurfacing to infect much otherwise good psychoanalytic practice and theory. What is reductionism? Here is a definition and explanation from philosopher of mind Thomas Nagel:

A reduction is the analysis of something identified at one level of description in the terms of another, more fundamental level of description—allowing us to say that the first really is nothing but the second. . . when we say heat consists of molecular motion, we mean that heat as an intrinsic property of hot objects is nothing but the motion of their molecules. Such objects produce the feeling of heat in us when we touch them, but we have expressly not identified that feeling with molecular motion—indeed, the reduction depends on our having left it out (1995, pp. 98-99).

Reductionism is the practice of making such reductions and claiming that nothing important has been left out. This practice is recognizable by its implicit or explicit "nothing but". Mind is nothing but brain; the envy I feel for my patient’s Ivy League

effects of the disease process, but only as long as it continues to be applied. The need for continuous application is what gives the antidote the quality of an addictive substance. With this clarification in mind, we continue to refer to the offsetting function as the antidote” (p. 82). The antidotes to which I refer are more like insulin too.
education is nothing but projective identification; mania and depression are nothing but chemical imbalances, and so on. Whatever has been reduced needs no further explanation or understanding.

Let us first consider an instance from psychoanalytic practice. The patient, both confused and astonished, exclaims, "I don't know what is happening to me. I have never felt like this before. Maybe this is what people mean when they say they are falling in love." Her prominent analyst, usually experienced as empathic and supportive, provides a whole series of explanations. Hearing that the new lover is a man somewhat older than the patient, the analyst first decides that the patient has finally reached the oedipal stage of development, and is acting out her infantile wishes. Next, as the patient describes the lover further, the analyst claims that this is both a repetitive and a reparative object-choice. When the patient does not then give up the relationship, the analyst then says that the patient is trying to destroy the analysis by projecting envy into the analyst, and then hating him for his envy of her. This resistance is an indication that the patient is not yet ready for the depressive position. Besides, love is nothing but idealization anyway, another infantile need that should be recognized and renounced. Each of these nothing-but explanations implies that something is wrong with the patient, and the patient in this unfortunately-not-hypothetical case, agrees. The losses in meaning, or in Nagel's terms, the aspects "left out," are the patient's experience and the possibility for the expansion and enrichment of her experiential world. To those, however, for whom these reductions are self-evident and self-explanatory, my protest may be seen as mere denial. For me, instead, this antireductionist protest comes not only from my philosophical studies, but also from long and painful clinical experiences with people who have felt reduced by diagnoses, psychoanalytic formulations, and biological explanations that have seemed to oversimplify their experience and deny them the dignity of complexity. (In addition, I attribute most of my own clinical failures to my
tendencies to oversimplify and reduce, tendencies that themselves surely memorialize my own early and later experiences of having been categorized and labeled).

What is going on here? Unfortunately, this is more than participation in professional language games. Whether or not we actually say reduction words to our patients, such terms and expressions—probably attempts to manage our own anxiety in the face of the other's trouble—affect our experience of and our communication with our patients. The simplification of experiences of self or relatedness to a devaluing "nothing but" is a profoundly shaming process that we explicitly or implicitly communicate to the person whose experience we reduce to a formula. Not only may we reconfirm the patient's already negative self-experience, even self-loathing. We are also likely to prevent the opening up of alternative and richer forms of personal experience. I suspect, from listening to case seminars and presentations as well as to my own clinical work, that this poisonous and implicitly contemptuous over-simplification and devaluing of personal experience remains unfortunately more common in contemporary psychoanalysis than most of us would want to realize or acknowledge.

A particularly pervasive and pernicious example is the reification of aggression, challenged by Kohut (1972), and more recently by Lachmann (2000), who makes explicit the clinical difference that a non-reductionistic approach makes:

... the circumstances in which a person acts aggressively may appear to an observer to be unprovoked [and support a view of aggression as a thing in itself] but when understood from within that person's perspective or within his subjective experience, a context for the attack can be discerned. This view of aggression does not excuse the attack in a normative sense, but makes it understandable in a

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3 See Canadian philosopher Ian Hacking (Hacking 1999) on the use of "elevator words"—such as reality, facts, truth, and knowledge—which, to note a great irony, often have a reductive effect.
psychological sense. Psychoanalytic treatment then focuses on the context in which aggression is evoked and the injury, deprivation and/or frustration to which it is reactive (p. 2).

A propensity to react is an emergent property of relational systems—past, current, and imagined future.

Elsewhere (2001), I have written about the embeddedness of words in the discourses and traditions in which they are born and developed. Much psychoanalytic vocabulary belongs to discourses, or languages games, that involve philosophical assumptions that most post-Freudian, relational, and post-Cartesian analysts no longer consciously accept. Still, terms like transference, projective identification, and representation⁴, however carefully redefined for contemporary purposes, cannot escape their connotative history and loading. I suggested that psychoanalytic thinkers and practitioners remain open to questioning and being questioned about our use of words, about their impact on our attitudes toward our patients, and about our responsibility for our disavowed assumptions about human nature and reality.

Here, however, my purpose is different. Having noted some presumably common manifestations of reductive thinking in psychoanalytic practice, and assuming that readers can add and elaborate their own examples, let us examine what I might call “new reductionisms” in psychoanalytic theorizing and in contemporary philosophy. Here not only words but also whole scientific Weltanschauungen may be accepted uncritically, and then seep into our clinical practice.

Objectivist realism.

⁴ Relational and self psychological analysts seem to be as attached to “transference” and “representation” as are classical and Kleinian analysts. Both this paper and the previous one intend to address ideas, not to create a new “reductionists” category into which to place people with whom I may disagree, including myself on my bad days.
Objectivist realism, as embodied, for example, in the 1930's by the Wiener Kreis and more recently by Gruenbaum's attacks on psychoanalysis (Grunbaum 1984), and supposed to have been left behind by the "linguistic turn," (Rorty, 1992), the "pensiero debole" or weak thinking (Vattimo and Rovatti, 1983), and the phenomenology of the late twentieth century, has come roaring back to embrace reductionism\(^5\). In philosophy, we have the resurgence of "representationalism", and an accompanying explicit defense of reductionism in the work of Jerry Fodor, Michael Tye and others, and being contested especially by Ned Block and Thomas Nagel, as well as by those impressed by the meaning holism of Quine, Wittgenstein, and Davidson. For representationalists, mind—whether simple or complex, atomistic or molecular—is simply composed of impressions stamped into the brain by and from objects outside. For many, "mind" is a term that Ockham's razor eliminates in favor of "brain"—a position called "eliminative materialism". Those who resist this trend in the name of irreducible complexity, irreducible subjectivity, individuality, or context-embeddedness, tend to be grouped derisively with religious fundamentalists and believers in astrology.

The linguistic turn, with its attention to meanings-in-context, has been dismissed in favor of cognitive empiricism. For Fodor (1998) mind is a container or "belief box" of representations, defined as ideas without images. Thinking, he tells us, is computation (CP=Computational Psychology), and thus this philosophy of mind becomes for him a process view. (He has more recently (2000) questioned his own and others' CP for claiming to explain too much, and sees it now as a sub-theory of some later-to-be-developed general theory). Fodor claims direct descent from Hume who "taught that

\(^5\) Another definition: reductionism is "any doctrine which attempts completely to translate one type of concept into another type, supposedly simpler, more basic or with better empirical confirmation. Hence a doctrine which reduces one type of event or thing to another. To reduce a psychological to a physiological theory is to show that the latter can in principle yield all the results of the former." (Glossary, p. 496, (Ayer and O'Grady 1994))
mental states are relations to mental representation” (1998, p.9). Like Turing, Fodor holds that “a computation is some kind of content-respecting causal relation among symbols” (1998, p. 11). But, he acknowledges, the symbol itself must therefore have some kind of irreducibility, and cannot be the result of a computation. In other words, the symbol is a simple copy of something simple or modular. Its irreducibility derives from its status as representation (mental content) directly imprinted on the empiricist’s blank-state mind by sensation. What is irreducible here are bits of mental content. On the other side of this argument are meaning holists, for whom complexity is irreducible, process is always primary and systemic, and what is understood is not a copy of anything.

In psychoanalysis, there is a growing influence of cognitive science, neural networks, and other forms of causal reductionism, most prominently represented by the work of Allan Schore (1997; 2001a; 2001b) and Wilma Bucci (1997). According to these views, understandable as participating in the centuries-long search for a general theory of everything, psychoanalysis needs somehow to incorporate the findings of neurobiology, presumably to maintain or restore scientific respectability. In Schore’s words, “Any clinical contemporary clinical theory must be compatible with this knowledge” (2001, p. 12) Or, even more radically, some would assert that psychoanalysis should see itself as a subdiscipline of cognitive science. It has become fashionable, even among self psychologists and other relational analysts, to speak about what is “inborn” and “prewired.” For me, this is a return to a form of psychoanalytic theorizing that Freud called metapsychology. Although there may be softer forms of metapsychology, this approach usually implies, an appeal to objectivist “knowledge”, viewed as a set of facts about human nature or the brain, presumably known to Schore and other neuropsychonauts, and against which psychoanalytic theories can be measured for adequacy, and that are neither actually nor potentially experienceable by
their subject. In my experience, the unfortunate clinical effect of this theoretical regression is usually to confirm the patient's most shame-ridden emotional conviction: there is something inherently defective about me.

Schore is a prominent advocate of and participant in the development of what he calls "neuro-pyschoanalysis" or "affective neuroscience". In response to the challenges by Gruenbaum and others to the scientific respectability of psychoanalysis as a discipline, he explicitly claims (Schore, 1997) that cognitive science now possesses the tools to complete the "Project for a Scientific Psychology" of the young Freud, and to answer Gruenbaum's challenge. Cognitive science, he believes, can demonstrate that affective states have objective correlates in the brain (is correlation once again confused with causality?), and can thus vindicate the psychoanalytic claim to be identifying unconscious motivations, even if these are now taken to be more complex (Lichtenberg, Lachmann et al. 1992) than Freud originally supposed. The problems of affect and motivation, according to Schore, "can only be addressed by moving down from the cortex and describing corticosubcortical systems, especially those in the right brain that connect into the body." (p. 2, in web version of Schore 2001, emphasis mine). Schore continues,

At the orbitofrontal level complex cortically processed exteroceptive information concerning the external environment (such as visual and prosodic information emanating from an emotional face) is integrated with subcortically processed interoceptive information regarding the internal visceral environment (such as concurrent changes in bodily states). This cortex thus functions to refine emotions in keeping with current sensory input, and allows for the adaptive switching of

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6 A European psychoanalyst recently told me, with some glee, that he describes every day to his patients what is happening in their brains, and that this practice is having an excellent effect.
internal bodily states in response to changes in the external environment that are appraised to be personally meaningful. (p. 2, web version)

Schore believes his approach escapes the “isolated brain” critique, because, he says, the right brain can store relational representations. “This brain-brain interactive perspective explores the neurobiology of intersubjectivity, that is the mechanisms by which interpersonal interactions coregulate psychobiological states in an intersubjective field created by two interacting brains”. Schore concludes:

I interpret Freud’s dictum of the centrality of unconscious processes in everyday life to mean that the right brain is “dominant” in humans, and that the most fundamental problems of human existence cannot be understood without addressing this primordial realm (web, p. 50).

This explicit embrace of reductionist thinking is exactly in tune with the new philosophical reductionism, which does, we must grant, solve for its adherents the problem of mind-body dualism. There are only brains and their bodies. Still, it seems to me that both dualisms and monisms treat the simple as more real, truer, and more important than the complex, the experiential, and the descriptive. The experiential world (Orange 2001) gets completely lost in this “project,” and it is difficult for me to see how the experiential world of anyone can be healed or transformed by such “interpreting down.” 7 The metaphor of depth in “depth psychology”, has, I believe, sometimes been understood reductionistically, as if deeper meant simpler or more concrete: it’s really all about a drive, a conflict, a “position,” and now about neurobiology. Understanding by inhabiting

7 Max Sucharov recently pointed out to me that this process, inferring from the simple and material to the complex and mental, could also be described as interpreting up.
the intersubjective field formed by the emotional worlds of the participants is, to say the least, a different and very complex language game. But I ask, are both discourses really intertranslatable, equally psychoanalysis? Is it necessary for candidates, say, to learn the language of neurobiology if they are to be good psychoanalysts? (This seems implicit in Schore's claims). What clinically useful information does this theory provide that the clinician could not gain by paying close attention? Or does the experiential chaos—the confusion and despair that the analytic system cannot avoid—just feel more manageable to us analysts if we can say we are really working with miswired neural connections, or with hard-wired attachment patterns in the patient's brain?

Bucci's "multiple code theory" (Bucci, 1997) represents another cognitive science approach to psychoanalysis, one that relies explicitly on the philosophical assumptions that my collaborators and I have called "the myth of the isolated mind" (Stolorow and Atwood 1992; Orange, Atwood et al. 1997). For Bucci,

The universe of psychoanalysis is emotion and mind—the representation of private emotional experience, its communication to another person, and its transformation in treatment (p. 57, emphases added).

It seems to me that she leaves no question that the neural networks with their multiple codes are single, self-enclosed minds for which relationality and intersubjective systems are secondary, not constitutive. These mind-entities can then be studied by "science,"—from the empiricist's putatively objective "outside" (Orange, 2001)—of which psychoanalysis becomes then a more or less respectable subdiscipline insofar as it obeys the rules set by this particular and restrictive understanding of what science is:
In cognitive science, mental representations and processes—whether conscious or unconscious—are treated as hypothetical constructs defined in terms of other concepts and inferred from observable events in the context of a general theoretical framework. Psychological entities, defined in this way have the same theoretical status as particles and quarks, dark matter, the big bang, and life in the Bronze Age. All are theoretical entities that are not directly observable but are defined at varying levels of directness through connection to one another and to observable events. Subjective meanings have a role in a scientific enterprise when considered as such theoretical entities; they cannot be studied scientifically without such a framework. It is the power of the theoretical framework that enables a science of subjective meaning, such as psychoanalysis, to be constructed (pp. 64-65).

As psychoanalysts, Bucci continues, we then infer the existence or meanings of emotional states from our theoretical understanding of how the brain works. We locate these inferred entities within our theoretical system.

Bucci explicitly rejects the charge that her mind-brain equivalence (of mental and emotional constructs) is reductionistic, and insists that she seeks only translatability:

"the theoretical frameworks of the psychical apparatus and the neural substrate may account for some of the same observable data, while formulating the underlying structure in quite different ways. Failure of correspondence in the predictions and inferences of such theories would raise questions for each of them; the finding of correspondence would strengthen theoretical positions. . . " (p. 70).
Not only does the language of "psychical apparatus" betray Buccí's underlying materialist presuppositions; it also minimizes the differences between the discourse world of neuronal organizations and the conversation about meanings that psychoanalysis tries to be. Yes, both are ways of speaking about the human, but what could it mean to say that they are translatable into each other? It seems to me that each language would have to contain terms that held exactly the same place in the meaning-system of its own language as the corresponding term holds in the other language. In this case we have two identical languages and there is no need for translation. Even in natural languages, there is no translation without a change (usually a loss) in meaning, even when translation is seen as interpretation. To force them to "correspond" with each other is always an act of violence. My own view, obviously indebted to Wittgenstein, is well-expressed by American philosopher Donald Davidson (1980):

It is a feature of physical reality that physical change can be explained by laws that connect it with other changes and conditions physically described. It is a feature of the mental that the attribution of mental phenomena must be responsible to the background of reasons, beliefs and intentions of the individual. There cannot be tight connections between the realms if each is to retain its allegiance to its proper source of evidence (p. 222).

I would only add that the individual must always be seen in relational, temporal, historical, developmental systemic contexts. The mental, for me, is the experiential world of intersubjective systems, and does not translate into neural or apparatus terms without the loss of meaning that is generally understood to be involved in reductionism.
Cognitive science, currently dominant in American philosophical discussion, and increasingly fashionable among psychoanalytic theorists, is for me, and apparently for its proponents, a return both to reductionism of the young Freud who idealized the "hard sciences" and saw them as the kind of knowledge worth having, and to the objectivism of logical positivism, the world of verification and confirmation, another product of Freud's Vienna. For cognitive scientists this return is exciting; for me it is a loss that endangers our practice by infiltrating our attitudes and disposing us to various clinical reductionisms.

Narrative relativism.

The obvious antidote to these reductionisms is narrative relativism\(^8\), often known as postmodernism or sometimes as constructivism. Of course this antidote was "constructed" before the recent resurgence of objectivism under the rubric of cognitive science. Revolted by the reduction of human beings to objects by totalitarian regimes and by totalizing philosophies like those of Hegel and Heidegger (Richard Bernstein (1992) speaks of the "the rage against reason"), continental philosophy, particularly in the work of Martin Buber, Maurice Merleau-Ponty, Gabriel Marcel, Paul Ricoeur, and Emmanuel Levinas, returned to the question of subjectivity and its relation to meaning. The rejection of totalizing objectification and reifying reductivism (also known as essentialism) became so strong that French thinkers like Foucault, Derrida, and Lyotard proposed the deconstruction of all concepts and categories, often seen as historically conditioned and culturally maintained stories or narratives, having no intrinsic value or essential validity. Nothing was real; all was fiction. These ideas, particularly useful for

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\(^8\) Informally I call this the know-nothing position, in contrast to the know-everything (not to say know-it-all) assumptions of representationalism and reductionism.
calling into question the essentialist subjection of women and other oppressed groups (Fuss 1989), also became a base from which to question authoritarian ideas and practices in psychoanalysis. But this critique cut both ways. Not only did this critique call into question the Freudian and Kleinian conceptual edifice; it also reduced the patient's experience to the category of expressive fiction (Spence 1982; Geha 1993). As American philosopher Hilary Putnam has noted, this form of relativism is just as positivistic as the objectivism it criticizes. "Rather than admit that [the reductive picture of the world] is only a partial truth, only abstraction from the whole, both positivists and relativists seek to content themselves with oversimplified, in fact with patently absurd, answers to the problem of intentionality" (1990), p. 107). In some circles postmodernism has become its own dogmatic base from which to evaluate psychoanalytic thinking (Moore, 1999; Orange 2001).

For many it seems that there are only two choices: "impeccable" (without sin) constructivism, and positivism (a part of what I have been calling objectivist realism). Giants in twentieth-century philosophy—Wittgenstein, Gadamer, and Davidson—to the contrary, psychoanalytic postmodernists like Moore see no other possibilities. While the term 'positivism' has surely been variously used, it seems to me that restricting it to the verificationism involved in scientific empiricism makes sense. In this epistemology, only propositions that can be quantified and verified (replicable experimentation) count as scientific. At a very minimum, a meaningful statement must include specification of those conditions that would count as falsifying it. Between this scientific positivism and the full-fledged "creation of reality" view, there is a large and interesting territory, including several versions of moderate realism, to be explored. Among the four psychoanalysts discussed by Moore (Spence, Schafer, Hoffman, and Stolorow), only Spence would subscribe to anything near classical positivism or to extreme postmodernism. The others are all struggling, more or less successfully, to articulate
non-reductionistic conceptions of experience and of the psychoanalytic process. Using "postmodern" orthodoxy to evaluate their work is a paradoxical form of reductionism.

Another major difficulty with the "postmodern" antidote to positivism is the reliance on very concrete metaphor of constructing, construction, and constructivism. For me, this is just as misguided as Freud's archeological metaphor, and simply turns it on its head. Instead of digging up the ruins, we (God-like) are creating or constructing reality. Ian Hacking's recent The Social Construction of What? (1999) suggests that the underlying purpose of construction-talk is to undermine the impression of inevitability that labels and categories tend to create. His examples range from quarks to child abuse. Once someone realizes that something could have been described or conceptualized differently, talk of construction begins. Using Hacking's idea, we can see that psychoanalytic work easily lends itself to construction-talk. Patients enter psychoanalytic treatment suffering the effects, we might say, of emotional convictions—about themselves and their possibilities—held rigidly. The experience of the analytic relationship, including the shared interpretive work, may loosen these convictions, lessening the sense of inevitability. It is no wonder that the metaphor of construction, embodying the idea of alternative possibilities and perspectives, has become so popular in psychoanalysis. The patient's personal organized experience becomes the analyst's "construction", that is, that the external perspective of the theoretician (or analyst) sees it as construction. Construction-talk tends to refuse empathic participation in an intersubjective system, and instead to describe analytic work as if an outside perspective, or God's-eye-view, were possible.

Alternatively, however, we have the idea of interpretation and the interpretative process. This idea, much older than Freud's use of it to bring the patient to live by the reality principle, suggests that there is something already there to be interpreted or construed. This something may lend itself to the dialogic interplay that can
open new possibilities. Interpretative work, creating a feeling in the patient of participating in a process of being deeply understood, can in itself be healing. There will be no need to appeal to grandiose metaphors like creating or constructing. There is quite a long distance, epistemologically, between claiming to work together to understand and open a person's experiential world, and claiming to construct everything. Out of the chaos of our lives, we organize and reorganize experiential worlds of meaning; we do not create from scratch.

Ironically, both objectivism and postmodernism can be equally reductionistic and shaming for patients. Both imply that the patient is defective and bad, regardless of the content, quality, or meanings of the experience in question. For the objectivist, there is simply something wrong with the patient: she is obsessional, idealizing, immature, oedipal, projecting, or borderline, not to mention bipolar or schizophrenic (Atwood, Orange et al., 2001). The patient has miswired neural networks, or bad connections, or false representations. For the postmodernist, the patient becomes the constructor or co-constructor of a problematic narrative, usually one that disavows the patient's responsibility for his or her own suffering and relational troubles. It is for this reason that I believe we must all continue our struggle, in the face of our "Cartesian anxieties" for which simplistic thinking of one stripe or another becomes our antidote, to think and feel our way out of the reductionist boxes that we have inherited, as well as those that are being "constructed" for us now.

9 I deliberately leave this multilayered term ambiguous.

10 I understand that for a philosophical audience the shame-generating consequences of ideas may seem beside the point. For us psychoanalysts, however, it is crucial and often decisive. Ideas that lessen people, and keep them trapped in paralyzing shame need to be called to account. (This idea resembles Levinas' and others' critiques of ethical ideas that were able to end in Auschwitz). Of course, there are individual differences. A word may shame one person more than another, and the relational context often makes an enormous difference. But still, between reductionists and their phenomenological critics, there is a difference that makes a difference, as American pragmatists like to say.
An Alternative: Perspectival Realism.

Perspectival realism is a term I proposed (Orange, 1992; 1995) as an alternative to these two forms of reductionism. Impressed by Gadamer's descriptions of dialogic forms of understanding, I saw truth and meaning as emergent from conversation between or among people with genuinely and irreducibly different points of view, personal histories, backgrounds of tradition and foreconception, experiential worlds, in short, of two or more subjectivities. Conversation I understood in a broad sense to include both content and form, including gesture (Mead, 1934), rhythm and other musical qualities (Knoblauch, 2000), eye contact, and much that today would be called "implicit relational knowing" (Stern, Sander et al., 1998). Originally (1995) I articulated this conception in this way:

Each participant in the inquiry has a perspective that gives access to a part or an aspect of reality. An infinite—or at least an indefinite number of such perspectives is possible. Since none of us can entirely escape the confines of our personal perspective, our view of truth is necessarily partial, but conversation can increase our access to the whole....

perspectival realism recognizes that the only truth or reality to which psychoanalysis provides access is the subjective organization of experience understood in an intersubjective context. Such a subjective organization of experience is one perspective on a larger reality. We never fully attain or know this reality but we continually approach, apprehend, articulate, and participate in it.... While this view does exclude common-sense realisms, correspondence theories of truth, and scientific empiricisms, it does not exclude the possibility of dialogic, communitarian,
or perspectival realism. In such a moderate realism, the real is emergent, self-correcting process only partly accessible via personal subjectivity but increasingly understandable in communitarian dialogue (pp. 61-62).

Writing now I would emphasize in addition that what we understand is itself temporal and emergent, not just a pre-existing text or "fact". The process of coming-to-understanding creates more to understand, and this process is not reversible, or reducible to putatively previous "states" and dialectical alternatives. It allows not only expanded, but changed, organizations of experience. The old saying that the whole is more than the sum of its parts is, I think, the crucial insight for the antireductionist. This is why chaos and systems thinkers often speak of their systems as hierarchical. The new gestalt or perspective or understanding that emerges is really more complex and thus belongs to a different level of discourse (a different language-game) from the elements of which it is thought to be composed. Thus, even if neural conditions for the possibility of certain relational or emotional processes can be identified, we have only returned to Freud's Project. We are not yet involved in the meaning-oriented relational process of understanding that we psychoanalysts have embraced as a life work.

Perspectival realism is not an original idea. It has extensive roots in philosophy, and is implicitly shared by many psychoanalysts, who are currently articulating various senses of its extensive clinical relevance.

The question of philosophical roots needs to be approached with some care. Nietzsche is the philosopher most associated with a radical perspectivism. His railing against what he saw as the absolutes of Enlightenment rationalism led him to advocate revaluing all values, transcending good and evil, and glorifying irrationality. For him, and
even more for his "postmodern", "constructivist," and "neopragmatist" admirers, there is nothing but perspective\textsuperscript{11}.

My own influences, on the contrary, include early phenomenologists such as Brentano and Husserl, for whom a perspective always means a perspective on something (intentionality). There is no "view from nowhere" (Nagel 1986) but neither is there perspective without something on which to take a point of view. In addition, I am indebted for my pragmatic realism to American philosopher Charles Sanders Peirce. Peircean fallibilism expresses the attitude that there is always something more to be learned, and that our own perspective is limited, and therefore mistaken insofar as we take it to be the whole truth. The advocates of dialogic understanding and of communicative praxis—Gadamer and Habermas, respectively—are further influences. Most recently, in Wittgenstein's therapeutic conception of philosophy I have found further inspiration for my perspectival realism. Let us consider each in turn.

To Franz Brentano (1838-1937), teacher of both Husserl and Freud\textsuperscript{12}, my perspectival realism owes it insistence on intentionality. Intentionality means that mental activity is by its nature directional, that is that thinking means thinking something, that desiring means desiring something, and so on. As I understand it, Brentano's intentionality implies that taking a perspective or point of view means taking a point of view on or towards something. Intentionality, then, forms an important element in my view that emphasis on the plurality of perspectives is more than compatible with what Putnam (Putnam 1990) calls "realism with a human face." Although Brentano's

\textsuperscript{11} Although this is the Nietzsche that has come down to us through Heidegger and the French postmodernists, I think there may be another, less appreciated, gaudly Nietzsche, perhaps valued by Freud, who attempted to shock us out of our philosophical and religious unconsciousness.

\textsuperscript{12} The young Freud—who later disavowed interest in philosophy—was so impressed by Brentano that he took five courses from him.
Aristotelian realism would have excluded him from postmodernism, he had no use for
dogmatisms. A Catholic priest, he left the church after 1871 because he could not
accept the doctrine of papal infallibility. Although perspectival realism is my phrase, not
his, we could say that, for him, papal infallibility implied that one perspective contained
absolute and total truth.

American philosopher and logician Charles Sanders Peirce (1839-1914) was
likewise horrified in 1871 by the claim of papal infallibility, so much that he proclaimed
that his own thinking, and all respectable science, must be fallibilist, that is, understood
as ever capable of error, and open to revision. For Peirce the search for truth and
meaning was a self-correcting process, but not an exercise in futility. The fallibilist
analyst recognizes that his or her theoretical ideas (including those about hard-wiring, or
radical skepticism) are just as integral to his or her being as are the emotional
convictions of both patient and analyst. These concepts affect our clinical practice—one
need only receive patients from analysts of various theoretical orientations, or reflect on
the impasses in our own work, to realize this—and thus deserve our careful
philosophical attention.

A further influence is Hans-Georg Gadamer, whose phenomenological/
hermeneutic descriptions of dialogic understanding make my perspectival realism an
epistemology of emergent process. For him any truth arose from the interplay of
perspectives, each carrying its load of tradition and preconceptions:

In reading a text, in wishing to understand it, what we always expect is
that it will inform us of something. A consciousness formed by the
authentic hermeneutical attitude will be receptive to the origins and
entirely foreign features of that which comes to it from outside its own
horizons. Yet this receptivity is not acquired with an objectivist
"neutrality": it is not possible, not necessary, and not desirable that we put ourselves within brackets. The hermeneutical attitude supposes only that we self-consciously designate our opinions and prejudices and qualify them as such, and in so doing strip them of their extreme character. In keeping to this attitude we grant the text the opportunity to appear as an authentically different being and to manifest its own truth, over and against our own preconceived notions (1979, pp. 151-152).

Here we see several aspects of a hermeneutic attitude that contribute to perspectival realism as a psychoanalytic epistemology. First, there is the assumption that there is something under discussion: for "the text", we may substitute the patient's history, the patient's suffering, a misunderstanding between patient and analyst, or the heating or cooling system in the analyst's office. This something makes its own demands on the discussion, and requires us to identify and recognize our own preconceptions, and thus "strip them of their extreme character." We are thus able to recognize our own view as a perspective, so that the matter itself (die Sache selbst) can show up as other. In addition, of course, we can hear our patients and colleagues as having access to realities that are hidden from us by our own perspective—this is what it means to be other. We should always expect, according to Gadamer, that the other text or person can teach us something. In his thinking, a Peircean fallibilism would become the receptivity to the perspectives of others. Our limited perspective leaves us likely to be at least partly wrong, because we are tempted to take our own opinion or view as a fair account of the whole. Only in playful dialogue with people or texts or works of art (this includes serious discussion of serious matters) do we have the opportunity to overcome this serious limitation of the solitary apprehension of anything, and to allow more truth, truth-as-possible-understanding (Frank, 1992) to emerge.
Juergen Habermas, Germany’s late twentieth century public philosopher, adds an ethical dimension to my thinking about the problems of reality and truth in psychoanalysis. For him (1992), political justice depends on conversation among or between persons assumed to be interested in reasonable solutions to the problems of the community. The only just society is one which respects its different voices and perspectives, and assumes that no one voice (here we must hear his “never again”) possess the truth or the accurate apprehension of reality. Gump (2000) sounds a similar note in American psychoanalysis with her challenge to the racial exclusion and blindness in American psychoanalysis. Voices and perspectives absent from the conversation reduce our access to important aspects of personal realities and truths.

Finally, reading Wittgenstein has confirmed my sense that the questions of truth and meaning are importantly distinct. Granting that meanings can only exist within a culture, a language-game, or a form of life, we can still ask questions about truth. A language-game, for Wittgenstein, is a rule-guided activity similar to chess, in which the meanings of words arise from their use within the game. There is no meaning-in-itself. All the words and all the moves in the game are meaningless apart from the system. There is an irreducible plurality of these language-games, but our failure to distinguish them from one another, e.g. by mixing everyday and philosophical questions, leads to endless confusing and misunderstanding. For Wittgenstein, the task of a philosopher is to point out these pitfalls.

Wittgenstein’s contextualism is not equivalent to the "know-nothing" skepticism of the postmodernists. If we are playing chess, we can identify the exact location of the king within the game. It is true to say that king is in such-and-such a place. If we are doing psychoanalysis, we can likewise distinguish between questions of meaning and those of truth. The meaning questions arise within the field created by the interplay of
the analyst’s and the patient’s subjective worlds, including the analyst’s theories. They also arise as a consequence of the inevitable difference in perspective between the two. Consider, for example, the fee, a feature of most psychoanalyses. Its meanings differ, depending on whose perspective we are considering, the meanings of money in a given culture, the similarity or difference of economic class between patient and analyst, and so on. But truth is not at stake here: the fee is what it is, in the currency of a given country at a given time, just as the king in chess is located wherever it is. But this truth gives rise to many possibilities of meaning, and of understanding reached between the people involved. This view of truth shares elements of correspondence and coherence theories, but is not reducible to either of them. Something may be true (it matches certain conditions), but the meanings of the terms used in the truth-statements depend on the contexts of use (coherence).

Wittgenstein never disputed the truth of commonly agreed upon states of affairs, e.g., that England and Austria were in different parts of Europe. He did attempt to get us see that such statements only make sense or have meaning within the systems of communication he called language-games. So I claim his support for my claim that there is reality, but that perspective and culture limit my knowing of it, that it is meaningful only within systems, and that conversation is required for its meanings to emerge. The process of making sense—a process including, in his terms, both saying and showing—together of whatever we find, I call understanding.

Elsewhere (Orange 2000) I have discussed some clinical consequences of my perspectival realist view. For now, suffice it to say that it is unabashedly anti-reductionist, dialogic, systemic (Thelen and Smith 1994; Fogel 1993), meaning-oriented,
and resistant\textsuperscript{13} to the labeling and categorizing impulse, whatever the multiple sources of this impulse.

My rejection of reductionism, both philosophical and psychoanalytic, should not be mistaken for a claim that the empirical sciences have nothing to offer to the human sciences. Studying the work of infant researchers, attachment researchers, and of the developmental systems theorists, for example, can significantly expand the contexts of understanding for the working psychoanalyst by contributing another perspective. Awareness of racism and other forms of bigotry can attune our clinical ears, and prepare us to meet the other as a genuine other within the system that we form together, recognizing that our own biases constitute aspects of the relational system. Taking the empirical sciences into account, however is not equivalent to the claim that psychoanalysis must be an empirical science, or even that its “findings” must correspond with those of some discipline, thought to be more elegant and parsimonious, but whose lenses simply differ. Psychoanalysis is its own language-game, discourse, and form of life. It is a human conversation about meanings, for the purpose of reorganizing troubled experiential worlds. It is not equivalent to the findings of any number of PET-scans, any more than my computer, hardware and software combined, is equivalent to the love letter I may write on it.

Yes, William of Ockham, plurality should be posited only when necessary, but simplicity should be posited only when there are no important differences, even in perspective, to be respected.

\textsuperscript{13} My view of resistance, both in theory and in clinical work, is indebted to that of Bernard Brandchaft, who taught me to see resistance (Widerstand) as the attitude taken by heroes in the face of tyranny.
REFERENCES


